

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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- (2) Pfaffenrath V., Gerber W.-D. Chronische Kopfschmerzen. – Stuttgart et al., 1992. – P. 180–200.
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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.