Global Assessment of Functioning scale, d) CAGE (Ewing, 1984), e) the alcohol module from a 1987 version of SCAN, all with estimated reliability. *Results:* 160 patients with variety of diagnoses (without schizophrenia and organic conditions) were assessed: 61 with BPD, 39 with other PDs, and 60 without PDs. 6-month prevalence of BPD in a Sofia psychiatric sample is 3.79% for the Clinic, 1.43% for the out-patient service, and 5.17% for the day hospital. The symptoms with highest discriminative value for BPD (i.e. descriptive validity), and the factor structure of the "borderline" syndrome (thus giving evidence for its construct validity) were estimated. Acute psychoses and dysthymia are significantly more frequent in patients with BPD. The absence of any PD predicts moderately higher probability for major depression, and BPD and female sex have positive predictive power for dysthymia. *Conclusions:* While evidence for the syndrome validity of BPD is good, it is a rarer condition, although not uncommon, in a nonWestern psychiatric sample, where constructs like "cultural anhedonia" may be relevant. Although there is modest predictive power of axis II diagnoses for some axis I disorders, the diagnoses of "personality" and "illness" are relatively independent.

ELDERLY SUICIDE ATTEMPTERS IN TURKEY

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The purpose of this study is to investigate the characteristics of elderly suicide attempters in Turkey with respect to sociodemographic, psychiatric, biological, familial and situational risk factors.

17 suicide attempters (male: 9, female: 8) older than 60 years of age (mean: 72.53 ± 5.04) who were hospitalized at the psychogeriatric unit were included in the study. Psychiatric diagnoses were made according to DSM-IV criteria and sociodemographic variables, methods of suicide attempts, situational factors, previous suicide attempters, personal and family history for psychiatric disorders and life events were noted by interviews with the attempters or their relatives.

Major Depression was present in 82.3% of the patients. Cutting or piercing was the primary method used by attempters (52.9%). This method seemed closely related with multiple previous attempts and the history of multiple psychiatric diagnoses (p: 0.038 and p: 0.014) Somatic anxiety, somatization, fatigue and delusions were seen in 70.5%, 58.8%, 41.1 and 41.1 of the patients respectively. Severe and disabling physical disorders were the most prominent life events (29.4%) followed by residence changes, marital discord, interpersonal losses and conflicts and object loss. The results seem to show resemblence to the literature. New controlled studies has to be conducted to investigate the cultural differences.

DSM-III-R PERSONALITY DISORDERS AND THE OUTCOME OF TREATMENT WITH SSRI IN PATIENTS WITH OBSESSIVE COMULSIVE DISORDER

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We used the Structured Interview for DSM-III-R Personality Disorders in patients with obsessive compulsive disorder (OCD). The patients met DSM-III-R criteria for OCD. The severity of OCD was assessed by Y-BOCS, NIMH-Oc scale and CGI in the first week and at one-year follow-up visit. All the patients were treated with SSRIs.

In the paper we would like to discuss our results and the possible influence of the type of personality disorder according to the SIDP-R on the one-year therapeutic outcome in our group of patients with OCD.

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VOLUMETRIC MRI MEASUREMENTS IN VASCULAR DEMENTIA AND ALZHEIMER'S DISEASE

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In order to improve the diagnostic accuracy of vascular dementia (VD) and dementia of the alzheimer type (DAT) we assessed quantitative MRI changes in patients and age matched controls. Patients were included according to the NINCDS-ADRDA criteria (DAT) and the NINDS-AIREN criteria (VD). Severity of dementia was evaluated on the Mini Mental State Examination (MMSE) and the Global Deterioration Scale (GDS). 3-D MRI sequences were acquired using a Siemens 1.5T scanner. Whole brain volume (WBV), total intracranial volume (TIV), volumes of the temporal, frontal and parietal lobes and volumes of the amygdala-hippocampus complex (AHC) were assessed using the newly developed software NMRWin. This software provides a semiautomated user independent measure of the WBV, while measurements of the substructures need to be manually guided. Measurements were performed by two independent raters (interrater reliability: r = 0.95–0.96, p < 0.0001) on a conventional 486 PC. The volumetric data were normalized by dividing the absolute values by the TIV. 25 patients with DAT, 13 patients with VD and 10 healthy age matched controls were included. Age, severity of dementia and TIV did not vary significantly between the diagnostic groups. In contrast, we could demonstrate significant mean differences between controls and dementia groups for the WBV, volumes of the frontal, temporal and parietal lobes as well as for the volumes of the AHC. DAT patients tended to have smaller AHC and parietal lobe volumes than VD patients whereas the latter had smaller frontal lobe and temporal lobe volumes. These preliminary results indicate that the extend of atrophy measured by quantitative MRI enables differentiation of either DAT or VD from normal controls. Furthermore, they suggest a different distribution of brain pathology in VD compared to DAT. We conclude that quantitative MRI may support the clinician in the differential diagnosis of the dementia syndrome.

WAR REFUGEES IN A REFUGEE CAMP: THE IMPACT OF WAR STRESS ON MENTAL HEALTH

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Objective: The investigation of the consequences of war on the mental health of those who live in a refugee camp.

Method: Fifty eight refugees (37.9% male, 62.1% female) living in a refugee camp in Serbia, were given the Harvard Trauma Questionnaire (HTQ) and the General Health Questionnaire (GHQ-28) during a medical mission of the RCTV of Ioannina to Pozarevac, Serbia in November 1995.

Results: 44.8% of the sample were found to have Post Traumatic Stress Disorder (PTSD) and 63.8% psychological problems (GHQ > 4) implying mental disorder. The GHQ-28 scores correlated with personal experience of traumatic events, the number of traumatic events and the degree of exposure to the them. Correlations were also found with Trauma symptoms, Trauma Index and PTSD (GHQ).