

augmentation in patients who responded to this strategy. A possible way of looking at the problem is to examine whether the discontinuation of the antipsychotic in patients who responded to this strategy is associated with a worsening of obsessive-compulsive symptoms. We will present data on relapse rates in patients who responded to the addition of the antipsychotic and then discontinued it without discontinuing the SSRI.

S-10-05

Immunological alterations in obsessive-compulsive disorder before and after pharmacological treatment

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The role of immune system in obsessive-compulsive disorder (OCD) is mainly supported by the presence of a high percentage of B-cells reacting with a marker for rheumatic fever, the monoclonal antibody D8/17, in some patients. Further supports derive from the observation of decreased production of tumour necrosis factor (TNF) alpha and NK activity. In a previous study on adult OCD, we observed a significant increase of CD8+ and decrease of CD4+ lymphocytes, as compared with a similar group of healthy control subject. In the present study we report the results of an evaluation of the same parameters from six to twelve months after pharmacological treatments. Materials and methods Twenty outpatients (10 male, 10 female, mean age 32+2 years) with a diagnosis of OCD according to DSM-IVR criteria, were selected for the study. They were neither depressed, as assessed by the total score at the Hamilton Rating Scale for Depression, nor suffered from current comorbid conditions. The severity of OCD symptoms was assessed by means of the Yale Brown Obsessive Compulsive Scale (Y-BOCS). The immune subsets were measured by flow cytometry. Evaluations of the OCD symptomatology and immune cells were performed at the baseline, after six or twelve months (T1) of treatment with SRIs (clomipramine, fluvoxamine, sertraline and citalopram). The balance between T-helper and T-suppressor lymphocytes was evaluated by means of the ratio CD4+/CD8+. Results At baseline, OCD patients had increased CD8+ (T-suppressor), decreased CD4+ (T-helper) cells in both percentage and absolute number, and the ratio CD4+/CD8+ was 1.4+4. The Y-BOCS total score at the baseline was 25+4.3. The results of the evaluations at T1 showed a progressive reduction of the Y-BOCS total score and a normalization of the immune cells counts. Discussion and conclusions This study suggests that significant change in immune cells are present in OCD patients and that they could revert after successful treatment with SRIs.

Sunday, April 3, 2005

S-19. Symposium: Update on treatment and prevention of eating disorders

Chairperson(s): Manfred M. Fichter (Prien, Germany),
Fernando Fernandez-Aranda (Barcelona, Spain)
16.15 - 17.45, Holiday Inn - Room 4

S-19-01

Risk factors for eating disorders (genetics and environment)

A. Karwautz, F. Fernandez-Aranda, G. Wagner, D. Collier, J. Treasure, A. Karwautz, *AKH Wien, Wien, Austria*

Objective: We present evidence about risk factor research findings in eating disorders in particular anorexia nervosa. Recent efforts have been made both longitudinally and retrospectively to understand the aetiology of these severe psychiatric disorders.

Methods: This includes studies using biological (e.g. molecular genetics), psychological (e.g. behaviour genetics), and psychosocial research strategies.

Results: Beside an outline about factors of risk (in particular for bulimia and anorexia nervosa and disordered eating), very recent results from studies using behaviour genetic methodology (discordant sister-pair designs) will be presented.

Conclusion: Risk factor research has been growing within the last decade and produces new insight into the etiology of these disorders in order to inform patients, families correctly and develop more precise prevention programs.

S-19-02

Psychotherapy of eating disorders

F. Fernandez-Aranda. *University Hospital of Bellvit, Barcelona, Spain*

Objective: The aim of this presentation is to give an overview of the current evidence-based psychotherapies for bulimia and anorexia nervosa.

Methods: A systematic review of the literature (MEDLINE; EMBASE; PsycLIT; Current Contents; The Cochrane Library) was carried out, to determine the most effective therapies for EDs.

Results: Various studies have been conducted on Eating Disorders, which have demonstrated the effectiveness of different therapeutical approaches, ranging from a psychodynamic to a cognitive-behavioural (CBT) treatment orientation. However, there is a lack of control trials in the literature, especially for Anorexia nervosa. Whereas, CBT and an interpersonal approach have been found to be effective in the treatment for Bulimia nervosa, as demonstrated in some open controlled studies, the results for Anorexia nervosa seem to be unclear. In the later, family therapy seems to be a valuable part of treatment, particularly in the case of children and adolescents, but no specific approach emerges as superior to any other. Dietary advice should be included in all treatment programs. Looking at the predictor, therapy outcome, it is not clear which factors enhance or reduce this effectiveness. Better results seem to be related to a longer duration of the therapy with the addition of other treatment components and a lower purging symptomatology.

Conclusion: Conclusions about the efficacy of specific treatments in AN, it is difficult to draw. In this disorder, controlled trials are few and their quality poor. In the case of BN, where several controlled trials have been conducted, CBT and Interpersonal therapy have shown to be effective. In both disorders, much more research is required. Supported by FIS (G03-184)

S-19-03

What we know and what we don't know about the pharmacotherapy of eating disorders

A. Favaro. *Psychiatric Clinic Padova, Padova, Italy*

Objective: The evidence for the effectiveness of specific drugs in ED is still limited, particularly for anorexia nervosa.

