

0.05), increasing response by a factor of 2.7. There was a trend for antidepressant response in all groups to increase as duration of treatment lengthened, suggesting that the physically ill elderly may take longer to respond to antidepressants than the physically well. Those patients with concomitant cerebrovascular disease also showed a significantly greater response to active treatment ( $p = 0.05$ ), more marked in those with serious physical illness as well ( $p = 0.02$ ), suggesting the need for further research in this area.

### GENERALISED ANXIETY DISORDER IN CHRONIC FATIGUE SYNDROME (CFS) AND FIBROMYALGIA (FM)

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**Objectives:** 1) compare psychopathology between CFS and medical controls

2) compare psychopathology between CFS with and without FM

**Results:** A structured psychiatric interview (DSM-III-R), part of a global psychopathological approach, revealed higher prevalence rates of current and lifetime psychiatric disorders and a higher degree of psychiatric comorbidity in the chronic fatigue syndrome (CFS) compared to a medical control group. Contrasting with previous studies, was the finding of a very high prevalence of generalised anxiety disorder (GAD) in CFS, characterised by an early onset and a high rate of psychiatric comorbidity. A significantly higher prevalence was also found for the somatisation disorder (SD) in the CFS group. CFS patients with SD have a longer illness duration and a higher rate of psychiatric comorbidity.

No differences in psychopathology were observed between CFS patients with or without FM.

**Conclusions:** GAD is very prevalent in CFS and FM. It is hypothesised that GAD represents a risk factor for the development of CFS. Findings about SD are in accordance with the suggestion of Hickie et al to isolate chronic fatigued subjects with SD from CFS.

### POSTTRAUMATIC STRESS DISORDER AND WORK ABILITY

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The aim of this study was to evaluate the work ability of persons with posttraumatic stress disorder (PTSD). The study comprised 64 patients (diagnosed according to DSM-IV and ICD-10), 44 males and 20 females, age between 25 to 50 years. All 44 men were active before the illness occurred, namely 31 was employed, 11 were peasants and 2 of them were free-lances. Before the treatment free-lances were working in spite of having symptoms, all peasants were passive, and among the employees only two of them were still working actively. After the psychopharmacotherapy and two-months of cognitive-behavioral therapy 9 employees returned to work, but not a single peasant. Before developing PTSD all women were successful housewives (not a single one was employed), but during the illness all of them became totally passive. This study demonstrates that the persons with PTSD show significant work disability in highly percentage. Also it was noticed that the persons in which the symptoms of the disorder had disappeared often remained passive, and didn't return back to their previous job. It is concluded that PTSD presents also a significant social problem.

### IMMIGRATION RELATED PSYCHOLOGICAL DISTRESS SYNDROME ASSOCIATED WITH LONELINESS

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Levels of perceived loneliness and psychological distress were investigated among 966 adult immigrants from the former Soviet Union to Israel. Perceived Loneliness Index and Brief Symptom Inventory (BSI) were employed as measures of loneliness and psychological distress concerning preimmigration as well as postimmigration periods. On average, the prevalence rate of the perceived loneliness was doubled through immigration: from 18% to 36%. The BSI dimensions' scores were much higher for the lonely group compared to the nonlonely in both immigration stages. We divided all respondents into four groups: *permanently lonely* — those who reported loneliness prior to as well as after immigration; *recent lonely* — those reporting loneliness only after immigration; *former lonely* — those reporting "loss" of loneliness after immigration, and *never lonely* — those who did not report loneliness neither before or after immigration. Never lonely immigrants were overrepresented (61%) and former lonely — were underrepresented (3%) in our sample. Among current lonely immigrants 15% were permanently lonely and 21% were recent lonely. Both loneliness and psychological distress significantly increased after immigration but the relationship between these parameters was different in the distinct groups. Multiple regression and factor analyses allowed to establish the immigration related syndromes: psychological distress syndrome associated with loneliness, and general anxiety syndrome not related to loneliness and psychological distress.

### THE APPLICATION OF THE INTERNET TO SUPPORT CARERS OF DEMENTIA PATIENTS

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**Introduction:** The Internet is a global communications and data network which is expanding rapidly. By establishing an e-mail mailing list and World Wide Web (WWW) pages we have been able to demonstrate that this technology is applicable and acceptable to carers of dementia patients.

**Methodology:** To examine the potential of the Internet for supporting dementia carers an e-mail mailing list was established. Additionally WWW pages were designed to provide accessible and useful information, with links to other sites on the network of interest to dementia carers. The mailing list and the web pages were advertised widely on the Internet via other mailing lists and search databases. People joining the e-mail list were asked to complete a questionnaire, and web pages accesses were automatically counted.

**Results:** After 9 months of operation 166 people had joined the mailing list. Members were drawn from the UK, Europe, USA, Australia and the Far East. One third were family caregivers with the remainder being professionals, educators and students. A large volume of lively discussion developed with several messages per day being distributed. Our presentation will provide examples of the threads of discussion that developed. More than 500 accesses per month were recorded for the Web pages, and we will present examples of our web pages and of the type of information available on the Internet.

**Conclusions:** We have demonstrated that the Internet is a place where dementia carers can look for, and find, support. Our e-mail and web pages are popular and offer considerable opportunities for further research and development.