

tation Scale points were statistically different among the groups ($p < 0.05$).

Conclusions: These results confirmed that to determine the subtypes of conversion disease may be important as much as to make the diagnosis.

P51.02

Conversion and somatization disorders: the dissociative symptoms and other characteristics

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Objectives: There is a difference in classification of conversion and somatization disorders in ICD-10 and DSM-IV. Conversion Disorders are included in Dissociative Disorders in ICD-10. In view of these we aimed to clarify this discrepancy in these diagnoses.

Methods: We assessed 87 patients with conversion disorders and 71 patients with somatization disorders for socio-demographic characteristics, suicide ideation, social adaptation, psychiatric symptoms and dissociative symptoms using Patient Knowledge Form, the Dissociative Experience Scale (DES), the Symptom Check List (SCL-90-R), Social Adaptation Scale, Suicide Ideation Scale.

Results: The number of the high school graduate, single and who are students patients with conversion disorders was higher than the number of patients with the same characteristics who have somatization disorders. In conversion disorders the SCL-90-R anxiety, anger-hostility, paranoid ideation, psychoticism subgroups item and total score were higher than the score in somatization disorders. There were no statistical differences in suicide ideation and social adaptation scale scores between the two disorders. There were no statistical difference between the two disorders total score of dissociative symptoms (in DES), but the number of patients whose total DES score of 20 and above was higher in conversion disorders.

Conclusions: As a result of this present study we concluded that to enlighten the concepts of conversion, somatization and dissociation further studies are necessary.

P51.03

Somatiform disorders and depression in pregnant women with preterm labor

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A significant reduction of birthrate from 17,1/1000 in 1986 to 8,8/1000 in 1997 was estimate in Belarus. 17% of all pregnant women experienced preterm labor. Mental disorders are known as the important risk factors of a preterm labor.

Objective: Assessment of the depression level in pregnant women with preterm labor who had a numerous somatic symptoms without physical basis. All of them met the criteria of somatiform disorders (F-45 ICD-10).

Methods: Hamilton depression rating scale (HDRS) and Zung self-rating depression scale (ZSRDS) were applied.

Results: All of the examined women (53) have had the moderate depression level according to ZSRDS. 47 women (88,6%) have had mild depression level and 6 women (11,4%) have had moderate depression level according to HDRS. Middle rates of ZSRDS were 10,5. Middle rates of HDRS were 27,8. Data analyses revealed statistically significant ($p < 0,05$) predominance of level in ZSRDS over HDRS.

Conclusion: Pregnant women with symptoms of preterm labor accompanying somatiform disorders suffer from depression rather frequently. Applying only HDRS may result in underestimation of depression in pregnant women increasing the possibility of preterm labor.

P51.04

Somatiform disorder or affective disorder? Questions about a correct diagnosis

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Aim of the present study is helping to a timely differential diagnosis between affective and somatiform disorders, a complex of somatizations being very common in affective disorders, thus inducing a misled or equivocal diagnosis. This may especially happen in general practitioner's office, where a somatiform symptom is much more likely to come across rather than a mood deflection does. During the last five years the Division for Study of Psychosomatic Diseases and Management of Stress used the SDS interview (Somatiform Disorder Schedule by G. Tacchini & J. Sironi, version 2.0) to systematically diagnose somatiform disorders; the interview includes a section aimed to assess Neurasthenia, a positivity in which may lead to a Somatiform Disorder Diagnosis, but could suggest as well that an affective disorder is being misunderstood. Such a diagnostic doubt was enhanced by a positive correlation between Neurasthenia and caseness in Depression cluster referring to the SCL90R questionnaire (Symptom Checklist 90 Revised by Derogatis). Conclusions will follow and will be discussed.

P51.05

Place and characteristics of somatiform disorders in the continuum of affective somatization

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Objective: To study the main psychopathological and psychological characteristics of somatiform disorders as an element of affective disorders continuum.

Hypothesis and results: Anxiety, anxiety-depressive and somatiform disorders are examined as unified continuum in which psychopathological phenomenon change each other in series – anxiety, anxiety depression, depression and anxiety, depression and aggression during somatiform disorders. The chain creates due to intrapsychic mechanisms in which the mechanisms of psychological protection with gradual forming of disorder's positive meaning, which reaches the maximum during somatiform disorders, are increased.

172 patients with generalized anxiety disorder, depressive episode, anxiety-depressive and somatiform disorders were examined by clinical and clinico-quantitative methods. It shows that depression and anxiety are reduced during somatiform disorders. Using of psychological protection, aggression demonstration, including of common dissociative disorders into clinical finding and functioning of positive meaning of disease as a dominating way of frustrated situations' solving, decrease the level of depression and anxiety during somatiform disorders, but intensify filling of guilt. Intensification of this component in combination with aggression led to increasing of forms of behavior, which are directed to search of somatic matrix of disorder, intensification of denial syndrome of psychological mechanism of disorders.

