group (34.2%; p = 0.0001) than in the moderate group (29.1%; p = 0.02). Clearly, paroxetine has been shown to be effective in treating both moderate and severe social phobia and the response is more distinct in patients with severe symptoms.

Mon-P40

THE SYMPTOM STRUCTURE OF GENERALIZED ANXIETY DISORDER REVISITED

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Objective: To re-examine the symptom structure of generalized anxiety disorder (GAD) and significance of each symptom as diagnostic criterion for GAD in view of the large difference in the conceptualization of GAD between DSM-IV (too narrow) and ICD-10 (too wide).

Method: The Structured Clinical Interview for DSM-III-R (SCID), modified for DSM-IV and ICD-10 Diagnostic Criteria for Research (ICD-10-DCR), was administered to 76 consecutive patients with agoraphobia/panic disorder, many of whom had a comorbid GAD. Patients diagnosed with GAD on the basis of DSM-IV (N = 44) and ICD-10-DCR (N = 45) were compared in terms of the GAD symptom endorsement. Considering high comorbidity rates of GAD with other mental disorders, the ICD-10-DCR diagnostic hierarchy rules were disregarded, because very few, if any patients, would have been diagnosed with GAD if these rules had been followed.

Results: The diagnostic agreement between DSM-IV and ICD-10-DCR for GAD was high (kappa = 0.86). The analysis of frequency of GAD symptoms in 47 patients suggests that there are three groups of GAD symptoms in DSM-IV and ICD-10-DCR: seven "first-rank" symptoms (inability to relax, restlessness, feeling keyed up or on edge or mentally tense as one symptom, easy fatigability, exaggerated startle response, muscle tension, sleep disturbance, difficulty in concentrating, and irritability), five "second-rank" symptoms (nausea or abdominal distress, sweating, dry mouth, palpitations/tachycardia, and trembling/shaking), and the remaining ten ICD-10-DCR symptoms - to be excluded as diagnostic criteria both because of their relatively low frequency and low specificity for GAD. Thus, a diagnostic conceptualization of GAD may be improved with the requirement of a minimum of four of the seven "first-rank" symptoms and one of the five "second-rank" symptoms.

Conclusions: Our results suggest a potential usefulness of this ranking and combination of diagnostic criteria, because it might provide a more accurate description of GAD and its better differentiation from depression and other anxiety disorders. This effort might contribute to revisions of the existing GAD criteria in both diagnostic systems.

Mon-P41

ANXIETY DISORDERS AND SOMATIC ILLNESSES

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The aim of this study was to find the presence of possible differences, as far as the outcome is concerned between patients diagnosed as "anxiety disorders" (DSM-IV) with coexistence or not of somatic illnesses (not only symptoms).

Our material was the adults patients of our Center with the above-mentioned diagnostic category, who visited us within a period of one year. The total number was 76 persons, divided in two groups: anxiety disorders with somatic illnesses (group A, n = 23) and anxiety disorders without somatic illnesses (group B, n = 53). We examined parameters such as: age, marital status, previous contacts with psychiatric services, type of therapeutic intervention and outcome.

The different findings between two groups, are limited to age and marital status. More specifically, in group A the percentage of those aged 61 and above, is clearly higher (26.1%) than those in group B (5.7%). Similarly the percentage of the widows in group A is higher (21.7%) in comparison to group B (3.7%). Based on the outcome, we didn't find any differences between two groups.

In conclusion - and aware of the small number of patients- it seems that the existence of somatic illnesses did not affect the outcome as regards the psychopathology of the studied cases.

Mon-P42

ONCE-DAILY VENLAFAXINE XR VERSUS BUSPIRONE IN OUTPATIENTS WITH GENERALIZED ANXIETY DISORDER

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This was an 8-week, double-blind, placebo-controlled, randomized, parallel group study to compare the efficacy and tolerability of once-daily venlafaxine XR and buspirone in outpatients with generalized anxiety disorder (GAD). Outpatients satisfying DSM-IV criteria for GAD with a minimum score of 18 on the HAM-A total and scores of $\geq$ 2 on item 1 (anxious mood) and item 2 (tension), a Covi Anxiety Scale score higher than the Raskin Depression Scale score, and a Raskin score $\leq$ 9 were eligible. Patients with major depressive disorder were specifically excluded. Eligible patients were randomly assigned to treatment with placebo, once-daily venlafaxine XR 75 or 150 mg/day, or buspirone 30 mg/day. The primary efficacy variables were the final on-therapy scores for the HAM-A total and HAM-A psychic anxiety factor and the CGI scale. Data for 369 patients were analyzed on an intent-to-treat basis with the last-observation-carried-forward for dropouts. The venlafaxine XR 75 and 150 mg groups showed statistically significant greater improvement than the placebo group at various time points on the HAM-A psychic anxiety factor, anxious mood and tension items, and on the CGI scale. On the patient-rated HAD anxiety subscale, both venlafaxine XR groups showed statistically significant greater improvement than either placebo or buspirone. The safety profile was consistent with venlafaxine and venlafaxine XR use in depressed patients. These results demonstrate that once-daily venlafaxine XR is well tolerated and more effective than placebo for treatment of GAD in outpatients.

