P35.03
Pindolol in panic disorder

M. Ziegenbein[1]*, A. Steiger[2], H. Murck[2]. [1]*Hannover Medical School, Department of Psychiatry;* [2]*Max-Planck-Institute of Psychiatry, Germany*

SSRIs like paroxetine play an important role in the treatment of panic disorder. It is striking to observe that usually at the beginning of the treatment an exacerbation of the symptoms occurs. It is known that at the beginning of the treatment with SSRIs the activity of serotonergic neurons in the nucleus raphe dorsalis (DRN) is suppressed via 5-HT1A autoreceptors, therefore inhibiting serotonin (5HT) tone in projection areas. As locus coeruleus (LC) neurons are suppressed by 5-HT from the DRN and their activation accompanies anxiety, the increase in anxiety in panic disorder could be mediated via the inhibition of DRN-neurons. We therefore studied the effect of the presynaptic 5-HT1A / β-adrenergic antagonist pindolol on the clinical response in 10 inpatients (54.0[plusminus]12.3 years, 6 male and 4 female) with panic disorder. We gave pindolol, 2.5mg three times daily in combination with an SSRI. An increase of spontaneous panic attacks was not found. All patients had a marked improvement of panic symptoms and remitted quickly. Our results indicate that pindolol addition to SSRIs is highly effective in reducing panic symptomatology.

P35.04
Panic disorder with agoraphobia and marital functionality

B. Batinic*, M. Pejovic, M. Marjanovic. *Institute of Psychiatry, Clinical Centre of Serbia, Belgrade, Yugoslavia*

Objective: In the literature some authors claim that marriages of patients with agoraphobia have no specific dimension and are similar to those from general population. On the other hand, others believe that there exists specific dynamic of these marriages and marriage malfunctioning.

Method: Instruments, which were administrated: DSM-IV criteria for panic disorder with agoraphobia, Acute Panic inventory, Self-rating subscale for agoraphobia Marital-Mandsley questionnaire. The sample included two groups: 30 marital couples in which one of the partners fulfilled DSM-IV criteria for panic disorder with agoraphobia and control group of 30 harmonically functioning couples.

Results: The study results indicate that couples in which one of the partners has panic disorder with agoraphobia are martially dysfunctional (p<0,0l), comparing with the control group of harmonically functional couples. The authors also point that marital dysfunctionality and marital discontent with the marriage are present more in the marriages where the agoraphobic partner is male.

Conclusion: The integrative treatment for panic disorder with agoraphobia has including marital therapy for marriage malfunctioning couples.

P35.05
Personality disorders a main risk for panic disorder

D.-M. Podea*. *Department of Psychiatry, "VasileGoldis" University, Arad, Romania*

Personality disorders, especially of the borderline, antisocial, histrionic, narcissistic and avoidant types, constitutes a negative predictor for the outcome of panic disorder. From an early stage, the course is more severe and the level of anxiety higher where the two disorders influence the course of spontaneous panic attacks (the weekly frequency), the anxiety and depression scores (evaluated on the Hamilton scale), as well as the social and occupational dysfunction. The study was conducted on a number of 65 patients by using as a starting point the first admission to the psychiatric clinic. These patients were hospitalized between 1997–2001. The diagnosis of panic disorder with or without agoraphobia was based on the DSM-IV and ICD 10 operational criteria, with the help of which the comorbid states have been also evaluated. The patients' average age at the beginning of the study was 33.5, the majority being represented by women (80%) living in urban areas (94%).75.38 %were working people or university students and only 24.62% were unemployed. The study was conducted comparatively by dividing the patients into two groups: group A – consisting of 36 patients diagnosed with panic disorder with agoraphobia and group B – consisting of 29 patients diagnosed with panic disorder without agoraphobia. Personality disorders were present at 50%of the agoraphobic patients (16 subjects), while in the other group (group B) only 17.23 (5 patients) presented personality disorders. In the agoraphobic group (group A) 11 patients had histrionic personalities, 4 the avoidant type and there was only one case of the borderline personally. The level of anxiety was evaluated on the Hamilton scale and t refers to the final evaluation. The analysis of the data at the patients with panic disorder with agoraphobia associated with personality disorders (14.19+/-4.10).

P35.06
Hypobaric hypoxia is effective in anxiety disorders

A. Atamanov*. *Department of Psychiatry, Chelyabinsk State Medical Academy, Russia*

In order to investigate the therapeutic influence of hypobaric hypoxia on various anxiety disorders, 62 volunteers (21 male, 41 female; mean age 36,9±2,4 years), and 31 healthy, not trained (10 male, 21 female; mean age 34±4, 5) people as a control group, were invited to take a course of periodic hypoxia adaptation. 18 1,5 hours-long terms in 3.500 m "altitude" in 10-person medical vacuum chamber "Ural-3" were used. Twice as long than usual, step-by-step 500m everyday "ascent" from 500 m to therapeutic "altitude", with a speed of "ascent" and "descent" 1–3 m/s was necessary to prevent affective and behavioural reactions of the patients in early phase of adaptation.

Finally, the recovery and full steadfast 12-month remissions of anxiety disorders were achieved in 56 (91,32%) cases. The valid (P<0,05) decrease of anxiety features in pathopsychological scales was shown in F41.0, F41.1, and F43.22 subgroups and in the whole group as well.

As a result, the possibility to use hypobaric therapy in anxiety disorders is proved, and its efficacy in this condition is shown to be high.

P35.07
Magnetic resonance imaging as precipitating factor for the development of panic attack and possibility of pre-medication with paroxetin

D. Ignjatovic[1]*, M. Ignjatovic[1], V. Durcik[2]. [1]*Policlinic Psychiatric Out-patient Department, Banska Bystrica;* [2]*Technic University, Zvolen, Slovak Republic*

The purpose of this paper was to learn more about whether panic attack or anxiety states resembling panic attack, are participated by

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