P01.20
COMPARISON OF EFFECTS OF PANIC DISORDER WITH AGORAPHOBIA IN MEN AND WOMEN

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Objective: To compare the differences of effects of panic disorder with agoraphobia (PDA) on quality of life in men and women as perceived by the patients.

Method: Ninety-seven consecutive outpatients (23 men and 74 women) with PDA, whose diagnosis was confirmed by the Structured Clinical Interview for DSM IV, were administered the modified National Institute of Mental Health Panic Questionnaire (NIMH PQ). The modified NIMH PQ is self-report instrument which provide the information of effects of PDA on quality of life by the 16 specific questions which are related to working ability, feeling of strength and tire, social and family activities, feeling of happiness and sadness and feeling of rest and tense. The patients answered to those specific questions ranking their opinions on two, four or six point scales, which depended by the question. The mean scores on each question in men and women were compared.

Results: Women reported more severe effects of PDA than men did on items that were related on decreased working ability, on feeling of tire, on feeling of tense and on feeling of depression. The differences were not always statistically significant. Statically significant difference were on items which were related to work ability restriction ($p = 0.032$), feeling of tense ($p = 0.038$) and depression ($p = 0.041$).

Conclusion: PDA have generally more effects on quality of life in women than men. This finding could be due to more severe symptoms of PDA in women than man or could be due to culturally based helpless in women.

P01.21
AUGMANTATION WITH D2 ANTAGONISTS FOR PARTIAL REPONDERS TO ATYPICAL ANTIPSYCHOTICS

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The serotonin-dopamine antagonists are effective drugs for a large number of patients with schizophrenia. Still, some patients remain resistant or partially resistant to those drugs. The serotonin-dopamine antagonists have a low affinity for D2 receptors in comparison with the classic antipsychotics. Their antipsychotic action involves other receptors, mostly 5-HT2. We administered D2 antagonists to patients partially resistant to atypical drugs. Ten patients were administered open-labeled with haloperidol up to 10 mg/day, or sulpiride up to 600 mg/day, or zuclopenthixol up to 30 mg/day for at least six weeks. The patients were assessed using the Clinical Global Impression Scale (CGI). One of 4 patients who received olanzapine and sulpiride improved (CGI-5 to CGI-3). The only patient who received a combination of clozapine and haloperidol improved (CGI-4 to CGI-3). One of 2 patients who received a combination of olanzapine and zuclopenthixol improved (CGI-4 to CGI-3). Two patients who received a combination of olanzapine and haloperidol did not improve, as did one patient who received a combination of clozapine and sulpiride. The results give some hope to chronic psychotic patient since three out of ten patients significantly improved in this preliminary trial. We believe that further well controlled double-blind studies are needed to evaluate the clinical significance of such combination regimens.

P01.22
PREDICTORS OF CHRONICITY AND HEALTH SERVICE USE IN PATIENTS PRESENTING UNEXPLAINED PHYSICAL SYMPTOMS

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Background: There is little understanding of which patients presenting in primary care with an unexplained symptom will follow a chronic course. The aim of this study was to identify factors which predicted a chronic course of an unexplained symptom, and/or a high use of medical services in seeking care for that symptom. We tested 3 specific hypotheses (a) Patients with high levels of psychiatric distress at presentation were more likely than non distressed patients to have the symptom after 12 months, and were more likely to continue to seek medical help for it. (b) Patients who receive initial investigation of their symptom consult less subsequently, regardless of whether their initial symptom persists. (c) Patients whose explanatory models of their symptoms concur with their doctors' suggested diagnosis have a shorter course of the symptom, and a lower level of help seeking with the symptom, than those where there is discordance with the doctors' view.

Design: A longitudinal cohort design with follow up of an initial unexplained symptom at 6 and 12 months.

Measures: Baseline questionnaire collected sociodemographic information, psychiatric distress score, somatic symptom score, and degree of physical disability. Postal follow up repeated the latter three measures as well as establishing the persistence of the initial symptom and its severity. Information on the initial consultation and patients' explanatory models were collected using a telephone interview with the patient immediately after the consultation. After 12 months the primary care notes were reviewed, to identify levels of consultation both with the initial and other symptoms, and use of health services.

Results: 411 patients were followed up of whom 191 (46.4%) still complained of their initial unexplained symptom at 12 months, 151 (36.7%) said the symptom had gone, and data was unobtainable on 69 (16.7%). Logistic regression models were used to test the hypotheses controlling for other confounding factors. The results of these will be discussed.

P01.23
COMPLIANCE INVENTORY (CI-6)

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Objective: We developed a short instrument to quantify the medication and treatment compliance of patients with psychosis.

Method: We formulated 6 items according to the compliance in the past year and calculated the internal consistence, split-half-reliability, interrater-reliability and factor loading in a sample of N = 52 patients with schizophrenic or schizoaffective disorders.

Results: The item-analysis showed a very good internal consistence (Cronbach alpha = 0.913). The split-half-reliability was r = 0.951. The interrater-reliability yielded good agreement at all 6 items (kappa > 0.75). Just one salient factor (eigenvalue = 4.228) was extracted by factor analysis. This "compliance-factor" explained 70.5% of the variance of the CI-6.

Conclusion: Our first reliability tests provided evidence that the CI-6 is a reliable instrument for an expert-rating of the medication and treatment compliance of patients with psychosis. At least, the CI-6 should be preferred to a merely dichotomous categorisation in compliant and non-compliant patients.

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