Conclusion: Somatoform disorders are one of the variants of affective disorders somatisation in which protective mechanisms such as denial syndrome of psychological disease factor, acceptance of positive disease meaning and intensification of filling of guilt. At the same time these mechanisms are the form of anxiety and depression's mollification.

P51.06

New therapy of a form of somatised disorders

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Objective: To study a variant of somatised disorders – Tension headache – to create its typology and develop differentiate therapy for these variants.

Hypothesis: Tension headache, which are traditionally considered as one of the forms of neurotic disorders G44, can be regarded as a form of somatised affective pathology.

Methods: 170 patients with tension headache were investigated. 82 of them are with clean tension headache, the rest had variants of tension headache mixed with other variants of headache. The following methods were used for this research: half-formalized interview, visualization – analog scale of intensive ache, rating scale for depression and anxiety.

Results: Four variants of tension headache were emphasized (chosen): anxiety, depression, anxiety-depression and somatoform. Positive difference on the anxiety and depression level, which is less expressed in somatoform variant, was revealed. Complex therapy of all variants included tricyclic antidepressants as well as Klonozepam. Based on mechanisms of anxiety, a component of muscles tension was supposed, and so Tolperison (Midokalm) (100 – 450 ml. per day) was included in the therapy of all patients. Results of combined therapy with Tolperison were different from the results with patients of control group (80 patients), who got the therapy only with antidepressants and tranquilizers. However, Tolperison was less effective during the therapy of somatoform variant.

Conclusion: Tension headache is divided into variants with different level of anxiety, depression, mechanisms of psychological protection, reduced affective disorders (somatoform variant) and it determines the effectiveness of therapy.

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P52. Sexual disorders

P52.01

Sexual disturbances in 4557 depressed patients: a French survey

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Rationale: studies (USA) have evaluated the rate and type of sexual disturbances (SD) seen in depression and found 40% to 75% reduced libido, 16% to 50% erectile disorders, and 15% to 22% orgasmic dysfunction in untreated depression. The high prevalence

of antidepressant-induced SD leads to up to 75% of discontinuation in treated patients.

Method: a French epidemiological study (ELIXIR) used the Arizona Sexual Experience Scale (ASEX) to assess the prevalence of SD in 4557 depressed patients.

Results: 57% of the subjects were female; 60% of the cases of major depressive disorder were single episode. The rates of SD are close to those found in the American population: reduced libido 78.2%; erectile disorder 37.6%; and orgasmic dysfunction 19.8%. SD was reported spontaneously in 35% of patients, mainly men; this rate reached 69% if the SD were sought using the questionnaire. Out of the prescribed antidepressants, a spontaneous complaint of drug-induced SD occurred in 28% patients treated with either an SSRI or a tricyclic, in 24% of those treated with an SNRI, and in only 14% of those treated with tianeptine, confirming its value as a first-line treatment for depressed outpatients.

P52.02

Monitoring of quality of life and outcomes in transsexuals before and after sex-change treatment

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The aim of this research is to estimate some psychosocial aspects of transsexual patients before and after sex-reassignment. Main idea for this study is to evaluate efficacy of sex change treatment by monitoring patient's life qualities by patient's self-estimation. Certain psychosocial attributes were selected, by using diagnostic criteria of trans-sexualism, as most prominent problems for patients. The patients sample consisted of 30 transsexual patients both sexes diagnosed according to Standards of Care for Dysphoric Persons and DSM-IV. Patients were divided in two groups: first group consisted 15 patients before the operation, and the other one (also consisted of 15 patients) who already passed sex-change treatment at least 6 months before the research. Additional criteria was homosexual orientation of transsexuals. The assessment was done by using following instruments: a) Structurised psychiatric interview (Rakic Z., Maric J., Milenkovic D., 1993.) b) Questionnaire for monitoring of outcomes after sex-change treatment (Rakic Z., Starcevic V., Maric J., Kelin K., Milenkovic D., 1996.) The questionnaire was constructed to register some dimensions of quality of life such as: satisfaction with functioning in family, social community, with sexual partner, in professional field (working activity-job, studying), as well as satisfaction with body shape before and after sex -change treatment. Chosen psychosocial aspects were compared between groups of patients. The main goal of this research was to find out if the operation treatment improve quality of life of transsexuals and in which aspects. The results showed that all patients were satisfied that they undergone sex-change, most of them were completely satisfied with new body shape. Patients were more satisfied with relationships in family and social community, also they manage to establish sexual relationships much easier in postoperative period. The only aspect that didn't show significant change after operative treatment was professional activity. Finally, this study showed that we can predict the way that psychosocial characteristics will change after sex -change treatment.