Mon-P43

DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY OF ONCE DAILY VENLAFAXINE XR IN OUTPATIENTS WITH GENERALIZED ANXIETY DISORDER

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This randomized, double-blind, placebo-controlled, 8-week study evaluated the safety and anxiolytic efficacy of once daily venlafaxine XR in outpatients with generalized anxiety disorder (GAD). Patients who met DSM-IV criteria for GAD could be enrolled in the study. Patients who had a recent diagnosis of major depression, had a Raskin Depression Scale (RDS) score greater than the Covi Anxiety Scale score, had a total RDS score greater than

9, or who had any single RDS item score greater than 3 were excluded from the study. Patients began treatment with venlafaxine XR 75 mg/day. At week 2, the venlafaxine XR middle-dose and high-dose groups were increased to 150 mg/day; at week 3, the venlafaxine XR high-dose group was increased to 225 mg/day. Improvement was evaluated from the final on-therapy scores of the HAM-A, the HAM-A psychic anxiety factor, and the Clinical Global Impressions (CGI) scale using an intent-to-treat population (n = 349). Significant differences versus placebo were observed on the HAM-A total, HAM-A psychic anxiety, and CGI severity and improvement scales. Discontinuations for adverse events occurred in 7 (7%), 14 (15%), 18 (20%), and 17 (19%) of patients in the placebo and venlafaxine XR 75 mg, 150 mg, and 225 mg groups, respectively. The most common treatment-emergent adverse events reported with venlafaxine XR were headache, asthenia, nausea, dizziness, insomnia, nervousness, and somnolence. This study demonstrates the effectiveness and tolerability of once-daily venlafaxine XR in treating outpatients with GAD. Venlafaxine XR may provide an important alternative to currently available anxiolytics.

Mon-P44

KAVA-KAVA AND PSYCHOPHYTOPHARMACA: DIFFERENTIAL THERAPY IN GENERALIZED ANXIETY DISORDERS

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In pharmacotherapy of generalized anxiety disorders (GAD) different psychopharmacological agents proved to be effective. However, there is a lack of predictors of therapeutic response. The present study was designed to address this question in 30 patients with GAD (12 male, 18 female).

Each agent was given for one week. To avoid carry-over effects, all treatment weeks were interrupted by one week's wash-out periods. Primary efficacy criterion was Hamilton total score at the end of each treatment week.

Differences between the drugs can be found. owever, meta-analysis showed that in chronic GAD, by means of single-case experiments, differences in efficacy between drugs can be found ($p < 0.01$).

Mon-P45

RISK OF DEPRESSION AFTER BREAST CANCER

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In the literature it has been proposed that treatment of depressive symptoms subsequent to breast cancer is not frequent.

This nation-wide register-linkage cohort study was based upon The Danish Psychiatric Case Registry, The Danish Cancer Registry and The Danish Breast Cancer Co-operation Group.

The base population consists of all Danish women, diagnosed with breast cancer during the period 1969–1993.

From this cohort were collected all women with a subsequent admission to a psychiatric hospital or a psychiatric ward in a general hospital with depressive disorder or depressive symptoms.

The incidence of admission to a psychiatric hospital or a psychiatric ward in general hospital with depressive disorder or depressive symptoms is compared to the same incidence for the normal population of women adjusted for age and calendar time.

Civil state and prognostic variables are taken into account. and in the statistical analyses multiplicative intensity models were used.

The standardised incidence rate = SIR will be presented at the meeting.

Mon-P46

SUICIDAL RISK AFTER BREAST CANCER

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It has been proposed that depressive symptoms subsequent to breast cancer often are undiagnosed or not treated sufficiently.

We hypothesised a higher suicidal rate in women with breast cancer compared to the normal population of women adjusted for age and calendar time.

This nation-wide register-linkage cohort study was based upon The Danish Cancer Registry and The Danish Registry of Causes of Death.

The base population consists of all Danish women diagnosed with breast cancer during the period 1974–1993. From this cohort were collected all women deceased and registered with non-natural causes of death.

The incidence in this cohort of registration with non-natural causes of death is compared to the incidence of registration of non-natural causes of death in the normal population of women adjusted for age, calendar time and zone of urbanity.

Marital status and earlier psychiatric admission with depressive diagnoses were taken into account.

In the statistical analyses multiplicative intensity models were used.

The standardised incidence rate = SIR will be presented at the meeting.

Mon-P47

AFFECTIVE SPECTRUM DISORDERS AMONG THE PATIENTS WITH DIABETES MELLITUS

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The objective of the study was to explore the prevalence of affective disorders in the patients with diabetes mellitus (type I and II). The investigation includes randomized group of 50 female inpatients of endocrinological department for diabetes mellitus. 30% of the patients had mood disturbancies, appeared as emotionally unstable personality disorder (16%), recurrent depressive disorder (4%), dysthymia (4%), prolonged depressive reaction (2%) and generalized anxiety disorder (4%). They were diagnosed according to ICD-10 criteria. The rate of recurrent depressive disorder, dysthymia, prolonged depressive reaction and generalized anxiety disorder corresponded to the ordinary populational rate. In spite of this spontaneously low prevalence of affective disorders (taken separately) in the patients with diabetes mellitus, high prevalence of emotionally unstable personality disorder (16%) should be considered as a predisposing condition for development of affective disorders in the patients with diabetes. This finding supports the statement that insulin-dependent and non-insulin-dependent diabetic patients with long standing illness are at increased risk for