

a University hospital in Belgrade. The burnout was assessed using Maslach Burnout Inventory, which addresses three general scales: emotional exhaustion, depersonalization and reduced personal accomplishment.

**Results:** The findings supported our hypothesis that this syndrome is highly prevalent among health care workers, especially among anesthesiologists.

**Conclusions:** The burnout syndrome is a frequent disorder among health care workers, especially among those with high work demand, such as general practitioners and anesthesiologists. Therefore, prevention strategies should be planned and carefully implemented.

## P230

Brain 18FDG PET in panic disorder during the treatment with CBT or antidepressants

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**Background:** The goal of our study was to identify brain structures in patients with panic disorder (PD) that show changes in 18FDG PET during the treatment with cognitive behavioral therapy (CBT) or antidepressants.

**Method:** Twelve patients with panic disorder were studied with [18F]-2-fluoro-deoxyglucose positron emission tomography (18FDG PET) during resting state (condition of random episodic silent thinking, REST). After PET examination patients were randomly assigned to either cognitive behavioral treatment group (6 patients) or antidepressants treatment group (6 patients). After 3 months 18FDG PET examination was repeated in both groups.

**Results:** Scores of psychopathology rating scales (CGI, HAMA, PDSS) decreased in both groups. Changes of 18FDG uptake in pharmacotherapy group: decreases were found in a priori hypothesized regions in right hemisphere, in superior, middle, medial and inferior frontal gyrus, superior and middle temporal gyrus, and increases were detected in a priori hypothesized regions, mainly in left hemisphere in medial and middle frontal gyrus, superior, middle and transverse temporal gyrus. Changes of 18FDG uptake in CBT group: decreases were found in a priori hypothesized regions of right hemisphere in inferior temporal gyrus, superior and inferior frontal gyrus, and increases were detected in a priori hypothesized region, mostly in left hemisphere: inferior frontal gyrus, middle temporal gyrus and insula.

**Conclusions:** Changes in brain metabolism after treatment either with CBT or with antidepressants were similar in number of brain areas, with prominent right-left difference.

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## P231

Nocturnal panic in first stages of panic disorder: Clinical differences between nocturnal vs Non-nocturnal panic attacks

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**Objective:** Nocturnal panic attacks are considered in PD patients a severe subtype of the illness. Recent studies failed at identifying more severe psychopathology in these patients. We analyzed this issue in a sample in the earlier phases of PD.

**Patients and method:** A sample of 153 patients (107 women and 46 men) with a recent onset of a PD established with the MINI was included. Patients were free of treatment and had never received effective treatment for their disorder. Data were obtained both from the clinical interview and from specific questionnaires concerning severity (PDSS, CGI), agoraphobia (MIA), anxiety (STAI) and depression (BDI). The presence of nocturnal attacks was assessed during the clinical interview.

**Results:** The median time of evolution of the PD was 8 months. The mean age of the sample was 30 years old. Agoraphobia was diagnosed in 66% of the cases and the mean CGI was 4.22 (moderate). More than half of the patients (52.9%) reported nocturnal panic attacks. A positive relationship was found between rate of panic attacks and nocturnal attacks (PDSS frequency:  $p=0.002$ ; number of attacks in the last month:  $p=0.02$ ). A positive relationship appeared with agoraphobia (PDSS agoraphobic avoidance:  $p=0.05$ ; MIA alone:  $p=0.02$ ). No relationship appeared regarding CGI and scales concerning psychopathology.

**Conclusions:** Half of the patients in first stages of PD reports nocturnal panic attacks, which are related both to an increased rate of panic attacks and an increased agoraphobic avoidance. However, nocturnal attacks are not related with the whole clinical severity of PD.

## P232

Correlation between the Wender-Utah rating scale and impulsivity, personality, anxiety and depression psychometric scales

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**Background and aims:** The Wender-Utah Rating Scale (WURS) was developed for the retrospective diagnosis of childhood attention-deficit/hyperactivity disorder (ADHD). It consists of a list of childhood behaviours and symptoms suggestive of ADHD. Our objective was to study correlations of WURS scores with different impulsivity, personality, anxiety and depression psychometric scales.

**Methods:** A group of 110 healthy university students were evaluated using the WURS. Four subjects scored higher than the cut-off value of 37 (compatible with childhood ADHD) and were excluded. The Barratt Impulsivity Scale (BIS-11), the Big Five Questionnaire (BFQ), the State-Trait Anxiety Inventory (STAI) and the Beck Depression Inventory (BDI) were administered. Partial bivariate correlation analyses were performed.

**Results:** WURS scores were correlated with total scores on the BIS-11 ( $r=0.430$ ;  $p<0.001$ ), as well as with the motor ( $r=0.410$ ;  $p<0.001$ ), attentional ( $r=0.328$ ;  $p=0.001$ ), and improvisation subscales ( $r=0.289$ ;  $p=0.003$ ). Regarding the BFQ, a correlation was found between WURS scores and the “emotional stability” factor ( $r=-0.379$ ;  $p<0.001$ ) as well as with the subfactors “emotion control” ( $r=-0.310$ ;  $p=0.001$ ) and “impulse control” ( $r=-0.354$ ;  $p<0.001$ ). Finally, significant correlations were also found between

WURS scores and scores on the STAI-trait ( $r=0.366$ ;  $p<0.001$ ), STAI-state ( $r=0.200$ ;  $p=0.039$ ), and the BDI ( $r=0.350$ ;  $p<0.001$ ).

