

benzodiazepine like effects on HPA axis activity have been observed as well. Moreover, first investigations in patients with PD showed an improvement of panic and anxiety with both compounds.

Conclusion: Therefore, targeting the GABA binding site of the GABAA_A-receptor complex by selective enhancement of GABAergic neurotransmission represents an interesting novel approach for the future development of anxiolytic compounds.

S-25-04

Current state of the art in the pharmacotherapy of anxiety disorders

S. Kasper, M. Stamenkovic. *Medizinische Universität Allgem. Psychiatrie, Wien, Austria*

Objective: In the recent 20 years, a large number of randomized controlled trials has been performed for different indications of anxiety disorders, specifically for panic disorder (PD), generalized anxiety disorder (GAD), social phobia (SAnD), posttraumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD). Whereas in former years it was believed that anxiety disorders can only be treated with benzodiazepines, it soon emerged that the group of selective serotonin re-uptake inhibitors (SSRI) as well as serotonin and norepinephrine re-uptake inhibitors (SNRI) have a favorable profile in this condition, specifically for the necessary long-term treatment. Not all of the compound studied have been performed in acute as well as long-term treatment paradigms. There is a need for studying the newer SSRI and SNRI also in a comparative design amongst the others since the majority of data are only obtained with the newer medication compared to older compounds, e.g., clomipramine compared to placebo. Recent data indicate that the group of atypical antipsychotics might also be beneficial for the indication of GAD. Recently, pregabalin represents a new class of anxiolytic with no activity at GABAA_A, GABAB or benzodiazepine receptors. By modulation of the release of excitatory neurotransmitters, including glutamate and Substance P, the mechanism of action can be understood. Since there is a large comorbidity between depression and anxiety disorders it would be helpful if studies are undertaken in the future also on this comorbidity.

S-25-05

Adult ADHD and substance abuse

M. Casas, R.-Q. Josep A, B. Rosa, E. Gemma, M. Xavier. *Unitat de Psiquiatria Hospital, Barcelona, Spain*

Attention-deficit/hyperactivity disorder (ADHD) is the most prevalent childhood psychiatric disorder (3-7%). There are few prevalence studies concerning ADHD in adults, however ADHD affects up to 4% of adults. Comorbidity across life span in ADHD is not the exception but the rule. Approximately 70% of those diagnosed with ADHD in adulthood have a second disorder. One of the most common comorbidities in adult ADHD is a substance use disorder (SUD). There is a bidirectional relationship between ADHD and SUD. Prevalence studies of SUD patients have shown that between 15% to 25% may have ADHD. On the other hand, ADHD is a risk factor for subsequent development of a SUD. Several authors have found a lifetime rate of a SUD of 50% in adults with ADHD. It is very SUDs are key in the clinical expression of ADHD, differential diagnosis and in the therapeutic approach. ADHD patients show earlier onset, higher addiction

severity and poorer treatment outcomes than non dually diagnosed drug users. The presence of ADHD can jeopardise SUD treatment. There are some clinical trials that evaluate the efficacy and safety of psychostimulants in adult ADHD with SUD.

Monday, April 4, 2005

S-28. Symposium: Psychopathological consequences of the 11 M terrorists attacks

Chairperson(s): Laura Ferrando (Madrid, Spain)
08.30 - 10.00, Holiday Inn - Room 8

S-28-01

Comparison dates among New York 11S and Madrid 11M

S. Galca. *Ceter for Urban Epidemiologic Studies, New York Academy, New York, USA*

S-28-02

Methodology of the study psychopathological consequences of the 11 M terrorist attacks

R. Gabriel. *Research Department Hospital La Paz, Madrid, Spain*

S-28-03

Results of the study psychopathological consequences of the 11 M terrorist attacks - 1a

L. Ferrando. *Universidad de Alcala, Madrid, Spain*

Monday, April 4, 2005

S-32. Symposium: Biological background and psychopathological targets of therapeutic approaches to eating disorders

Chairperson(s): Francesca Brambilla (Naples, Italy), Palmiero Monteleone (Naples, Italy)
14.15 - 15.45, Gasteig - Room 0.131

S-32-01

Genetic predictivity of the clinical and psychological effects of ssri treatments in disorders of eating behavior

P. Monteleone, A. Tortorella, M. Fabrazzo, E. Castaldo, A. Fuschino, C. Di Filippo, M. Maj. *University of Naples SUN Psychiatry, Naples, Italy*

Objective: Although selective serotonin reuptake inhibitors (SSRIs) are currently recommended as the first-line pharmacological treatment of bulimia nervosa (BN), a portion of patients do not respond to SSRIs. Since the 5HT transporter (5HTT) represents the prime target of SSRIs, the gene coding for this protein is an attractive candidate gene for pharmacogenetic SSRI studies. A long (L) and a short (S) variant of the promoter region of the 5-HTT gene, with different transcriptional efficiencies, have been identified. Therefore, we investigated whether 5-HTTLPR was associated to SSRI response in patients with BN.

Methods: Forty-seven bulimic women underwent a naturalistic treatment with SSRIs plus nutritional counselling. After 12 weeks, those patients presenting a reduction in the binge/purging frequency greater than 50% of the pretreatment value were defined as responder. Allelic variation in each subject was determined by using a PCR-based method.

