

symptoms such as: cardiorespiratory, autonomic, gastrointestinal, urinary etc (Aronson & Logue-1988, Bass-1987). Briggs-1993 divided panic patients into two groups: a group with predominant respiratory symptoms, responded to imipramine and a group with nonrespiratory symptoms, responded more to alprazolam.

The aim of our study is the accurate description of all symptoms reported by the subjects and the intention of depicting the subtypes of panic disorders. Therefore, the study was performed on a sample of 33 subjects with panic disorders. Diagnostic assessment was done by Anxiety Diagnostic Interview Schedule-Revised (ADIS-R), as well as reports of other complaints. Each patient was submitted to STAI-S, STAI-T.

Our results indicate an overwhelming subthreshold and situation bound panic attacks. We shall present some culture specific panic profiles, the relation of specific subtypes of panic to STAI-S, STAI-T.

The phenomenological dissection proved the hypotheses of subtypes of panic disorders, the need for more precise subtyping, criteria, the degree of disability of subthreshold panic attacks, the requirement for pharmacological assessment.

TRAITEMENTS CHIMIOTHERAPIQUES DES PHOBIES SOCIALES REVUE DE LA LITTERATURE

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Les phobies sociales constituent une entité clinique récemment individualisée, et leur thérapeutique est un domaine bien moins exploré que dans les autres troubles anxieux. A ce jour la grande majorité des patients n'est pas traitée. Les conséquences de cette inaccessibilité aux soins, à laquelle patients et médecins participent, peuvent être désastreuses au niveau de la qualité de vie.

Les molécules appartenant aux IMAO irréversibles ont été les premières à être utilisées avec un certain succès dès les années 70 par des équipes américaines. Cette classe médicamenteuse est réputée efficace par différentes études contrôlées, mais sont d'un maniement délicat; les IMAO A réversibles semblent pour l'instant prometteurs. Les benzodiazépines, dont le clonazépam, ont peu fait l'objet de protocoles expérimentaux rigoureux. Si elles semblent dotées d'une réelle efficacité, les effets de tolérance et de rebond au sevrage en limitent les indications. Les Béta-Bloquants qui sont fréquemment utilisés de manière empiriques, sont controversés et délaissés par les dernières recherches. Parmi les antidépresseurs, si les IMAO présentent un intérêt, l'action des tricycliques reste à démontrer. Pour des molécules plus récentes, dont les inhibiteurs de la recapture de la sérotonine, les résultats préliminaires sont favorables mais à confirmer. Après ce passage en revue des différents traitements qui s'offrent au médecin, nous tenterons d'organiser une stratégie thérapeutique à proposer à nos patients souffrant de phobie sociale.

ANXIETY AND DEPRESSION: SYNDROME DIFFERENTIATION

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Objective: To reanalyse, rationalise and re-interpret the data from published Principal Component Analytical studies in affective disorders, and to thereby demonstrate an invaluable consistency in the results, with direct clinical and heuristic relevance.

Methodology: Some forty studies published between 1934–1977 which used Principal Component Analysis of symptoms, personality or illness features in patients with affective disorder were examined. This examination is comprehensive and exhaustive in that no other data was available for scrutiny. They have been subjected to a more

rigorous application of statistical logic. Ten of the most often quoted of the forty are shown and reviewed in detail to illustrate how the authors shaped divergent conclusions.

Results: In each study two dimensional plotting of the item saturation on the first two components showed factor clusters, dimensions or syndromes or syndromes indicative of anxiety and depression.

Comments: The authors did not interpret their data in this manner. Even when close to the interpretations here, they chose to emphasize other aspects. The failure was a consequence of a preoccupation with subgrouping depression, a failure to focus on a comparative aspects and perhaps over-valuing the display of data in algebraic as opposed to geometric form. They tended to mislabel the anxiety as a type of depression.

Conclusion: The likely benefit of correct appellation of these syndromes is highlighted. In accordance with factor theory the benefits are largely in purification of comparative description. In addition, revision of classificatory conclusions from previous and current studies is indicated.

THE ENDORPHIN CONNECTION

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Neuro-stimulation at certain motor points, using a H.A.N.S. LY257 T.E.N.S. at given frequencies of 2, 15 or 100 cycles per second improved the outcome in the management of narcotic addicts. Its use represents an easily mastered economic method for the adjunctive treatment of other psychiatric and neurological disorders. A review of the literature and our own experience suggests that the following effects occur:

1. Improvement of mental activity
 - a) Concentration and diminution of obsessive worrying and paranoid thoughts.
 - b) Quality of thinking and conceptualisation.
 - c) Emotional responsiveness and stamina.
 - d) Normalisation of the sleep cycle and less chaotic dream content.
 - e) Mood modulation and antidepressant effect.
2. Elevation of the pain threshold and potentiation of the external narcotics.
3. Reduction in the intensity of withdrawal symptoms. Approximately fifty percent in the case of narcotic withdrawal.
4. Healing effect on the nervous system.
5. Global calming effect on the bodily systems.
6. Improvement of the Immune Response.

Programmes incorporating the use of T.E.N.S. machines at certain frequencies and certain points offer the chance of diminished costs, thereby representing a useful adjunct to therapy. Unresponsive symptoms or clusters of symptoms, especially if severe and increasing in intensity, should have professional assessment.

BORDERLINE PERSONALITY DISORDER IN BULGARIA: PERIOD PREVALENCE, SYNDROME VALIDITY AND COMORBIDITY

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Aim: To test some aspects of DSM-III-R borderline personality disorder (BPD)'s validity in a non-Western culture and to study its relationship with other psychiatric disorders. **Methods:** "Naturalistic" and "epidemiologic" designs were involved. **Instruments:** a) Personality Disorder Examination (Loranger 1988), b) PSE-10 symptom checklist, c)