group (34.2%; p = 0.0001) than in the moderate group (29.1%; p = 0.02). Clearly, paroxetine has been shown to be effective in treating both moderate and severe social phobia and the response is more distinct in patients with severe symptoms.

Mon-P40

THE SYMPTOM STRUCTURE OF GENERALIZED ANXIETY DISORDER REVISITED

V. Starcevic[1,2]*, G. Bogojevic[1]. [1]*Institute of Mental Health, Belgrade;* [2]*University of Belgrade School of Medicine, Belgrade, Yugoslavia*

Objective: To re-examine the symptom structure of generalized anxiety disorder (GAD) and significance of each symptom as diagnostic criterion for GAD in view of the large difference in the conceptualization of GAD between DSM-IV (too narrow) and ICD-10 (too wide).

Method: The Structured Clinical Interview for DSM-III-R (SCID), modified for DSM-IV and ICD-10 Diagnostic Criteria for Research (ICD-10-DCR), was administered to 76 consecutive patients with agoraphobia/panic disorder, many of whom had a comorbid GAD. Patients diagnosed with GAD on the basis of DSM-IV (N = 44) and ICD-10-DCR (N = 45) were compared in terms of the GAD symptom endorsement. Considering high comorbidity rates of GAD with other mental disorders, the ICD-10-DCR diagnostic hierarchy rules were disregarded, because very few, if any patients, would have been diagnosed with GAD if these rules had been followed.

Results: The diagnostic agreement between DSM-IV and ICD-10-DCR for GAD was high (kappa = 0.86). The analysis of frequency of GAD symptoms in 47 patients suggests that there are three groups of GAD symptoms in DSM-IV and ICD-10-DCR: seven "first-rank" symptoms (inability to relax, restlessness, feeling keyed up or on edge or mentally tense as one symptom, easy fatigability, exaggerated startle response, muscle tension, sleep disturbance, difficulty in concentrating, and irritability), five "second-rank" symptoms (nausea or abdominal distress, sweating, dry mouth, palpitations/tachycardia, and trembling/shaking), and the remaining ten ICD-10-DCR symptoms - to be excluded as diagnostic criteria both because of their relatively low frequency and low specificity for GAD. Thus, a diagnostic conceptualization of GAD may be improved with the requirement of a minimum of four of the seven "first-rank" symptoms and one of the five "second-rank" symptoms.

Conclusions: Our results suggest a potential usefulness of this ranking and combination of diagnostic criteria, because it might provide a more accurate description of GAD and its better differentiation from depression and other anxiety disorders. This effort might contribute to revisions of the existing GAD criteria in both diagnostic systems.

Mon-P41

ANXIETY DISORDERS AND SOMATIC ILLNESSES

E. Panagoulias*, P. Papadopoulos, D. Malidelis. *Mental Health Center of Peristeri, 121 35 Athens, Greece*

The aim of this study was to find the presence of possible differences, as far as the outcome is concerned between patients diagnosed as "anxiety disorders" (DSM-IV) with coexistence or not of somatic illnesses (not only symptoms).

Our material was the adults patients of our Center with the above-mentioned diagnostic category, who visited us within a period of one year. The total number was 76 persons, divided in two groups: anxiety disorders with somatic illnesses (group A, n = 23) and anxiety disorders without somatic illnesses (group B, n = 53). We examined parameters such as: age, marital status, previous contacts with psychiatric services, type of therapeutic intervention and outcome.

The different findings between two groups, are limited to age and marital status. More specifically, in group A the percentage of those aged 61 and above, is clearly higher (26.1%) than those in group B (5.7%). Similarly the percentage of the widows in group A is higher (21.7%) in comparison to group B (3.7%). Based on the outcome, we didn't find any differences between two groups.

In conclusion - and aware of the small number of patients- it seems that the existence of somatic illnesses did not affect the outcome as regards the psychopathology of the studied cases.

Mon-P42

ONCE-DAILY VENLAFAXINE XR VERSUS BUSPIRONE IN OUTPATIENTS WITH GENERALIZED ANXIETY DISORDER

L. Aguiar, J.T. Haskins, R. Rudolph*. *For the Venlafaxine XR 214 Study Group, Wyeth-Ayerst Research, Philadelphia, Pennsylvania, USA*

This was an 8-week, double-blind, placebo-controlled, randomized, parallel group study to compare the efficacy and tolerability of once-daily venlafaxine XR and buspirone in outpatients with generalized anxiety disorder (GAD). Outpatients satisfying DSM-IV criteria for GAD with a minimum score of 18 on the HAM-A total and scores of $\geq$ 2 on item 1 (anxious mood) and item 2 (tension), a Covi Anxiety Scale score higher than the Raskin Depression Scale score, and a Raskin score $\leq$ 9 were eligible. Patients with major depressive disorder were specifically excluded. Eligible patients were randomly assigned to treatment with placebo, once-daily venlafaxine XR 75 or 150 mg/day, or buspirone 30 mg/day. The primary efficacy variables were the final on-therapy scores for the HAM-A total and HAM-A psychic anxiety factor and the CGI scale. Data for 369 patients were analyzed on an intent-to-treat basis with the last-observation-carried-forward for dropouts. The venlafaxine XR 75 and 150 mg groups showed statistically significant greater improvement than the placebo group at various time points on the HAM-A psychic anxiety factor, anxious mood and tension items, and on the CGI scale. On the patient-rated HAD anxiety subscale, both venlafaxine XR groups showed statistically significant greater improvement than either placebo or buspirone. The safety profile was consistent with venlafaxine and venlafaxine XR use in depressed patients. These results demonstrate that once-daily venlafaxine XR is well tolerated and more effective than placebo for treatment of GAD in outpatients.

Mon-P43

DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY OF ONCE DAILY VENLAFAXINE XR IN OUTPATIENTS WITH GENERALIZED ANXIETY DISORDER

J.T. Haskins, R. Rudolph*, L. Aguiar. *For the Venlafaxine XR 210 Study Group, Wyeth-Ayerst Research, Philadelphia, Pennsylvania, USA*

This randomized, double-blind, placebo-controlled, 8-week study evaluated the safety and anxiolytic efficacy of once daily venlafaxine XR in outpatients with generalized anxiety disorder (GAD). Patients who met DSM-IV criteria for GAD could be enrolled in the study. Patients who had a recent diagnosis of major depression, had a Raskin Depression Scale (RDS) score greater than the Covi Anxiety Scale score, had a total RDS score greater than

https://doi.org/10.1016/S0924-9338(99)80378-2 Published online by Cambridge University Press