

modified version of DMT, DMTm was applied on 24 patients with Panic Disorder, PD, 34 patients with Generalized Anxiety Disorder, GAD and 20 patients with Schizophrenia, S. A multivariate analysis was performed. 10 different types of defence mechanisms were coded: Repression with hero, Repression with the peripheral person, Denial, Projected introaggression, Introaggression, Isolation, Polymorphous identification, Disavowal or denial of the threat relation, Disavowal or denial of hero's sex, Disavowal or denial of the identity of the peripheral person. Threshold values for perception was measured.

Results: The patients with PD was separated from those with GAD and S. The factors that differentiated the patients with PD was Polymorphous identification, Denial, Disavowal or denial of the threat relation and Disavowal or denial of the identity of the peripheral person. The patients with PD overall had a higher threshold for perception than the other patient groups. Patients with S have been supposed to have high threshold values, which is not confirmed in this study. We have earlier shown that they were not as disturbed in early visual information processing as expected.

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ANXIETY AND PERSONALITY CORRELATES IN PATIENT WITH SOMATOFORM DISORDER

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Purpose of the present study was pointing out anxiety display in patients with a Somatoform Disease diagnosis, prior to estimating possible comorbidity. 118 patients referring to the Division for Study of Psychosomatic Disease and Management of Stress, Department of Psychiatry n°36, Monza, Italy, underwent a specific assessment using the M.A.P. (Monza Assessment for Psychosomatic Disease), 90 out of the 95 who completed the path received a diagnosis of Somatoform Disorder. The M.A.P. is composed as follows: clinical interview, a socio-demographic and occupational schedule, Sixteen Personality Factors Questionnaire by Cattell, Somatoform Disorders Schedule by Tacchini and Sironi, Symptom Checklist 90 Revised by Derogatis, Heart Rate Variability. Descriptive, inferential and correlation statistical techniques (t-test, CHI², logistic regression) were performed using the SPSS (Statistical Package for the Social Sciences); spectral analysis was performed for somatic test. The following significant results came across about personality factors from patients with diagnosis of Somatoform Disease: Factor Q4 (trait anxiety) (80.00%), Factor Q3 (anxiety control) (58.80%), Factor O (conflictual anxiety) (52.22%), Second Order Factor for Anxiety (composed by five Factors) (15.56%). Inferential analysis among personality factors (16PF) and SCL-90-R showed: Factor Q4 vs. Phobic Anxiety, Factor O vs. Depression, Factor Q4 and Q3 vs. Phobic Anxiety, Second Order Factor for Anxiety vs. Obsessive Compulsive Disorder. Factor Q4 and Factor Q3 resulted as predictors of Undifferentiated Somatoform Disorder. This study confirms the need of testing Anxiety Disorders in patients with Somatoform Disorder diagnosis, to define a correct clinical model to approach such patients and such pathology.

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PERSONALITY TESTS ASSESMENT IN A SELECTED COHORT OF FRENCH APPLICANTS FOR SEX REASSIGNMENT LINKED TO THE PROBLEM OF SEXUAL IDENTITY

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Objective: Personality assesment may have major therapeutical implications in patients with gender identity disorder by providing some information on their sexual representation.

Methods: 55 transsexual patients (DSM IV) were administered the masculinity/femininity scale of the MMPI and the card III of the Rorschach test. 30 of them [(male to female transsexuals (n = 18); female to male transsexuals (n = 12)] had undergone surgery and hormonal treatment. The others were not yet hormonally and surgically treated [genetic males (n = 10) and genetic females (n = 15)]. These four subsamples were compared to each other and to a control group (n = 22).

Results: M-F transsexuals had more frequent perception of feminine objects than male (p < 0.0001) and female control subjects (p = 0.04) at the card III. They scored highest above the mean on the M/F scale and differed from the male control subjects (p < 0.0001) when the score was calculated by genetic sex and like female control subjects, when calculated by desired sex. The number of cross-gender responses at the card III and the M/F score did not differ between F-M transsexuals and female control subjects.

Discussion: These results could support the view that transsexualism manifests itself differently in males and females and could require different treatment programs.