a University hospital in Belgrade.The burnout was assessed using Maslach Burnout Inventory,which addresses thre general scales-emotional exhaustion,depersonalization and reduced personal accomplishment.

Results: The findings supported our hypothesis that this syndrome is highly prevalent among health care workers,espacially among anesthesiologists.

Conclusions: The burnout syndrome is a frequent disorder among health care workers, especially among with high work demand,susc as general practitioners and anesthesiologists.Therefore,prevention strategies should be planned and carefully implemented.

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Brain 18FDG pet in panic disorder during the treatment with CBT or antidepressants

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Background: The goal of our study was to identify brain structures in patients with panic disorder (PD) that show changes in 18FDG PET during the treatment with cognitive behavioral therapy (CBT) or antidepressants.

Method: Twelve patients with panic disorder were studied with [18F]-2-fluoro-deoxyglucose positron emission tomography (18FDG PET) during resting state (condition of random episodic silent thinking, REST). After PET examination patients were randomly assigned to either cognitive behavioral treatment group (6 patients) or antidepressants treatment group (6 patients). After 3 month 18FDG PET examination was repeated in both groups.

Results: Scores of psychopathology rating scales (CGI, HAMA, PDSS) decreased in both groups. Changes of 18FDG uptake in pharmacotherapy group: decreases were found in a priori hypothesized regions in right hemisphere, in superior, middle, medial and inferior frontal gyrus, superior and middle temporal gyrus, and increases were detected in a priori hypothesized regions, mainly in left hemisphere in medial and middle frontal gyrus, superior, middle and transverse temporal gyrus. Changes of 18FDG uptake in CBT group: decreases were found in a priori hypothesized regions of right hemisphere in inferior temporal gyrus, superior and inferior frontal gyrus, and increases were detected in a priori hypothesized region, mostly in left hemisphere: inferior frontal gyrus, middle temporal gyrus and insula.

Conclusions: Changes in brain metabolism after treatment either with CBT or with antidepressants were similar in number of brain areas, with prominent right-left difference.

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Nocturnal panic in first stages of panic disorder: Clinical differences between nocturnal vs Non-nocturnal panickers

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Objective: Nocturnal panic attacks are considered in PD patients a severe subtype of the illness. Recent studies failed at identifying more severe psychopathology in these patients. We analyzed this issue in a sample in the earlier phases of PD.

Patients and method: A sample of 153 patients (107 women and 46 men) with a recent onset of a PD established with the MINI was included. Patients were free of treatment and had never received effective treatment for their disorder. Data were obtained both from the clinical interview and from specific questionnaires concerning severity (PDSS, CGI), agoraphobia (MIA), anxiety (STAI) and depression (BDI). The presence of nocturnal attacks was assessed during the clinical interview.

Results: The median time of evolution of the PD was 8 months. The mean age of the sample was 30 years old. Agoraphobia was diagnosed in 66% of the cases and the mean CGI was 4.22 (moderate). More than half of the patients (52.9%) reported nocturnal panic attacks. A positive relationship was found between rate of panic attacks and nocturnal attacks (PDSS frequency: $p=0.002$; number of attacks in the last month: $p=0.02$). A positive relationship appeared with agoraphobia (PDSS agoraphobic avoidance: $p=0.05$; MIA alone: $p=0.02$). No relationship appeared regarding CGI and scales concerning psychopathology.

Conclusions: Half of the patients in first stages of PD reports nocturnal panic attacks, which are related both to an increased rate of panic attacks and an increased agoraphobic avoidance. However, nocturnal attacks are not related with the whole clinical severity of PD.

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Correlation between the Wender-Utah rating scale and impulsivity, personality, anxiety and depression psychometric scales

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Background and aims: The Wender-Utah Rating Scale (WURS) was developed for the retrospective diagnosis of childhood attention-deficit/hyperactivity disorder (ADHD). It consists of a list of childhood behaviours and symptoms suggestive of ADHD. Our objective was to study correlations of WURS scores with different impulsivity, personality, anxiety and depression psychometric scales.

Methods: A group of 110 healthy university students were evaluated using the WURS. Four subjects scored higher than the cut-off value of 37 (compatible with childhood ADHD) and were excluded. The Barratt Impulsivity Scale (BIS-11), the Big Five Questionarie (BFQ), the State-Trait Anxiety Inventory (STAI) and the Beck Depression Inventory (BDI) were administered. Partial bivariate correlation analyses were performed.

Results: WURS scores were correlated with total scores on the BIS-11 ($r=0.430$; $p<0.001$), as well as with the motor ($r=0.410$; $p<0.001$), attentional ($r=0.328$; $p=0.001$), and improvisation subscales ($r=0.289$; $p=0.003$). Regarding the BFQ, a correlation was found between WURS scores and the ''emotional stability'' factor ($r=-0.379$; $p<0.001$) as well as with the subfactors ''emotion control'' ($r=-0.310$; $p=0.001$) and ''impulse control'' ($r=-0.354$; $p<0.001$). Finally, significant correlations were also found between

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