600 mg of moclobemide daily in combination with psychodynamic psychotherapy. We amplified our clinical observations with findings of the Liebowitz Social Phobia Scale and the Sheenan Scale. The duration of research was 3 months. We observed two groups of patients – with generalized (GSP) and isolated (ISP) forms of SP. The positive effect of treatment was marked in group GSP about 38.2% and in ISP about 26.6% cases. For both groups reduction of symptoms was began since the 3–4 weeks and the significant gain in function and quality of life was noticed from 10–12 weeks from the start of therapy. We found that effect of moclobemide in cases of GSP was higher that could be explained by strongly pronounced level of comorbidity and social desadaptation at this group. In patients with ISP the use of psychodynamic psychotherapy was preferably to some extent through they higher demands towards non-drugs and personal-oriented methods of treatment.

P03.402

SEXUAL DYSFUNCTIONS AND ENDOCRYNOUS SYSTEM IN CHERNOBYL PATIENTS AND THOSE WITH THE CNS's ORGANIC DEFICIENCIES

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Objective: 60 male persons (the main group) who took part in elimination of the Chernobyl NPP accident consequences in 1986–87 have been studied. The control group included 11 male persons with various non-psychotic disorders (cerebral asthenia, psychovegetative, affective, intellectual, and memory disturbances in various combinations). All the persons in the both groups had various sexual disorders.

Methods: Structural Analysis of Sexual Dysfunction, Psypathologic Scale, EEG, REG, analysis of vegetative balance, blood plasma control (FSG, LG, Prolaktine, Testosterone, and Estradiol indices investigation).

Results: Disturbances that resembled early involution syndrome have been revealed in 46.7% patients of the main group, and in 18.1% of those of the control group. Disturbances of hypotalamic regulation that led to a sexual disorder development have been revealed in 83.3% patients of the main group, and there was no such kind of disturbances in those of the control group. Anxiety-phobia reactions (type "expectance of failure") have been revealed in 91.7% of the patients. Early ejaculation has been revealed in 88.8% patients of the main group, and in 27.3% of those of the control group.

Conclusion: Organic brain damage is the main factor of sexual disorders development A synchrony between the development and pronouncement of sexual and mental disorders has been revealed that was characterized by a certain forestallment of the psychopathologic features development. Endocrynous alterations were not the matter of a statistical significance in sexual dysfunctions development.

P03.403

USING OF THE SCALE DEROGATIS (SCL-90) TO DIAGNOSE AFFECTIVE DISORDERS

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Last time the number of somatized patients increases. The patients attend physicians continuously and go through many tests. They are sure an illness exists though there are no clinical confirmations of somatic disease. Valid diagnostic instruments to elicit such patients are absent.

The symptomatic questionnaire SCL-90 with 9 scales (including somatization scale) could be one of such instruments. The somatization scale consists of 12 points that describe a dysfunction of cardio-vascular, gastro-intestinal, respiratory and other systems.

We examined 49 patients with somatoform disorders (F45.0 and F45.3 according to ICD-10) whose results from testing by SCL-90 were compared with those of normal group. The results showed that somatoform patients have higher indices in scales of depression and anxiety though they rarely complain of a low mood. The most difference between somatized and healthy people was observed in scales of somatization, depression and anxiety. These scales correlate to each other. The somatization scale is more sensitive to reveal patients with a somatoform disorder (F45.0) than with a somatic vegetative dysfunction (F45.3).

Our research confirms the difficulty of diagnostics the somatoform disorders. SCL-90 being rather sensitive questionnaire doesn't solve completely the problem of eliciting somatoform patients. The somatization scale should be developed.

P03.404

THERAPY OF SEXUAL SOMATIZATION DISORDERS IN MALES

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Clinical particularities and variants were studied in groups of 80 male patients, suffering from sexual somatization disorders (age limits from 18 up to 40). The diagnosis of somatization sexual disorder requires that a patient have a specific number of medically unexplained somatic sexual symptoms. Examination of patients enabled two types of sexual bodily sensations to be distinguished: homonomous – similar in their manifestations to somatic pathology (algias, hyste roalgias) and heteronomous – foreign to painful sensations in somatic pathology (senestoalgias and senestopathies).

The predispositions are represented by peculiarties of personality, annoying states (social and sexual fears), hysterical reactions and weak variant of sexual constitution. The sexual somatization is accompanied by symptoms of depression and anxiety, what is especially actual for men because of social and psychological importance of male sexual function.

On the basis of psychopathological mechanisms and particularities of personality in structure of sexual somatization disorders we choose certain methods of therapy which include the treatment of anxiety, anxiety associated with depression and depression by anxiolitics and antidepressants such as Xanax (Alprazolam tablets), Coaxil (Tianeptin) and others in combination with psychotherapy (rational, in the state of hipnotic suggestion, hypnotherapy, autogenous training, suggestion in the state of walking, sex therapy and others). The satisfactory results were reached in 76.2% of describing cases.

P03.405

THYROLIBERIN IN COMPLEX THERAPY IN DEPRESSIVE PATIENTS

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Investigation was carried out on 78 patients (54 female, 24 male, average age 31 years) with borderline forms of neurotic-psychiatric disorders (NPD) - asthenic states and affective disorders. Thyroliberin (TRH) was assigned for 4–5 days twice a day in the form

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