**Conclusions:** Correlations between the WURS and other impulsivity-related psychometric scales such as the BIS-11, or the “emotional stability” factor and the “emotion control” and “impulse control” subfactors of the BFQ, provides evidence for the concurrent validity of the WURS. The correlation of this instrument with anxiety and depression scales points to possible clinical implications.

## P233

Headache in psychiatric patients

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**Background and aims:** The association between headache and psychiatric disorders is formally acknowledged. Although the majority of headaches represent comorbidity (perhaps reflecting a common biological substrate) there is increasing evidence of a bi-directional relationship linking somatic conditions and psychopathology.

The International Headache Society (IHS) classifies in the International Classification of Headache Disorders – ICDH-2 (2004) two main types of Headache Attributed to Psychiatric Disorder, distinguishing between headaches associated with Somatisation Disorders and Psychotic Disorders.

Headache attributed to psychiatric disorder is a diagnosis reserved for when it occurs not as a primary disorder, but as a symptom, or as causally related to the psychiatric disorder.

The authors intend to study the distribution of headaches in a psychiatric population.

**Methods:** To a population of hospitalized psychiatric patients, able to communicate verbally and consenting to be interviewed, was applied a questionnaire used and validated by the Portuguese Headache Society for population studies. Medical records were also revised in order to access the mental diagnosis ICD-10.

**Conclusions:** In this population, headaches are a frequent complaint, mainly in females. Regardless of the mental diagnosis, the prevailing are tension-type headache. In Schizophrenic patients, we did not find migraine and there was a higher percentage of patients without headache. Despite the high prevalence of headache in the psychiatric population, headaches attributed to Psychiatric disorders are rare.

## P234

Mental health of war veterans in military forces of Serbia

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**Background and aims:** A significant number of war veterans from Military Forces of Serbia have participated in wars in former Yugoslavia, since 1991. This paper deals with analysis of war traumatic stressors and after-war psychosocial stressors resulting in mental disorders.

**Method:** A retrospective study of the disease history in 50 war veterans who were hospitalized during 2006.

**Results:** Over 80% of the veterans have participated in combat. The most frequent was the posttraumatic stress disorder, followed by a high percentage of comorbidity with depressive disorders, with a lesser presence of alcohol abuse. In majority of veterans, somatic syndromes and

diseases were registered as well. During the after-war period, majority of veterans has been exposed to chronic psychosocial stressors and non-adequate psychosocial support which was followed by consequential low motivation and a poorer professional functioning.

**Conclusion:** There is a significant connection between war post-traumatic disorders and the extent of the undergone war stressors and non-adequate psychosocial support after the war.

## P235

Posttraumatic stress reactions of children whose parents suffered from posttraumatic stress disorder

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The aim of this research is to analyze expression of Posttraumatic stress reaction symptoms and levels of traumatization of children whose parents suffered from PTSD.

Analyzed was a group of 100 primary school age children (10-15 years old) from two randomly selected schools. Selected were children that come from complete families whose parents accepted psychometric examination related to trauma. The examined group was then divided into two groups, a group (N=50) whose parents suffered from PTSD and a group of children (N=50) whose parents did not suffer from PTSD. Estimation of PTSD symptoms and traumatization of parents has been done using Harvard Trauma Questionnaire, while traumatization levels and posttraumatic stress symptoms at children were estimated using Impact of Events Scale. Results were analyzed using descriptive statistic.

Children whose parents suffered from PTSD showed significantly higher levels of stress ( $p<0.001$ ) comparing to children whose parents did not suffer from PTSD. Girls showed higher level of stress than boys ( $p<0.01$ ). Children whose parents suffered from PTSD showed more frequent posttraumatic stress reactions ( $p<0.01$ ). Concerning the mean score of group of symptoms between examined groups registered was a significant difference in intrusion symptoms ( $p<0.01$ ) and avoidance symptoms ( $p<0.001$ ).

According to obtained results children whose parents suffered from PTSD show evidently more posttraumatic stress reactions and clearly much higher level of stress comparing to children whose parents did not suffer from PTSD.

## P236

Psychopathological disorders in the period of burn disease late sequelae in children and teenagers

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Burn disease and its sequelae are medical, social and economic problem.

Burn disease is manifested both in local change of burned skin and in complex combination of secondary disorders. These are secondary disorders that often acquire their own significance determining the outcome of the disease.

The aim of the work was to study psychopathological disorders in the period of burn disease late sequelae.

365 victims were under the doctor's care, 56 of them were victims of railway accident. Period of follow-up examination was 14 years.

It was determined as a notion the period of late sequelae. It means the period of time more than 3 years after thermal injury survival. It