

**FC05.06****HARM AVOIDANCE AND 5-HT<sub>2A</sub> RECEPTORS IN DEPRESSION**

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In his biosocial personality model R. Cloninger hypothesises the temperament dimension "Harm avoidance" to reflect variations in a behavioural inhibition system in the brain with serotonin as a major neuromodulator. A number of studies have investigated the relation between harm avoidance and different indices of serotonin metabolism, yielding controversial results. In this study the relation between harm avoidance and brain 5-HT<sub>2A</sub> receptors was investigated.

Subjects were 7 patients suffering from a major depressive episode according to DSM-IV. Brain 5-HT<sub>2A</sub> receptors were measured with single photon emission computed tomography. SPECT imaging was performed with a Siemens multiSPECT triple-headed gamma camera and with <sup>123I</sup>-5-I-R91150 as a ligand. For semi-quantification of specific ligand binding ratios of the binding in a region of interest to the binding in the cerebellum were calculated. Harm avoidance was measured with the Temperament and Character Inventory (TCI).

Patients had a mean (+/-SD) Harm avoidance score on the TCI of 21 (+/-8.8). Mean ratios of ligand binding of 1.48 (right frontal), 1.49 (left frontal), 1.41 (right parietal anterior), 1.39 (left parietal anterior), 1.43 (right parietal posterior) and 1.41 (left parietal posterior) were found.

No significant correlation, controlled for age, could be determined between Harm avoidance scores and ligand binding (partial correlation coefficient).

In conclusion, no relation between Harm avoidance and 5-HT<sub>2A</sub> receptors could be demonstrated. This could be due e.g. to the small number of subjects but these results are in agreement with a previous study in a larger sample of normal volunteers.

**ML02. Main Lecture 2**

*Chair: G. Sedvall (S)*

**ML02.01****GROWING TOGETHER IN DIVERSITY**

N. Sartorius. *Switzerland*

European countries appear to be similar only when seen from afar. Their history, traditions, cultures, languages, religions, political systems as well as the organization of their health services vary widely making them vastly different from each other. Whether these differences will become an obstacle to progress or an advantage that the continent will have over all others depends on whether it will be possible to convince Europeans to join forces for noble causes while maintaining their identity.

What is true for countries holds also for medicine and its branches. The challenges that is facing psychiatrists (and other mental health workers) of Europe is to find ways to develop healthy and equitable collaboration in psychiatric and mental health research, training and services for people with mental illness while preserving the wealth of their differences. If they do, they will grow together in their diversity, to the benefit of Europe and the rest of the world.

**PS02. Treatment update 2000: Anxiety and somatisation**

*Chair: A.A. Dahl (N)*

**PS02.01****SOCIAL PHOBIA**

Y. Lecrubier

No abstract was available at the time of printing.

**PS02.02****PANIC DISORDER**

A.A. Dahl

No abstract was available at the time of printing.

**PS02.03****SOMATIZATION DISORDER**

S. Wessely

No abstract was available at the time of printing.

**PS02.04****POST-TRAUMATIC STRESS DISORDER**

L. Weisæth

No abstract was available at the time of printing.

**S22. Forum for young psychiatrists**

*Chairs: R. Kaltiala-Heino (FIN), N. Sartorius (CH)*

**S22.01****PSYCHOTHERAPY IN PSYCHIATRY**

K.C. Treichel. *Germany*

No abstract was available at the time of printing.

**S22.02****GLOBAL PRIORITIES IN PSYCHIATRY**

J.L. Ayoso. *Spain*

No abstract was available at the time of printing.

**S22.03****THE RISE OF BIOLOGICAL PSYCHIATRY**

M. Eronen. *Finland*

No abstract was available at the time of printing.