Methods: A comprehensive systematic review of the literature on psychopharmacology of eating disorders was performed.

Results: In anorexia nervosa, important methodological and ethical issues limit the possibility of conducting drug effectiveness studies. Indeed, there is a high rate of patients who refuse the treatment; other patients must be excluded from clinical trials because of the presence of severe medical complications; finally, some others drop out during the trial. Most available studies are performed in inpatient settings and the interaction between the use of drugs, the use of other treatments (nutritional rehabilitation and CBT), and the presence of other types of psychiatric symptoms, are very difficult to be disentangled. However, it would be very important to collect other data to find out which patients (and in which setting) might benefit from an adjuvant drug treatment. In bulimia nervosa (and, recently, in binge eating disorder) more double-blind controlled studies are available. However, a lot of important questions remain to be solved even for these patients. The long-term effectiveness of antidepressant drugs is not demonstrated and the rate of full responders is still too low. The role of individual factors, such as personality, comorbidity and other prognostic factors is not known.

Conclusion: Further studies are necessary to understand which is the best way to individualize treatment in a clinical evidence based way.

S-19-04

Prevention of eating disorders

M. M. Fichter. *Klinik Roseneck aff. Uni MUC, Prien, Germany*

The prevalence of anorexic and bulimic eating disorders is relatively high in young women and has increased in prevalence since the 1970s. Anorexia nervosa has a high chronicity rate and the mortality rate is among the highest of all psychiatric disorders. The aims of prevention of eating disorders is the early detection and the reduction of factors which increase the risk for the onset of an eating disorder. Possible risk factors are dieting, body dissatisfaction and thoughts centred around body weight and one's own figure and poor self-esteem. Primary prevention is aimed at reducing the incidence of eating disorders and it addresses clinically healthy persons. Secondary prevention addresses populations with an increased risk such as ballet dancers and persons pursuing certain weight-related sports (ski-jumping, jockeys). Tertiary prevention deals with individuals who have an eating disorder and interventions are aimed at reducing symptomatology and preventing relaps. Most research on the prevention of eating disorders aim at groups with a higher risk to develop an eating disorder (such as female gender, adolescents) or mediators (parents, teachers, doctors). Means of prevention are usually psycho-education, information about the illness and possibilities for help and treatment. In recent years several relevant empirical studies on the prevention of eating disorders have been carried out. The paper reviews these studies and discusses various risk factors for the development of an eating disorder and critically evaluates different strategies for prevention.

Sunday, April 3, 2005

S-18. Symposium: Trauma and posttraumatic disorders in psychiatric patients

Chairperson(s): Anne-Marie Pezous (Paris, France),
Wim van den Brink (Amsterdam, Netherlands)
14.15 - 15.45, Holiday Inn - Room 8

S-18-01

Childhood trauma in patients with psychotic disorders

I. Schäfer, T. Harfst, P. Briken, V. Aderhold. *Klinik für Psychiatrie Uni-Klinik HH-Eppendorf, Hamburg, Germany*

Objective: The role of traumatic life events in psychotic patients has received considerable attention over the past years. Crucial findings point to an increased prevalence of traumatic experiences over the life-span and differences with regard to symptoms and course of the illness in patients concerned.

Methods: In a pilot study, we examined 30 consecutively admitted female patients using the Childhood Trauma Questionnaire (CTQ) and the Early Sexual Experiences Checklist (ESEC). Diagnoses were based on the Structured Clinical Interview for DSM-IV (SCID), psychopathology was measured with the Positiv and Negativ Symptom Scale (PANSS), the Dissociative Experiences Scale (DES), the Posttraumatic Diagnostic Scale (PDS) and a purposed-designed interview.

Results: In our sample, we found a high prevalence of childhood sexual abuse (forcible bodycontact 36.7%, forcible intercourse 16.7%). All subscales of the CTQ were raised, especially in the case of „emotional abuse“ (M=11.5, SD=5.6) and „emotional neglect“ (M=13.0, SD=5.5). Symptoms of PTSD were not found to the same extent as in other studies, dissociative symptoms seemed to be state-dependent.

Conclusion: The results of our ongoing research suggest that childhood trauma in psychotic patients needs further investigation and emotional abuse and neglect might be of special interest.

S-18-02

Influence of Trauma on Axis I Disorders among a population of Khmer Refugees

P. Auby, L. Michel, A. Sebillé, C. Netillard. *Paris, France*

Objective: The authors will share their clinical experience of psychiatry in South East Asian Refugee Camps early 90s. The influence of traumatic experiences on the clinical presentation of Axis I Disorders among a population of Khmer Refugees will be discussed.

Methods: The authors have been working as psychiatrists in different Refugee Camps in Thailand in the context of the French national military service. They were responsible of mental health consultations and in-patient units taking care of refugees from South East Asia mainly presenting DSM-III Axis I Disorders. The Khmer refugees' case reports will be the focus of the presentation as the extreme magnitude of the violence towards the Khmer population enables to describe some links between trauma and clinical features.

Results: The clinical data showing the influence of traumatic events on clinical presentations will be discussed and compared to the current published studies investigating the psychiatric consequences of mass trauma and disasters.

Conclusion: If the increase in the diagnosis of PTSD in society has been seen by some authors to be linked to cultural and socio economic shift, the situation of the Khmer refugees provides an