

Fifteen of twenty patients (75%) had symptoms of delayed PTSD, 10% (2/20) suffered from Depression, and 15% (3/20) from Anxiety Disorders. We found in 80% (16/20) PTSD associated with Personality Disorders, or with Panic attacks, or with drug and alcohol abuse.

The most frequent symptoms of PTSD were: flashback, intrusive symptoms, avoidance, nightmare, affective rigidity, loss of concentration, depression, suicidal thoughts, anxiety, insomnia.

After treatment, we found five patients (33%) with severe Personality disorders after experienced trauma. And we noticed that 3 patients (20%) were chronic PTSD.

If we would have new patients POWs, they would also, have been observed and evaluated.

Mon-P80

CHILDHOOD TRAUMA AND THEIR CONSEQUENCES IN PERIOD OF ADOLESCENCE

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Childhood psychic trauma appears to be a crucial etiological factor in the development of a number of serious disorders both in adolescence and in adulthood.

Aim of our study is to investigate relation between childhood trauma and psychic reactions of war trauma.

Sample is consisted of 174 refugee adolescents 14–20 years old, who are experiencing the war trauma. Research is designed as an open clinical study. Standardized instruments are used for evaluation: CAT-scale, Achenbach-YSR-questionnaire and CWTQ. Results present significant differences between sexes, girls have more negative experience than boys in childhood ($p = 0.0449$, $X_f = 8.47$; $X_m = 7.19$). Relation between childhood trauma and psychic reactions of war trauma are obvious. Results are presented by tables and pictures.

Childhood trauma is very important fact because of development of emotional life in period of adolescence.

Mon-P81

CARE ARRANGEMENTS FOR PTSD PATIENTS

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War situation with massive psychotraumatization challenge mental health profession with huge number of people with trauma related syndromes. During and after war in Croatia besides well defined syndromes several syndromes that do not match existing diagnostic criteria could be observed. The authors reviewed the development concerning of the treatment model patients with PTSD and other traumatized syndromes treated on Rijeka region during and after war in Croatia. They also showed changes of the clinical picture resulting from war psychotrauma. They presented the program of treatment for PTSD patients presently adopted, as well as recommendations for further development of care of PTSD patients and possibilities of evaluation of therapeutic outcomes.

Mon-P82

HOW DOES THE TRAUMA IMPACT THE PTSD

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PTSD is a disorder caused by such kind of traumatic experiences that could cause psychological reactions to almost everybody.

The harder the traumatic experience was, the higher the incidence of PTSD may be expected.

Two groups were compared in this study - the first group consisted of combat veterans and the second group of veterans who were prisoners of war in addition.

The specific trauma questionnaire has been constructed by the authors and applied in both groups as well as DSM-III-R criteria questionnaire.

The question this study is answering is whether and how the differences in traumatic experiences impact the incidence of PTSD.

Mon-P83

PSYCHOVEGETATIVE DISTURBANCES AS A COMPONENT OF SYMPTOMATOLOGY IN THE VICTIMS OF THE CHERNOBYL NPP DISASTER CONSEQUENCES

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Objects: 44 persons, who took part in the elimination of the Chernobyl NPP accident consequences (the so call "liquidators") (main group) and 11 patients with mild psychoorganic syndrome of different nature (control group) were investigated. The liquidators suffered from polymorphous psychopathological disorders with domination of somatoform, affective (dysthymic type) disturbances and cognitive impairment with a tendency to formation of psychoorganic syndrome. All the patients had psychovegetative disturbances of different severity.

Methods: The evaluation of vegetative status included the definition of the overall vegetative tonus (the vegetative index by Kerdo and cardiac output), investigations of vegetative reactivity (pharmacological test with Adrenaline 1%–1.0 ml per cut), definition of the vegetative maintenance (by orthostatic test).

Results: The data of vegetative index analysis showed that there is a shift in the autonomous nervous system activity in the "liquidators" to the parasympathic component domination. The reactivity in the main group was characterized by an increased parasympathetic mode of reaction. Ensuring activity in the main group showed a trend to formation of the excessive vegetative activation under the usual stimuli. Delayed vegetative responses on the type of vegetative paroxysm have been revealed in the main group.

Conclusion: The results showed total vegetative disturbances with decreasing of compensatory possibilities both in reactivity and in the vegetative maintenance activity. The types of vegetative reactivity in the "liquidators" are similar to vegetative paroxysms.

Mon-P84

MIRTAZAPINE: AN ALTERNATIVE TREATMENT FOR DEPRESSED PATIENTS WITH POOR COMPLIANCE DUE TO SEXUAL DYSFUNCTION

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Mirtazapine, a noradrenergic and specific serotonergic antidepressant, displays strong 5-HT₂ blocking properties which may be related to lack of sexual dysfunction.

In our open-label study, after a wash-up period of 4–14 days, mirtazapine (30–40 mg/day) was administered for 6 weeks to 24 male and 21 female patients who had discontinued the treatment with selective serotonin reuptake inhibitors (SSRIs) because of sexual dysfunction. The patients were moderately depressed and none of them experienced any sexual dysfunction prior to SSRI treatment.