

result of occupying additional psychological mechanisms, even in psychotic patients, under circumstances of emergency. Prolonged stress and endangered survival usually leads to reduce of major defenses and that might be the explanation for the exacerbation after the fifth, eight and eleventh week.

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THE DIFFERENCE OF REDUCTION POSTTRAUMATIC STRESS DISORDERS TREATED by STANDARD and RETARD FORMS of XANAX

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Objective: The purpose of this study was to compare two forms of Xanax (standard and retard) in reduction of clinical symptoms posttraumatic stress disorders (PTSD).

Methods: 68 men, age of 21–47 years (mean age 31.2 years) with symptoms, classified in criteria ICD-10, CAPS-1, CAPS-2 as PTSD, were assessed with the use of clinico-psychopathological structural-dynamic analysis. Anxiety scale and Hamilton scale of depression and our own scale developed for measurement main symptoms of PTSD and comorbid disorders were administered to all patients. Standard form of Xanax was administered to 32 patients and retard form to 36 patients as monotherapy.

Results: Retard form of Xanax in compare with standard one was more effective in patients with predominance of somato-vegetative disorders and less severe symptoms of anxiety and depression. Retard form had better profile of tolerance for first several days of adaptation to treatment. At the same time, standard form had induced more clear but less stable effect on dysphoric mood, irritability, aggressiveness, emotional withdrawal and angedony.

Conclusion: Both forms of Xanax (standard and retard) were effective for anxiety and depression. This effect had been confirmed by reduction of anxiety and depression, dyssomnia, dysphoric mood and somatovegetative dysfunctions in forms of crises at evening and night time. The emotional intensity of "flashback" phenomenon was decreased, but the rate did not change.

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THERAPY OF DERPESSIVE DISORDERS WITH TIANEPTIN AND SERTRALIN IN PATIENTS WITH HYPERTENSION AND ISCHEMIC HEART DISEASE

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Purpose: Investigation of effectiveness and safety of application of tianeptin and sertraline for treatment of depressive disorders in case of hypertension and ischemic heart disease.

Methods of Investigation: Screening examination, clinical-pathological investigation with application of HAMD, HARS, SCL-90-R, daily monitoring of blood pressure (BP), Echo-CG.

Results: Due to results of screening depressive disorders among 69 of examined patients of somatic in-patient department (male-32, female-37, average age-55.2) are revealed in 76.3% (n = 53). Due to ICD-10 criteria F34.1-60.3%, F32.1-15.1%, F41.2-13.3%, F34.0-11.3% are diagnosed. Group of patients under treatment with tianeptin (I) 12.5–37.5 mg/day consisted of 31 persons (hypertension n = 15, Ischemic heart disease n = 16). Group of patients under treatment with sertraline (II) 25–50 mg/day consisted of 22 persons (hypertension n = 12, Ischemic heart disease n = 10). Duration of therapy - 4–12 weeks.

Significant ($\geq 50\%$) reduction of HAMD, HARS values (somatic, psychological components of anxiety), statistically reliable reduction of values of somatization scales ($p < 0.05$), depression, anxiety SCL-90-R are notified. It is brought out, that tianeptin has stronger anti-oxidative effect. In case of treatment with sertraline antidepressive effect is more expressed.

In functional investigation of cardio-vascular system condition during treatment reduction of systolic and diastolic BP, frequency and severity of hypertensive crises, angina attacks, headaches, improvement of hemodynamic values, tolerance to physical loads are revealed. Side effects were observed only in few cases they were passing away with reduction of preparatus dose.

Conclusion: Effectiveness of tianeptin and sertraline in treatment of depressive disorders in patients with hypertension and ischemic heart disease, their good tolerance is approved.

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SCHOOL FOR PSYCHOPHYSICAL SELF-REGULATION OF DIABETES MELLITUS PATIENTS

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The diabetes mellitus often proceeds against a background of available or secondary psychic disorders. Our eight-year experience indicates that such patients need treatment in the "School for psychophysical self-regulation". The treatment was applied to the insulin-dependent and non-dependent patients in conjunction with manic-depressive psychosis, latent schizophrenia and marginal forms of neuro-psychic disorders. Patients were examined, by clinical-psychopathological and psychological methods. The training provides maximum information on the nature of disease, methods of self-control prophylaxis of complications, peculiarities of individual treatment – everything for continuous stable cure procedure.

The psychological aspect of our program helps our patients in getting back aims for the life. the motivation for self-control, an independent existence.

The psychotherapist establishes communicative connections with everybody in the group. New connections are developing between the patient's closed world and all other patients thanks to the transfer relations of patient – therapist. The communicative connections within the group established, the patients became able to join actively in the psychosocial relations after the treatment. The combination of the training program with the psycho-corrective measures allows to improve a quality of the therapy, to prevent a development of neuro-psychical disorders, and it ensures psychosocial adaptation in the society.

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EFFECT OF RISPERIDON ON AUTONOMIC REGULATION IN PATIENTS OF AFFECTIVE DISORDERS IN PERIOD BETWEEN THE RELAPSES

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The research involved patients suffering from bipolar, phasing endogenous psychoses. Diagnosis, according to MKB-10, as follows: cyclothymia (F34.0), bipolar disorder (F31) and schizoaffective disorder (F25). Age from 18 to 65 (average 34.3 ± 9.2). Case history-at least 2 years with at least two relapses during the last year.

Design: Cardiovascular parameters had been investigated in period between the relapses. Computerized ECG analysis was