P35.12

Respiratory irregularity in respiratory subtype panic

D. Caldirola, M. Cucchi, A. Bertani*, G. Migliarese, S. Biffi, L. Bellodi, G. Perna. *Anxiety Disorder Clinical & Research Unit, Vita-Salute University, Milan, Italy*

Objectives: The role of respiratory function in Panic Disorder (PD) is controversial and the nature of respiratory abnormalities remains unclear. We investigated the relationship between respiratory physiology and hyperreactivity to CO2 in PD patients.

Method: Baseline breathing patterns of 14 PD patients with prominent respiratory symptoms during the 35% CO2 challenge (respiratory subtype) and 10 PD patients without respiratory symptoms (non-respiratory subtype) were compared. The respiratory physiology assessment was carried out using a "breath by breath" Quarkb2 stationary testing system. The irregularity of the breathing patterns was measured by the Approximate Entropy Index (ApEn).

Results: Respiratory subtype group reported a greater irregular baseline pattern of tidal volume (TV) and inspiratory drive (TV/TI) than non-respiratory subtype group. The former also reported higher global anxiety, global symptomatological reactivity and rate of induced panic attacks during hypercapnia and stronger respiratory symptoms and global panic symptomatology during spontaneous panic attacks than the latter.

Conclusions: Symptomatological hyperreactivity to hypercapnia is related to an abnormal baseline respiratory function. It supports the idea of an abnormal regulation of the respiratory function as a key mechanism in Panic Disorder.

P35.13

Effects of venlafaxine on CO2 hyperreactivity in panic disorder

D. Di Pasquale, R. Bussi, G. Migliarese, A. Bertani*, L. Bellodi, G. Perna. *Anxiety Disorder Clinical & Research Unit, Vita-Salute University, Milan, Italy*

Objective: evaluate the effects of one week treatment with venlafaxine on CO2 hyperreactivity in patients with PD

Method: 14 outpatients with PD were enrolled. All subjects underwent 35% CO2 challenge before starting treatment and after one week of treatment with venlafaxine (75 mg/day). The reactivity to CO2 was assessed by Visual Analogue Scale for Anxiety (VAS-A). The severity of symptomatology was assessed by Panic Associated Symptoms Scale (PASS), Fear Questionnaire (FQ) and Hamilton Anxiety Scale (HAM-A) on day 0 and 7.

Results: a significant decrease of reactivity to CO2 after 7 days of treatment with venlafaxine was found. No significant differences were found in the scores of psychometric scales after one week of treatment and no significant correlation between changes in the scores of psychometric scales and the measures of anxious reactivity to CO2.

Conclusions: the results showed a significant reduction of reactivity to CO2 in patients with PD suggesting that venlafaxine has anti-panic proprieties.

P35.14

The language of dyspnea in panic disorder

C. Namia, M. Cucchi, S. Biffi, A. Bertani*, G. Perna. *Anxiety Disorder Clinical & Research Unit, Vita-Salute University, Milan, Italy*

Objectives: Dyspnea is one of the main symptoms of panic attacks and the "false suffocation alarm theory" proposed by Donald Klein suggested a central role of respiration in panic disorder. Since, similarly to pain, dyspnea is a multidimensional concept the possibility to elaborate the various facets of this symptom might give a clue on the underlying pathophysiological processes. We investigated dyspnea prolife to identify specific descriptors of respiratory discomfort related to CO2 induced panic attacks.

Method: Fifty patients with panic disorder underwent the 35% CO2 challenge and immediately after, together with standardized scales used to measure CO2 reactivity, filled a validated list of 19 descriptors of breathing discomfort. Multiple regression and factor analyses were applied.

Results: Factor analysis showed that anxiety reactivity to CO2 was in the same factor together with breathing descriptors related to suffocation and inspiratory discomfort. Among those descriptors, "I feel that my breath stops" was the only significant predictor (beta=.49±.19, t=2.6; p<.02) of CO2 induced anxiety.

Conclusions: Inspiratory discomfort and sensation of suffocation seem to be the types of dyspnea specifically related to CO2 induced anxiety in panic patients.

