dimensional model based on the model of John Rolland which provides a categorization scheme that organizes characteristics of chronic illnesses integrating both psychosocial and biomedical perspective. The first dimension has been conceptualized as dependent variable — incapacitation; the second dimension — time phase of illness, conceptualized as categorical i.e. distinguishing three categories: crisis, chronic and terminal phase, in our sample was reduced to one category: chronic; third dimension included components of functioning in individual psychological, family and wider social context. *Multiple regression* (method: stepwise) — with *dependent variable:* incapacitation measured by score on Global Assessment of Functioning Scale (GAF) and *independent variables*: age, duration of PTSD, as well as scores on Family Inventory of Life Events (FILE), Social Support Index (SSI), Impact of Event Scale (IES), Family Coping Coherence (FCC), Family Hardiness Index (FHI), Relative and Friend Support (RFS) — shows that high scores on *Social Support Index* appear to be the *significant predictor* of higher scores on GAF scale i.e. lower incapacitation ($p = 0.0153$). This points at the significance of diagnostic model that integrates both psychological and social context in psychiatric estimation of PTSD.

DISSOCIATIVE MECHANISMS IN VICTIMS OF WAR

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It is widely assumed that dissociation is a defence mechanism employed to cope with overwhelming experiences, and that psychological trauma creates the fragmented sense of self that characterizes patients with stress-related disorders. Most of the instruments for assessment of PTSD are "symptom-oriented"; Impact of Event Scale (IES) registers manners in which subjects recall traumatic memories, apply or redistribute attention and deal with disturbing thoughts. The aim of our study was to assess latent structure of this instrument and its correlation with clinical picture of PTSD. Sample consisted of 158 patients with war-related trauma among whom 103 had PTSD diagnosed by DSM-IV criteria. They have all been assessed by IES, The Mississippi Scale for Combat-related PTSD, and The PTSD Checklist. The factor analysis of IES identified three factors: the first two corresponded clearly to intrusion and avoidance. The third factor consisted of dissociative symptoms. These factors were used for dicriminant analysis. The obtained results have shown that it is possible to clearly distinguish at least two groups of patients on the basis of predominantly used coping mechanisms: subjects who respond to intrusive symptoms with avoidance strategies, and subjects who use dissociation as a reaction to excessive trauma.

OCD: COMPARISONS OF SRI TREATMENT

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Obsessive-compulsive disorder (OCD) is a chronic illness that can be associated with substantial morbidity and often requires long-term treatment. Separate double-blind, multi-centre, placebo-controlled trials of the potent serotonin reuptake inhibitors (SRIs) clomipramine, paroxetine, fluoxetine, sertraline, and fluvoxamine have shown significant efficacy in the treatment of OCD. Antiobsessional effects of the SRIs are independent of their antidepressant effects. Two recent meta-analyses which compared efficacy between the SRIs in the treatment of OCD concluded that SRI is more effective than placebo and that clomipramine was associated with a significantly greater reduction in OCD symptoms from baseline compared with the other SRIs. However, there are methodological limitations associated with meta-analyses, and placebo-controlled, head-to-head comparisons remain the best means of assessing relative efficacy and tolerability of individual drugs. Several small direct comparisons reported have demonstrated similar efficacy, but reduced tolerability, for clomipramine versus other SRI medications. A recent large-scale multinational, randomised, double-blind comparison of paroxetine versus clomipramine versus placebo in 399 patients with OCD was recently completed. Paroxetine was as effective as clomipramine in the 12-week study and both were significantly more effective than placebo in reducing OCD symptoms. Moreover, paroxetine was associated with significantly less side effects and drop-outs due to adverse events than clomipramine treatment. These findings suggest that paroxetine possesses similar antiobsessive efficacy, but a superior side effect profile in comparison to clomipramine treatment. Long-term studies of paroxetine therapy have also demonstrated maintenance of efficacy and prevention of relapse. OCD is a chronic disorder that generally requires maintenance medication. Therefore, these results supporting paroxetine's antiobsessive efficacy and long-term tolerability may have important implications for many patients with OCD.

EFFICACY AND SAFETY OF PAROXETINE IN PANIC DISORDER

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The efficacy and safety of the selective serotonin reuptake inhibitor paroxetine has been evaluated in over 450 patients with panic disorder with or without agoraphobia. In a randomised comparison with placebo plus cognitive therapy in 120 patients with panic disorder, paroxetine plus cognitive therapy significantly reduced the frequency of panic attacks. A short-term comparative study over 12 weeks in 367 patients showed paroxetine to be at least as effective as clomipramine in the treatment of panic disorder. Moreover, paroxetine-treated patients demonstrated significant improvement over clomipramine in the reduction of panic attacks to zero (51% panic free vs 37%, $p < 0.05$). Paroxetine also appeared to have an earlier onset of action. In a long-term extension of this study, 176 patients continued medication under double-blind conditions and demonstrated that the efficacy of paroxetine was maintained over time. Additionally, paroxetine was significantly better tolerated than clomipramine. In a dose range finding study, 40 mg was shown to be the minimum effective dose and a long-term extension of this study showed paroxetine to be significantly more effective than placebo in preventing relapse. In all studies, paroxetine was also effective in reducing the associated symptomatology of panic disorder, such as depressive symptoms, generalised anxiety and phobias. In conclusion, paroxetine is an effective and well tolerated treatment for the control of panic disorder.

PATIENT DISABILITY IN PANIC DISORDER

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In addition to panic attacks, panic disorder is associated with high levels of secondary symptomatology, such as anxiety and depression. This disorder can lead to considerable disability in social functioning. Two scales which measure the level of disability have been used in multicentre panic disorder trials involving paroxetine: the Sheehan Disability Scale (SDS) and the Social Adjustment Self-report Questionnaire (SAQ). A 12-week placebo-controlled comparison of paroxetine and clomipramine in 367 patients with panic disorder compared SDS score at baseline and after treatment; both paroxetine and clomipramine were significantly better than placebo with respect to work, social life and family life/home responsibility. A long-term

https://doi.org/10.1016/0924-9338(96)89178-4 Published online by Cambridge University Press