advanced and perfect" others. 4) Fear not to meet exaggerated expectations from significant others; anticipation of disgrace on public. 5) Estimation of every situation even neutral in terms of achievement. 6) Excessive demands from others.

Methods: Original Perfectionism questionnaire, "level of aspiration" test.

Results: 20 patients with dysthymia and recurrent depressive episode (ICD-10) exhibited higher scores at all suscales of Perfectionism Questionnaire. Factor - analitic study of the instrument is continuing. The preliminary findings comfirm the presence of perfectionism in the personality structure of depressed patients. Perfectionism appear to have a coplex structure. In the process of psychotherapy every component described might be view as a target for therapeutic intervention.

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REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) IN MAJOR DEPRESSION — SHORT-TERM ANTIDEPRESSIVE EFFECTS

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Recent studies reported that rTMS series to left prefrontal structures had an ameliorating effect on mood in normal volunteers as well as in depressive patients. Up to now there are no studies investigating short-term effects of rTMS on mood in the treatment of depression. In the present evaluative study five drug resistant depressive patients (4 women, 1 man, mean age 42 years), one suffering from a unipolar and four from a bipolar affective disorder (ICD-10) received daily rTMS by a circular coil (diameter 13 cm) of the 'Magstim Rapid' to left frontal structures (20 stimulus trains with a duration of 3.5 sec, stimulus frequency 10 Hz, interstimulus interval 1 min, stimulus intensity equal to motor threshold of the resting right musculus abductor pollicis brevis). Stimulus intensity varied between 60 and 75% of the maximum output of the magnetic stimulator. rTMS was performed as an add-on therapy to a constant standard antidepressive medication with amitriptyline, mianserine or venlafaxine. Preceeding and immediately following each daily rTMS session, which was done between 8.00 and 9.00 a.m., as well as in the evening hours, self assessment of mood was carried out by the Profile of Mood States (POMS), a Visual Analogue Scale (VAS) and a 'Bright-Dark-Scale' (BDS). The development of POMS 'dejection' subscores during the period of daily rTMS was quite fluctuating and not linear. But in all five patients they were found nearly continuously to be decreased following the rTMS sessions. The other scales showed similar but less constant results. In addition to the already known positive long-term effects of rTMS on mood, the presented study shows that rTMS with the above mentioned parameters has beneficial short-term effects on depressive mood.

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COMPLEX TREATMENT OF RESISTANT DEPRESSION

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The purpose of investigation was to assess acupuncture contribution to antidepressants efficiency. The investigation was also concerned with assessment of psychovegetative and immunological (circulative immune complexrs (CIC) and antitimic antibodies (ATA) indiced alterations in depressive patients under the complex therapy (antidepressants combined with acupuncture). The treatment course of 74 patients (with schizophrenia, circular depression and psychogenous depression) consisted of 12–15 procedures of acupuncture on the background of tricyclic antidepressants injection in daily doses not exceeded 100 mg. Positive therapy dynamics variants were described: a) continuous with reduction of depressive symptoms; b) waweous with enhancing of anxiety. As a rule, stable therapy effect of the complex treatment was associated with certain balances in the vegetative regulation process: sympathycotonia was prevailed, there were also CIC and ATA indices decreasing observed. These correlations may be considered as significant indices of depressive syndrome reduction under the therapy.

Tues-P56

CORRELATION BETWEEN SYMPTOMATOLOGY AND PERSONALITY TRAITS IN DEPRESSIVE PATIENTS

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A total sample of 50 out- and inpatients whose clinical picture fulfilled the ICD-10 diagnostic criteria for Affective Diseases (F31-F33), with the present episode depressive was assessed. A polydiagnostic approach on depression, based on several international self- and observer-rating instruments completed with a culture specific scale, was considered. The Munich Personality Test (MPT) was applied after the patients recovered from the clinical episode. Correlation between the personality ratings and symptom ratings have been calculated. Personality subscores specifically correlated with different symptom scores. The results suggest a linkage between personality traits and the clinical picture in depressive patients. Some possible psychopathological pathways are going to be discussed.

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THE INTEGRATION OF COGNITIVE AND DYNAMIC APPROACHES IN THE PSYCHOTHERAPY OF EMOTIONAL DISORDERS

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Experimental-Psychological Rationale for the Integration: The specific sign of depression and anxiety now days is somatization. Somatoform disorders highly correlate with depression and anxiety (Kellner, 1990). The decrease of ability to aware and differentiate emotions was found in patients with somatized emotional disorders (Kholmogorowa, Garanian, 1994). Techniques of CT develop this ability through focusing at the cognitive aspects of emotions. Increased number of stressful life events in family history and personal biography were found in depressive and anxiety-disordered patients. Personality traits (hidden hostility, perfectionism) which prevent the development of therapeutic alliance and compliance were identified (Kholmogorowa, Garanian, 1996). Psychodynamic techniques focus at these traits and relevant past experience. Otherwise, the risk of drop our remains high (Sanderson, 1994).

Theoretical Rationale: Cognitive events and basic assumptions are the main targets of CT (Beck, 1976). Cognitive events as internal processes are related to behavioral paradigm. Basic assumptions as preconscious personal determinants - to dynamic. Focusing at the basic believes inevitably leads to past experience. Therapeutic model connecting current distortions with past experience can not be viewed as cognitive-behavioral (Dobson, 1988), but cognitive-dynamic.