

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

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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

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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 examined 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

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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 scores 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

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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

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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