

inventory for disorders of Axis II. Overall 369 diagnoses of personality disorders were made, which amounts to a mean number of almost five diagnoses for each patient. From the comparison between the patients of these two major diagnostic classes, no statistically significant differences were found with respect to the particular categories of personality disorder. Similarly no differences were found with respect to both patients' scores on the three clusters of DSM-III-R personality disorders (i.e. the anxious, dramatic and eccentric ones) and their global score on SCID-III-R for Axis II. The preceding findings suggest that the co-occurrence of personality disorders in patients with schizophrenic or affective disorders is quite frequent. Moreover they indicate that although quite common in schizophrenic and affective disorders, personality disorders, at least as specified in DSM-III-R, lack any specificity with respect to patients' diagnosis on Axis I.

BORNA DISEASE VIRUS ANTIBODIES ARE NOT RAISED IN PANIC DISORDER PATIENTS — PRELIMINARY FINDINGS

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Ten percent of a population has a panic attack once in their life, three percent suffer from panic disease (PD), which has no etiologic entity. Several studies reported subtle morphologic brain abnormalities in PD patients. In subgroups of PD high frequencies of brain abnormalities, especially in the right temporal lobe and in structures of the limbic system were found with MRI. Borna disease virus (BDV) is a RNA virus which is intensely neurotropic and cumulates in the limbic system of animals and men. 4 to 13 percent of psychiatric patients have positive BDV antibodies. We are searching for BDV in panic disorder patients and for the possible link to pathologic MRI findings.

Method: If the patients gave informed consent, we carried out a SCID report based on DSM III-R to diagnose PD, and created a antibody screen for BDV. We did so in a group of age and gender matched healthy controls. All patients who are BDV antibody positive should be scanned with MRI.

Results: Because it is an ongoing study, the findings are preliminary. Until the end of January 1996, we tested 41 patients and 17 controls. No Borna Disease Virus antibodies were found, either in the panic group or the healthy controls.

Conclusion: There seems to be no relationship between BDV and PD.

EATING DISORDERS IN AUSTRIAN MEN: AN INTRA-CULTURAL AND CROSS-CULTURAL COMPARISON STUDY

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We compared 30 male university students with eating disorders and 30 male comparison subjects without eating disorders recruited by advertisement at the University of Innsbruck, Austria. Subjects were interviewed using instruments that we had previously used in a controlled study of college men with eating disorders in the United States. The Austrian men with eating disorders differed sharply from Austrian comparison subjects, but closely resembled their American counterparts, on prevalence of personal and familial psychopathology, adverse family experiences, and scores on rating scales for eating disorder. Interestingly, dissatisfaction with body image was consis-

tently greater among American subjects regardless of eating disorder status. Our data suggest a weak association between eating disorders and homosexual or bisexual orientation in men, and no consistent association between eating disorders and childhood sexual abuse.

THE MOCLOBEMIDE EFFICACY IN PSYCHOTIC, AGITATED DEPRESSION IN ELDERLY PEOPLE

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The efficacy of moclobemide, a selective and reversible inhibitor of monoamine oxidase A, has been confirmed in numerous studies in various types of depression. The aim of this study was testing efficacy of moclobemide in psychotic, agitated depression in aged people. The study included 9 inpatient (2 females and 7 males), mean age 65.6 ± 4.2 years, who met ICD-9 criteria for endogenous depression. Efficacy was evaluated using the Hamilton Rating Scale for Depression (HRSD, 21-item version) and Clinical Global Impression (CGI) scale on the 7th, 14th, 21st and 28th day of treatment. All patients were treated with moclobemide, dose range of 450–600 mg/day. Due to severe agitation, simultaneously was applied promazine 25–100 mg/day (3 patients), chlorpromazine 25–100 mg/day (2 patients) and diazepam 15–30 mg/day (4 patients). Because of poor therapy response one patient (11.1%) was dropped out from study. In two patients (22.2%) has been achieved moderate therapeutic effect (total HRSD score reduction of 30–50%), while in six patients (66.7%) the therapeutic response was good, obtaining HRSD score reduction more than 50% after 28 days of treatment. Total HRSD score and CGI analysis pointed out that significant therapeutic effect is achieved yet on 14th day of treatment ($p < 0.01$). Cluster items monitoring of agitation, psychic and somatic anxiety, and suicidal tendency demonstrated the significant score reduction at the end of the second week, resulting discontinuation of concomitant therapy. The results of this study pointed out good efficacy of moclobemide in the treatment of agitated, psychotic depression, specially in high risk suicidal cases in aged patients.

MENTAL AND SOMATIC HEALTH IN OCTO- AND NONAGENERIANS — AN EPIDEMIOLOGICAL COMMUNITY STUDY

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Data were based on a representative random sample of 402 persons aged 85 years and older chosen from the residence register of Munich City. In the first cross-section 89% could be interviewed. Subjects were interviewed in their homes by research psychiatrists. Psychiatric diagnoses were reached with the aid of the Agecat algorithm for GMS-A by Copeland. In the first cross-section 25.4% of the sample assessed fulfilled criteria for dementia, 23.6% fulfilled criteria for depression. In the second cross-section, one year later, 73.5% of the interviewees of the first cross-section could be traced. None cases, depressed and demented subjects of the first cross-section are compared according to socio-demographic data, somatic health status, need of care, course of mental illness and mortality.

SUBTYPES OF PANIC DISORDERS

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The review of the psychiatric literature suggest that the former classifications for panic disorders are much too broad. The clinical experience dictates that subtypes of panic exist on the basis of prominent