

P01.177**WHITE MATTER LESIONS AND CHRONICITY OF DEPRESSION**

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The risk of chronicity of depression depends on both organic and psychosocial factors. Recent reports found white matter hyperintensities detected on T2 weighted MRI scans to be common in elderly patients suffering from major depression. We wanted to know whether these white matter lesions are associated with chronicity of depression. In 1994/5 MRT was performed in 35 depressed patients older than 60 years. We assessed these patients with a standardized psychiatric interview which generated DSM-IV diagnoses. Five years later we investigated 21 of these 35 patients and judged severity of depressive symptoms (HAMD) and the course of the patient's affective symptoms, including whether patients were in remission from their depression currently. The rating of hyperintensities on MRI scans was performed by two experienced, independent neuroradiologists who were blind to both the clinical details and outcome of the patients. White matter lesions can be divided into periventricular hyperintensities (PVH) and deep white matter lesions (DWML). One simple and widely used rating system for assessing PVH and DWML is described by Fazekas et al. (1987). Five years after the index episode, (i.e. 5 years after MRT) HAMD score was significantly higher in the group with moderate/severe PVHs (n = 8) than in the group with absent/slight PVHs (n = 12) (HAMD: 14.9 ± 11.7 vs 3.67 ± 3.0; p = 0.01). We found a significant association between severity of PVH and the course of the patient's affective symptoms (p = 0.001). In the group of moderate/severe PVHs 4 patients showed a chronic course and 3 patients were in no remission from their depression currently, whereas only 1 patient in the group of absent/slight PVHs suffered from dysthymia and no one in this group suffered from major depression. If structural risk factors for chronicity could be identified in geriatric depression, clinicians would be in better position to identify patients who require more rigorous follow-up and intensive long-term therapy.

P01.178**PHENELZINE EFFICACY IN REFRACTORY SOCIAL PHOBIA: A CASE SERIES**

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(a) Background: Although studies show efficacy of paroxetine, sertraline, clonazepam and moclobemide in social phobia, many patients will not respond to these medications. To my knowledge, nothing is yet published about treatment of nonresponders. Phenelzine is efficacious in social phobia. Though comparative studies are rare, no medication or psychotherapy has been shown to surpass phenelzine efficacy. Phenelzine is a reasonable option to patients who do not respond to other treatments.

(b) Design: I report the outcomes of phenelzine treatment in a series of consecutive patients with social phobia previously unresponsive to adequate pharmacotherapy and psychotherapy. The study naturalistic.

(c) Results: Seven patients were treated with a mean dose of 66 mg phenelzine. There were no serious adverse events. Two patients discontinued due to side effects. All but one patient were classified as responders according to retrospective Clinical Global Impression

ratings. Many patients showed dramatic improvement and regained ability to function in school and work. The majority elected to use the drug on a maintenance basis. One patient discontinued without reemergence of symptoms while premature discontinuation led to relapse in another. Only one patient experienced relapse of social phobia while on maintenance phenelzine therapy.

(d) Conclusions: Even when patients suffering from social phobia do not respond to other treatments, it is possible that they will respond to a trial of phenelzine. All patients with persistent and refractory social phobia should be offered a trial of phenelzine. The side effects and dangers of using phenelzine are more than outweighed by its potential utility in relieving the chronic and disabling social anxiety disorder.

P01.179**PSYCHODYNAMIC FACTORS AFFECTING THE COMPLIANCE OF PSYCHIATRIC PATIENT TO MEDICATION**

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In the current psychiatric literature the compliance of a psychiatric patient to the medication prescribed is regarded as being affected by two factors: 1) The existence of paranoid features in the patient's personality and 2) The presence of side effects which influence greatly the patient's tolerability towards the medication. It is widely accepted that psychopharmacotherapy plays a decisive and indispensable role in the treatment of psychiatric diseases. The better we understand the factors affecting the compliance to medication of psychiatric patient, the greater the advantage in our effort to establish a therapeutic alliance with him. Psychoanalysis deals predominantly with the factors influencing the interaction between two individuals and thus can provide us with the theoretical framework in order to understand what takes place between a therapist and a patient during the pharmacological treatment. We shall approach this subject from the perspective of narcissism and the object relational theory. From the moment the medication is ingested it does not belong any more in the outer world, it becomes a constituent of the patient's body and inner world and affects his mind. The patient experiences it as a good or harmful internalised object on the basis of his previous experiences and the introduction of this new factor should be taken into consideration in the regulation of his narcissistic homeostasis. From the relational point of view medication is given by one individual to another and so it becomes integrated and follows the vicissitudes of the patient's relatedness to the significant others. The consideration and working through of these factors facilitates in our opinion the establishment of a better therapeutic alliance and improves the patient's tolerability towards the medication.