P35.15

Treatment of panic disorder via the Internet: two randomized trials

P. Carlbring[1]*, B. Westling[1], P. Ljungstrand[2], L. Ekselius[3], G. Andersson[1]. [1]*Department of Psychology, Uppsala University;* [2]*Interactive Institute, University of Gothenburg;* [3]*Department of Neuroscience/Psychiatry, Uppsala University Hospital, Sweden*

Results from two randomized trials are presented. The first controlled study evaluated an Internet-delivered self-help program plus minimal therapist contact via email for people suffering from panic disorder. Out of the 500 individuals screened using the self-administered diagnostic instrument Composite International Diagnostic Interview in shortened form (World Health Organization, 1999) 41 fulfilled the inclusion criteria. These participants were randomized to either treatment via the Internet or to a waiting-list control. The main components of the treatment were psychoeducation, breathing retraining, cognitive restructuring, interoceptive exposure, in vivo exposure, and relapse prevention. From pre- to posttest self-help participants improved significantly more on almost all dimensions. The results from this experiment generally provide evidence for the continued use and development of self-help programs for panic disorder distributed via the Internet. Preliminary results from the second trail will also be presented.

P35.16

Comorbidity in panic disorders

F. Romosan*. *Psychiatric Clinic, Timisoara, Romania*

There have been studied 50 patients with a diagnosis of panic disorder selected according to the DSM-IV criteria.

The comorbidity of panic disorders with other psychiatric disorders has been assessed in terms of frequency and time relation. This aspect has been diacronous studied starting with the onset of panic disorder, onset that generally precedes the index assessment.

Among more frequent comorbid states have been registered: anticipatory anxiety (76% of cases), hypochondriac preoccupations (72%), agoraphobia (62%), depression (42%), alcohol abuse (36%).

The time relation between panic disorders and comorbid states has been analyzed considering the onset of the panic disorder.

Anticipatory anxiety, agoraphobia, hypochondriac preoccupation and alcohol abuse have started predominantly in the first 6 months since the onset of panic disorder, and depressive episodes occurred after more than a year from onset. The high rates of comorbidity

https://doi.org/10.1016/S0924-9338(02)80718-0 Published online by Cambridge University Press

support the idea that, for panic disorders, comorbidity is a common phenomenon and not an exception. Comorbidity is one of the factors to contribute to the increase of severity, both from clinical and global functioning level's points of view.

P35.17

A naturalistic fifteen-year follow-up study of panic disorder patients

S. Andersch*, J. Hetta. *Institute of Clinical Neuroscience, Department of Psychiatry, Göteborg University, Sweden*

Summary: Panic disorder (PD) is generally regarded as a chronic condition with considerable variation in severity of symptoms. The purpose of this study was to examine the long-term outcome of naturalistically treated PD. Fifty-five PD patients who participated in a placebo-controlled drug trial 15 years ago were re-assessed with the same instrument used in the original study. Eighty-two percent no longer fulfilled the PD diagnosis, but 69% still suffered from anxiety attacks. Concomitant agoraphobia had decreased from 69% to 20%. Eighty-seven percent reported satisfactory daily functioning, but 75% needed psychotropic drugs. Complete recovery was seen in 18%, severely disabling symptoms in 18%, whereas 64% with recurrent anxiety attacks functioned well on continuous or occasional medication. PD has a favourable outcome in a substantial proportion of patients despite recurrent anxiety attacks, and maintenance medication was common among these patients. Patients with uncomplicated PD at study-start had a favourable outcome in the long-term perspective, however, agoraphobia at admission is not necessarily associated with a worse outcome.

P36. Personality disorders

P36.01

Pathomorphosis of histrionic personality disorder

L.O. Perezhogin, O.V. Rasponomareva*. *Serbsky Research Center for Social and Forensic Psychiatry, Moscow, Russia*

Objective: 160 men from 18 to 67 years old with histrionic personality disorder, diagnosed by ICD-10 criteria, who made crimes, was examined.