Results: At the end of the observation period, 32 women were responder. Of the 10 SS subjects, 8 (80%) were nonresponder versus 6 (37.5%) of the 16 SL patients and 1 (0.4%) of the 21 LL subjects ($c^2 = 17.99$, $P = 0.0001$). When, we considered the S allele as dominant and compared subjects with either SS or SL genotype to those with LL genotype, the lack of response was significantly more frequent among those patients carrying at least one copy of the S allele as compared to LL subjects (Fisher exact $P = 0.0003$; Odd ratio: 23.33; 95% Confidence Intervals = 2.59 - 209.76).

Conclusion: Although these data must be considered cautiously because of the naturalistic nature of the study, they show for the first time that the S form of the 5HTTLPR seems to be associated with a poorer response to a combined treatment with SSRIs plus nutritional counselling

S-32-02

Biological background of the psychological effects of cognitive-behavioural therapy in anorexia nervosa

F. Brambilla, R. Dalle Grave, T. Todesco, D. Marazziti, P. Monteleone, S. Caluggi. *University of Naples SUN Dept. of Psychiatry, Naples, Italy*

Objective: Aim of the study is to see in anorexia nervosa patients whether or not neurotransmitter impairments, which have been suggested to represent the biological background of the disorder or of some of its specific symptoms, are modified by Cognitive-Behavioral Therapy (CBT) in parallel with anorexic symptomatology.

Methods: We examined BMI, psychological aspects (monitored by EDI-2, BITE, TCI, Yale Brown Cornell, Barrat, SCL-90, Hamilton for Depression, STAI Rating Scales), and we measured HVA (for DA), MHPG (for NE), paroxetine-binding (for 5-HT) blood concentrations before, after 1 and 3 ms of CBT.

Results: A significant increase of BMI and improvement of the anorexic psychopathology occurred after CBT in both hospitalized and outpatients anorexics, in parallel with changes of HVA, MHPG, and paroxetine-binding concentrations.

Conclusion: The pathogenetic significance of the neurotransmitter concentrations before and after CBT will be discussed.

S-32-03

Implications of biological research for our understanding and definition of anorexia nervosa

J. Hebebrand. *Marburg, Germany*

S-32-04

Guided self-help for bulimic anorexia nervosa to reduce time in intensive treatment: A controlled study

M. M. Fichter, M. Cebulla, N. Kränzlin, M. Fumi, S. Naab. *Klinik Roseneck aff. Uni MUC, Prien, Germany*

Objective: Anorexia nervosa (especially bulimic AN) has high rates of chronicity and mortality and there is a need for more effective treatments. In a controlled treatment study we assessed the efficacy of manualized therapist-guided self-help, administered via mail and weekly telephone sessions over 6 week before inpatient cognitive behavioral treatment.

Methods: 100 patients with anorexia nervosa of the binge-eating/purging type according DSM-IV criteria were assigned to the experimental group (guided self-help prior to intensive inpatient treatment) or to the control-group (intensive inpatient treatment only). Patients were assessed 8 weeks before admission, on admission, at discharge and at six-month follow-up. Data on general psychopathology and eating pathology was obtained using structured interviews (SIAB-EX, SCID I, SCID II) and standardized questionnaires (SIAB-S, EDI, TFEQ, BDI, SCL90 etc.). Main hypotheses of the study were: 1) symptoms of general psychopathology as well as eating pathology symptoms are more rapidly reduced in the experimental group compared to the control group, 2) this effect is detectable also at six-month follow-up and 3) guided self-help reduces the duration of the intensive treatment and still maintains treatment quality and effects.

Results: The guided self-help approach preceding inpatient treatment was well accepted by the patients. Data show 1) significant positive effects of the guided self-help intervention prior to inpatient treatment (as compared to the control group), 2) significant improvement during inpatient treatment in both groups and 3) fewer days in inpatient treatment for the intervention group as compared to the control group.

Conclusion: The self-help intervention had significant positive immediate effects and reduced the days of inpatient treatment.

Monday, April 4, 2005

S-38. Symposium: Psychotherapy and pharmacotherapy of obsessive-compulsive disorder: new findings

Chairperson(s): Ulrich Voderholzer (Freiburg, Germany), Damiaan Denys (Utrecht, Netherlands)
16.15 - 17.45, Gasteig - Room 0.131

S-38-01

Neuropsychological deficits in OCD as a correlate of a neurobiological dysfunction: Do these deficits change by successful cognitive behavioral treatment?

U. Voderholzer, A. K. Kuelz. *University of Freiburg, Freiburg, Germany*

Objective: There is evidence for neuropsychological deficits in OCD patients which are commonly interpreted as cognitive correlates of an underlying fronto-striatal dysfunction. Whereas recent neuroimaging studies suggest reversibility of observed functional brain abnormalities, it is less clear whether neuropsychological impairment can likewise be modified by successful cognitive behavioral treatment (CBT).

Methods: 21 unmedicated inpatients with OCD and 39 carefully matched healthy controls were assessed using a comprehensive neuropsychological test battery and psychometric questionnaires. All patients underwent CBT, 7 patients were