P01.180**MRI IN PATIENTS WITH SOCIAL PHOBIA**

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Background: Functional magnetic resonance imaging was used to study changes in cerebral blood oxygenation in patients with social phobia during the Verbal Fluency Task.

Method: Five social phobics and five age- and sex-matched controls underwent structural and Functional MRI. Echoplanar images were acquired over 5 minutes at 1.5 T, while the subjects performed two tasks: paced silent generation of words beginning with an aurally presented cue letter, alternated with paced silent repetition of the aurally presented word "rest". During examination a periodic design was used: presentation of a baseline condition for 30 seconds, Followed by an activation condition for 30 seconds. Finally a generic activation maps were constructed from individual images.

Results: Both groups demonstrated significant power of periodic response, with maximum signal intensity during word generation in the left frontodorsal and temporale areas. There were not found any significant between group difference in power of periodic response.

Conclusions: Patients with social phobia and volunteers displayed the same power of response with maximum signal intensity during word generation in the left frontodorsal and temporale areas.

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THYROID AXIS ALTERATIONS IN PSYCHOSES

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Objective: It has been known for many years that multiple disturbances of the hypothalamic-pituitary-thyroid axis have an effect on different psychotic disorders. However, possible interactions of these hormone dysregulations are still discussed controversially. Therefore, the aim of the presented study was to evaluate thyroid alterations in patients suffering from schizophrenia, schizoaffective and affective disorders.

Methods: Using a retrospective model, all files of in-patients of the Department of Psychiatry/University of G  ttingen were investigated with the above mentioned diagnoses (ICD-10 criteria) and blood thyroid hormone levels (peripheral and immunologic parameters).

Results: Altogether, between 1994 to 1998, 1346 in-patients with schizophrenia, schizoaffective and affective disorders were evaluated. Of these patients, 50 (3.71% of all psychotic patients, 11 male/39 female, mean age: 43.1 years) had thyroid axis alterations. In detail, 32 patients had a hyperthyroid status, 11 patients with hypothyroidism, and 7 patients suffering from hashimoto thyroiditis. No significant correlation between thyroid dysfunction and kind of psychosis was observed. Especially, no further correlation in patients with mania and/or bipolar depression disorder was found.

Conclusion: The interaction between psychoses and thyroid axis alterations is complex. Possibly, there is an interdependent system between psychiatric disorders and such hormone dysregulations. In summary, patients suffering from psychoses should undergo routine thyroid hormone investigations including TSH, T₃ and T₄ levels and immunological parameters taking into account that hashimoto thyroiditis is possibly underestimated.

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SOME PERSONAL PSYCHOTHERAPEUTIC EXPERIENCE IN A MOSCOW'S DISTRICT

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From 1995 to 1997 more over 240 patients addressed to the one of clinic in Moscow to get psychothepapeutic aid. All of them were examined beforehand by psychiatrist. After preliminary diagnostic test 119 patients (36 men and 83 women) were selected. The

variety of age of the patients was from 19 to 65 years old, 21% of which were officially invalidated in connection with their mental disease. The data distribution Table 1 shows and compares such characteristics as sex, age, levels of education, marital state are taken into consideration. The data distribution Table 2 shows and compares the results of the work with the patients according to the psychiatric diagnoses (ICD-10) and psychotherapeutic methods applied, which accounted to: 1) weekly individual conversations with psychoanalytic orientation per 50 minutes each. It included from 7 to 12 talks (32 persons); 2) weekly hypnosis group session including some elements of assertiveness training per 40 minutes each (42 persons); 3) weekly psychocorrecti-onal group in which patients searched some affinity per 90 minutes each (45 persons). In the group for affinity more than half of the persons had severe disorders, mainly schizophrenia. There were arranged small groups of cloused type, groups of both sexes and of different age as well as different diagnoses. After some formal acquaintance the therapist suggested his patients that they should work in microgroups, in pairs and he also tried to help creating some situational motives to start conversations: that is, some life situation in the tram or a situation of addressing a passer by in the street. Doing homage to Karl Rogers, we felt like creating the so-called "*helping the mentally diseased up*" in these groups and provide what the patients are deprived of in the childhood, in family, in hospitals, and when they turn to the psychiatrist. We obtained the increase of the level of adjustability with 11 out of 24 schizophrenic patients.

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ATYPICAL ANTIPSYCHOTIC & REHABILITATION PROGRAM IN A MUNCHAUSEN'S SYNDROME (CASE REPORT)

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Case report of a 27 years old patient with a moderated mental retardation, complicated with a Munchausen's Syndrome, with an history of severe self wounds, that often demanded his transfer to the general hospital, with multiple abdominal surgical interventions due to swallowing razors blades, and all sorts of cutting objects alike. The patient is controlled for over 2 years the combined action of an Atypical Anpsycotic and a specific rehabilitation program.