Our experience indicates the severity of PTSD and stresses the importance of early diagnosis and prompt initiation of treatment.

PREVALENCE OF SOCIAL PHOBIA AMONG MEDICAL STUDENTS

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One hundred and twenty Czech medical students were examined during their participation in the obligatory course of psychiatry using a structured interview and the Liebowitz Social Phobia Symptom Scale. Only 15% of them were without any symptoms of social anxiety. 85% some symptoms of avoiding behavior and 56% experienced somatic symptoms of social anxiety. Social phobia was diagnosed only in 5 cases. None of them has received any appropriate treatment.

WPA educational program on social phobia is a useful material for informing physicians and medical students about this neglected psychiatric disorder and its treatment possibilities.

HYPOCHONDRIACAL FEARS AND BELIEFS IN OBSESSIVE-COMPULSIVE DISORDER

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The relationship of obsessions and compulsions to hypochondriasis is receiving increasing attention, but has not been substantiated by adequate research. Kellner's Illness Attitude Scales (IAS), which identify hypochondriacal patients, were administered to 30 patients with DSM-IV obsessive-compulsive disorder and 30 healthy control subjects matched for sociodemographic variables.

All IAS scales (worry about illness, concern about pain, health habits, hypochondriacal beliefs, thanatophobia, disease phobia, bodily preoccupations) were significantly higher in patients with obsession and compulsion. However, there were no significant differences between patients and controls in the number of subjects whose symptom intensity exceeded a clinical threshold for hypochondriasis and disease phobia. Further, hypochondriacal fears and beliefs were poorly correlated with obsessions and compulsions, as measured by the CPRS and Paykel's Clinical Interview for Depression. The results suggest that patients with obsessive-compulsive disorder display abnormal illness behavior but not to the degree of patients with panic disorder or major depression.

THE ESTIMATION OF THE LEVEL OF INTELLIGENCE QUOTIENT AND ASPIRATIONS IN PATIENTS WITH ANOREXIA NERVOSA

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The purpose of the work was to estimate if the high level of intellectual functioning is the frequent feature of patients with anorexia nervosa and check if it is true that patients with anorexia have the high flown of aspiration. We expected that the high level of intelligence quotient and aspiration should appear, first of all, in patients with restricting type of anorexia nervosa.

There was a group of 30 people aged from 12 to 20 who were examined. Psychological tests were held using Wechsler Test, test of unfinished sentences and TAT. Clinical state was tested by the Halmi Scale. The researches were made during the first 4 weeks since admission to the hospital. Tests showed that most of the ill people had the average level of intelligence from 80 to 113 IQ (17 persons).

About 30% (11 persons) had the level of intelligence statistically significant from 116 to 130 IQ. One person had the intelligence level over 130 IQ. Another had the level of intellectual functioning below 84 IO.

The estimation of aspiration in all the patients showed the high level of aspiration, very often increasing the actual possibilities of tested patients. The characteristic feature is that the ill people, depending on the kind of school, were trying to achieve extremelty well estimated by their environment. The result of it was vasting enormous amount of time on studying (5–6 hours a day). The inclination to perfectionism was connected simultaneously with a big sensitivity to criticism.

The results shown don't confirm the frequently presented opinions about the high level of intelligence of the patients with anorexia nervosa. However these people show the high flown of aspiration which is not always adequate to their real possibilities. This fact should be taken in a account in psychotherapy in order to prevent the reoccurring of anorexia nervosa.

ABNORMAL EATING ATTITUDES AND BEHAVIOURS IN TWO ETHNIC GROUPS FROM A FEMALE BRITISH URBAN POPULATION

David Reiss.

African-Caribbean (N = 136) and White British (N = 192) female family planning clinic attenders were administered the Bulimic Investigatory Test, Edinburgh (BITE) and the General Health Questionnaire (GHQ-28). A proportion of the participants were subsequently interviewed. The African-Caribbeans were found to have both significantly more disordered eating attitudes and a significantly higher level of abnormal eating behaviour than the White British. Although the African-Caribbean group had a significantly higher mean Body Mass Index this did not mediate the difference in levels of eating attitudes. When compared with the White British group more African-Caribbean women reported feelings of failure, guilt, abnormality and self-consciousness concerning their eating habits. The results indicate that eating problems may be highly prevalent in this ethnic minority population and suggest that there may be differences in the nature of eating disorder psychopathology between ethnic groups.

GENDER DIFFERENCES IN AN ANXIETY DISORDERS CLINIC AS REGARD TO PERSONALITY DISORDERS

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Personality disorders have been detrimental factor in the treatment of psychiatric disorders. Observations confirm that the personality disorders influence the progress and intervene with effective therapy of the psychiatric illnesses. We intended to study the gender differences in personality disorders in the anxiety disorders clinic.

Methods We reviewed 693 patients who was admitted to the anxiety disorders clinic between 1991 and 1994. The diagnosis was done on DSM 3 R & SCID 2 and confirmed by a team of specialists. A predesigned data collection book gathered the information over the years.

Results The mean age of the patients was 34.31 (sd = 23.73, min = 12 max = 70). The patients hospitalized 35.29 days on average (sd = 23.73, min = 1 max = 192). The females were 55.6% (n = 385) and males 44.4% (n = 308) of the total admissions. 192 patients had personality problems and disorders.

Personality Disorder in male subjects were as follows;

Mixed Personality Disorder (PD) 26.2%, Borderline and Antisocial PD 11.9%, Obsessive Kompulsive PD 9.5%, Avoidant PD 8.3%,