

signs and demographic variables associated with the disorder.

**Methods:** In a descriptive study with ex-post-facto design, one hundred patients admitted to outpatient orthopedic clinic in Imam-Reza Hospital (Mashhad, IRAN) who had the study criteria were included. Upon admission, demographic information, pain intensity, pulse rate, blood pressure were assessed and General Health Questionnaire-28 was filled. Then symptoms of PTSD were evaluated after one and three months follow up based on DSM-IV criteria. Finally the initial data from the patients developing PTSD after one and three months were compared with those without the disease.

**Results:** After one month, 5 patients (8.3%) and after three months 6 patients (12.8%) had complete PTSD criteria and 10 patients (16.7%) after one month and 6 patients (12.8%) after three months developed subsyndromal PTSD. Presence of high pulse rate ( $P=0.000$ ), high intensity of the tolerated pain ( $p=0.000$ ), more somatization symptoms ( $p=0.041$ ) and more anxiety symptoms ( $p=0.039$ ) predicted the development of PTSD after one month and presence of high pulse rate ( $P=0.000$ ), high intensity of the tolerated pain ( $P=0.000$ ), high maximum blood pressure ( $P=0.047$ ), more somatization symptoms ( $P=0.019$ ) and more anxiety symptoms ( $P=0.024$ ) predicted the development of PTSD after three months.

**Conclusion:** High Blood Pressure, pulse rate and pain as well as more anxiety and somatization symptoms upon experience of trauma may increase rate of PTSD in sever orthopedic patients.

## P0072

Study on suicidality in veterans of Iraq-Iran war suffering from chronic PTSD

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**Introduction:** The Iraq-Iran war lasted for 8 years and ended approximately 20 years ago. It left many physically and mentally injured individuals. Many of these veteran have been suffering from chronic post-traumatic stress disorder (PTSD). We observed a percentage of them, suddenly died which could be attributed to self over-medicated. In this research we evaluate tendency to suicide in them.

**Material & Method:** One hundred and four patients with chronic PTSD who referred to Beheshti psychiatric hospital in Kerman/Iran were included in the study. Subjects should met DSM-IV criteria for PTSD. After collecting demographic data, the risk of suicide was evaluated with California risk estimator for suicide. History of opium dependence and one to one fight were obtained from patients.

**Results:** The mean $\pm$ SD of age was 39.90 $\pm$ 4.33 years and the mean duration of disease was 18.31 $\pm$ 1.99 years.. Severity of suicide based on California test showed 15.4% had high and 63.5% and very high tendency to suicide. History of substance dependence ( $t=6.58$ ,  $P<0.0001$ ) and history of one to one fight ( $t=2.9111$ ,  $P<0.01$ ) were two factors which are contributed to high suicidal tendency.

**Conclusion:** Veterans with chronic PTSD are patients who are at risk for many consequent problems. One of these is suicidal tendency. Suicide is a matter which was not paid sufficient attention. Veterans who had specific problem such as drug dependence and whom which were involved in one to one fight are more at risk of suicide.

## P0073

Panic attacks and the homeostatic alarm system

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Several experimental evidences support the existence of a panic respiration connection, however only recent studies, investigating the complexity of respiratory physiology, revealed consistent irregularities in respiratory pattern and suggest that these abnormalities might be a trait marker of the panic disease. The high irregularity observed, together with the unpleasant respiratory sensations in patients with PD, could be the result of the activation of a suffocation false alarm. Basic physiological functions in the organism are strictly inter-related in a global network with reciprocal modulations and, since also abnormalities in cardiac and balance system function have been described in patients with panic disorder, perturbations of these other basic systems or a more general dysfunction of our homeostatic brain might explain respiratory findings (Perna et al 2004). A recent brain imaging study reported an increase in brainstem volume in patients with panic disorder (Protopescu et al 2006). Regulatory physiologic processes take place continuously beyond the consciousness and only occasionally they pervade the conscious awareness as "primal emotions". Panic attacks could be the expression of primal emotion arising from phylogenetically ancient brain circuits processing physiological perceptions/sensations linked to homeostatic functions.

Protopescu X, Pan H, Tuescher O, Cloitre M, Goldstein M, Engeli A, Yang Y, Gorman J, LeDoux J, Stern E, Silbersweig D. Increased brainstem volume in panic disorder: a voxel-based morphometric study. *Neuroreport*, 20;17:361-3, 2006

Perna G, Caldirola D, Bellodi L: Panic Disorder: from respiration to the homeostatic brain. *Acta Neuropsychiatrica*, 16: 57-67, 2004

## P0074

Effect of yoga on depression and anxiety of women referred to yoga clinic

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**Background and Aims:** Yoga has been considered a stress decreasing method in treatment of depression and anxiety disorders whose prevalence is unfortunately increasing gradually. The goal of this study is to evaluate the influence of yoga on depression and anxiety in women referred to yoga clinic.

**Methods:** This is a clinical trial study on all persons who were referred to a yoga clinic for women, from July 2006 to July 2007. All new cases were evaluated on admission using a personal information questionnaire, Beck and Spielberger tests, and then divided into two groups of case and control randomly. The case group ( $n=34$ ) participated in two weekly yoga classes of 90 min duration for two months. The control group ( $n=31$ ) were assigned to a waiting list. Both groups were evaluated again after two months.

**Results:** The average prevalence of depression in the case group before and after yoga course was 12.82  $\pm$  7.9 and 10.79  $\pm$  6.04 respectively, a statistically significant decrease ( $p=0.13$ ).