Methods: psychopathological and pathopsychological methods was used. Differences between four groups: group of patients, had made crimes in 1950–1960 (1), group of delinquent patients in 1990–2000 (2), and groups (3, 4) of patient, who was examiner twice or more in respective periods was statistically significant.

Results: true pathomorphosis of histrionic personality disorder was found. Main signs of pathomorphosis are: increase of infantilism, decrease of exclusive histrionic signs, for example – histrionic paroxysms, stigmas, symptoms of mittens and socks etc. Different types of pathomorphosis: drug depended, social etc. has significantly smallest weight against true pathomorphosis.

Conclusions: role of pathomorphosis in clinic picture of histrionic personality disorder is very high. Our knowledge about pathomorphosis gives us new forms of forensic psychiatric diagnosis.

P36.02

Psychosis proneness scales and DSM schizophrenia spectrum personality disorders

A. Laurent*. *Department of Psychiatry, University Hospital of Grenoble, France*

Objectives: The extent of overlap between DSM III-R schizophrenia spectrum personality disorders (SSPD) and the psychosis proneness scales of Chapman was evaluated in a group of first-degree relatives of patients with schizophrenia.

Methods: Seventy-two first-degree relatives of patients with schizophrenia and 53 controls with no DSM IV Axis I diagnosis, were interviewed for a SSPD and were administered the Social Anhedonia Scale (SA), the Physical Anhedonia Scale (PA), the Perceptual Aberration Scale (PAS) and, the Magical Ideation Scale (MIS).

Results: Twenty-eight percent of the first-degree relatives presented a SSPD and their mean scares on the SA, PA and MIS were higher than the mean scores of the relatives with no SSPD. With a cut-off point of at least 1 SD above the mean of the control group, a good sensitivity and specificity were found when PA and MIS were simultaneously considered.

Conclusion: Although the SA and MIS considered together, appear to be valuable tools to identify the first-degree relatives with schizotypal features, these scales and the DSM IV criteria are not perfectly correlated.

P36.03

Behavior control after induction of emotion in borderline personality disorder

C.J. Fischer*, T. Wendorff, M.R. Lemke. *University of Kiel, Department of Psychiatry, Germany*

Background: The dysfunction of processing stimuli into adequate actions represents a core symptom of Borderline Personality Disorder (BPD). It was hypothesized that stimuli processing and generation of movements are affected by induction of emotions.

Method: Patients with BPD and healthy subjects were subjected to visual stimuli (photos on a PC-screen) which they could turn on and off by pressing and releasing different buttons. While subjects watched the pictures, a startle-reflex was induced. Neurophysiological methods including EEG, EMG and kinematic measures of hand movements by infrared detection were used to analyze the neuronal process from stimulus perception to movement execution.

Results: In healthy subjects we found significant differences in both reflex and voluntary movement dependent on the subjective emotional valence of the stimuli. In patients with BPD no such differences were found. **Discussion:** We could indeed show that both perceptive and executive components of CNS behavior control are afflicted in BPD, but we could not confirm the hypothesized general hyperarousal in the disorder. Using our model, the efficacy of particular psychotherapeutic and psychopharmacological interventions for the BPD can be evaluated.

P36.04

The process of mentalisation in borderline

E. Messini*, E. Papastathopoulos, A. Theodorou, O. Gasparatou, M. Angelopoulou, E. Paliokosta. *Sismanoglio General Hospital, Athens, Greece*

Mentalisation is a desired therapeutic outcome for borderline patients who often resort to «acting out» because they lack the capacity to transform adequately the somatic excitations into mental products.

We shall present a 31-year-old female borderline patient, who was in psychoanalytic treatment for the last four years. The patient presented a demanding attitude towards her husband, who should adjust to every need she had without reservations. Otherwise she experienced overwhelming anxiety and dealt with it either by harming herself, establishing in this way a physical demarcation of her ego boundaries, or by attacking her husband, demanding his

https://doi.org/10.1016/S0924-9338(02)80718-0 Published online by Cambridge University Press