

## ANXIETY ATTACKS DURING MAGNETIC RESONANCE IMAGING

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**Objective:** 3.5% of Magnetic Resonance (MR) Imaging studies at St. James's University Hospital, Leeds, UK, are terminated before completion due to patient distress during the procedure. The study aimed to quantify the anxiety associated with a terminated procedure and compare this with patients who tolerated the full MR scan.

**Methods:** Twenty patients who requested early termination of an MR scan were assessed immediately with the Spielberger State Trait Anxiety Inventory to give a measure of state and trait anxiety. They were compared with a group of twenty patients who completed an MR scan. We attempted to match the comparison group by age, sex and imaging procedure.

**Results:** The mean state anxiety scores were significantly higher in the patients requesting an early termination of scans (almost double the mean score of the comparison group). There was no significant difference between the groups on trait anxiety even though this was measured at the same time as state anxiety.

**Conclusion:** Severe anxiety is associated with early termination of MR scans. The level of anxiety in this situation is very high. The anxiety may not be predictable from measures of trait anxiety. This was confirmed in part by comments from some patients expressing surprise at the severity of their anxiety. Doctors referring patients for MR scans should be aware of the potential for severe anxiety reactions and counsel patients accordingly.

## RETROSPECTIVE STUDY OF MUNCHAUSEN SYNDROME

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**Aims:** The study aims to highlight epidemiology, clinical picture, personality characteristics, management and prognosis of Munchausen Syndrome.

	N	%	NR	%
● History:				
frequent admission > 10	261	100	0	0
male	149	57	112	43
admission to surgical wards mainly	74	28	187	72
admission to medical wards mainly	185	71	76	29
admission to psychiatric ward mainly	3	1	258	99
history of early childhood problems	94	36	167	64
frequent feigned complaint	67	26	194	74
frequent induced complaint	194	74	67	26
● Personality Characteristic:				
histrionic personality characteristics	142	54	119	46
psychopathic personality characters	51	20	210	80
borderline personality characters	82	31	179	69
mainly craving for surgery	41	16	220	84
mainly craving for medical investigation	186	71	75	29
mainly craving for hospital admission	156	60	105	40
mainly craving for elicit drugs	23	9	238	91
● Life Style:				
traveling between hospitals	164	63	97	37
long stay in hospitals	24	9	237	91
attempts to seek employment in hospitals	146	56	115	44
trouble with the police or authorities	24	9	237	91
discharge herself/himself once recognized	72	28	189	72
use different names to facilitate admissions	64	25	197	75
● Prognosis:				
early discovery	27	10	234	90
good prognosis	14	5	247	95
psychiatric treatment	196	75	65	25

**Methods:** We studied and analysed 261 cases of Munchausen Syndrome from the compilation of all the literature.

**Results:** See table.

**Conclusion:** Marginal majority of the male sex and admission was predominantly for medical reasons to the medical wards. Complaints were induced more than feigned. Histrionic & borderline personality characteristics were dominant. There were a group that had the same characteristics of self inflicted injuries, craving for surgery, frequent admission to surgical wards, anti-social characteristics and were in trouble with the police while they were traveling between hospitals.

## THE CLINICAL INTEREST OF CONSIDERING ANOREXIA NERVOSA A PHOBIC DISORDER

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**Objectives:** To confirm (or not) two clinical hypothesis: 1. Anorexia Nervosa (AN) shares diagnostic and epidemiological criteria of Specific Phobias (SP). 2. The configuration of anorectic symptoms facilitates the hierarchical structure of the psychopathology and the therapeutical interventions that are postulated in the specialised bibliography of the disorder.

**Method:** A qualitative and behavioural analysis of the criteria of AN and SP of DSM-IV and the ICD-10 has been done, and also a review of the APA guidelines for AN. It has been done also a comparison between epidemiological, behavioural and therapeutic characteristics of both groups.

**Results:** AN fulfills DSM-IV criteria (A, B, C, D, F and G) and ICD-10 criteria (a, b, and c) of SP, if obesity and other associated stimuli are admitted as specific phobic objects. They also share behaviour characteristics and a good response to the same therapeutic interventions.

**Conclusions:** 1. AN fulfills DSM-IV and ICD-10 diagnostic criteria for SP. 2. The consideration of AN as an SP makes easier the identification of the key symptoms of the disorder. 3. Behavioural analysis of anorectic symptoms facilitates an operative hierarchical structure of the psychopathology and current therapeutical approaches.

## P4. Learning disability, neuropsychiatry, forensic psychiatry, general psychiatry

### A BIOLOGICAL LINK BETWEEN (MALE) HOMOSEXUALITY AND FLUID INTELLIGENCE?

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An unusually large proportion of outstanding intellectuals, notably, creative artists and writers, has been thought to be gay or bisexual. Both male and female homosexuals are better educated, and the prevalence of at least male homosexuality appears to increase with the level of education (Fae et al *Science* 1989: 243:338-48). Steroid 5 $\alpha$ - reductase 2 deficiency 46 XY pseudohermaphrodites, who are born with female or ambiguous genitalia and reared often as girls, and tend to be sexually attracted only to females, grow up to be mus-