Conclusion: ECT is not useful in the therapy of obsessive-compulsive disorder.


Mon-P36
CLINICAL VARIANTS OF OBSESSIVE-COMPULSIVE DISORDERS OF ORGANIC GENESIS
A. Maksoutovat ., E. Jelemova
Institute of Psychiatry. Ministry of Health. Russia

We analysed the group of patients (N = 44) of specialized hospital of exogenous-organic psychical disorders and epilepsy. These patients were suffering from the consequences of the organic decease of brain with different genesis including neonatal pathology, repeated brain injuries, neuroinfections etc. In the status of 26 patients we diagnosed paroxysmal disorders. The control group included patients with the same psychical disorders suffering from schizophrenia. Comparative clinical and psychopathological analysis of obsessive - compulsive disorders in both groups demonstrated some specialties of structure and dynamics of the following syndromes, determined by the organic brain decease including secondary neurotic mechanisms. Compulsive ideatoral and motoric disorders appeared in patients with the different range of psycho-organic syndrome including mnemonic and intellectual, paroxysmal disorders and psychopathic behaviour. Affective disorders also frequently accompanied or preceded obsessive and compulsive syndromes, such as anxious depression, dysphoria. The contents of impulsive-compulsive syndromes were simple, without tendency to complication. Also some obsessions stereotyped, frequently repeated, but symbolic actions we observed seldom. In dependence with the dominating components of obsessive-compulsive syndrome we can distinguish the following variants: 1. motoric (simplex and complex compulsive disorders); 2. ideotic obsessions; 3. mixed disorders with the symptoms of 1 and 2 variants.

Mon-P37
PHENOMENOLOGY OF OBSESSIVE-COMPULSIVE SYMPTOMS IN NON-REFERRED POLISH ADOLESCENTS
A. Bryńska, T. Wołączyk*, B. Goszczyńska. Department of Child Psychiatry, Warsaw Medical Academy. 00-576 Warszawa, Poland

Obsessive-Compulsive Disorder (OCD) is a debilitating problem for many patient who suffer from it. Phenomenology of OCD is well described, however in referred patients. There are a few studies concerning the obsessive-compulsive symptomatology in non-referred child and adolescent population. In practically all studies, obsessions regarding dirt and contaminations, as well as compulsive washing rituals, are described as the most common symptoms.

Objective: To assess the phenomenology and severity of obsessions and compulsions in a nonclinical adolescents population.

Method: In the second part of a two-stage epidemiological study of obsessive-compulsive (OC) symptoms in non-referred adolescents, clinicians interviewed 148 primary schools pupils selected based on the Leyton Obsessional Inventory-Child Version administered in the first stage: 96 subjects reflecting possible subclinical or clinical OCD and 52 from control cohort. Severity of OC symptoms was assessed with the Children’s Yale-Brown Obsessive-Compulsive Scale.

Results: The OCD cases identified (10 from high-risk cohort and 1 from control cohort) had characteristics similar to those of clinical cases. Of special interest is that none of these children were under the professional care. The were no significant differences between prevalence of subclinical OCD in these both cohorts.

Mon-P38
CREATIVE THERAPY AND SOCIAL PHOBIA. A NATURALISTIC CASE-STUDY
C. Gois. Department of Psychiatry. Hospital Santa Maria. Lisbon, Portugal

A twenty-two years-old female with social phobia (DSM IV) was in treatment for five months in a weekly consultation basis with a creative therapy technique, without any psychopharmacologic medication, and with total symptomatic remission. Drawing, painting and storytelling with pictures aids, were used to achieve meaningful representations of emotionally charged past and present situations. Memory for visual information is sometimes greater than for verbal information and what we tend to remember is the picture’s meaning, not its physical appearance. As past recollections often become distorted by the "misinformation effect", even when they produce "catarsis", the present case-study discusses the results not on a reupdating conflicting memories basis, but within a cognitive changing life-narrative framework and a modified systematic desensitization approach, using a imagining creative technique as a facilitator. As social phobia is usually rooted in a very strong imagery, when associated with specific personality traits, the author thinks that this kind of creative and integrative therapy could represent a good tool for this particular pathological situation, what needs obviously replication with a representative sample.

Mon-P39
PAROXETINE IN SEVERE SOCIAL PHOBIA
S.A. Montgomery1 • *, C. Pitts2 , R. Oakes2 , B. Hunter3, I. Gergel2.
1Imperial College School of Medicine, St Mary’s Hospital. London; 2SmithKline Beecham Pharmaceuticals, Harlow, Essex, UK 3SmithKline Beecham Pharmaceuticals, Collegeville, PA 19426, USA

Social phobia is a common and treatable condition. However, sufferers are reluctant to request medical help and by the time they present for treatment, the condition may have developed into a severe form associated with secondary comorbidity and maladaptive behaviour. Both patient disability and the most serious consequence of severe social phobia, suicidality, are increased with disease severity and the presence of comorbidity. Clearly, treatment of social phobia must be shown to be effective in patients with the most severe disorder and, ideally, should also be effective in common comorbid conditions, such as depression.

The SSRl paroxetine has previously been shown to be effective in a large randomised trial in patients with social phobia. The efficacy of paroxetine in severe social phobia was examined in a post hoc analysis of this 12-week, placebo-controlled trial. Severity of social phobia was defined as severe (Liebowitz Social Anxiety Scale (LSAS) total score ≥ 82; n = 85), moderate (LSAS total score 52–81; n = 78) or mild (LSAS total score <51; n = 19). At the end of treatment, the paroxetine-placebo difference in mean LSAS total score was greater in the severely affected patients (20.0; p = 0.001) than those with moderate disease (13.7; p = 0.02). Similarly, the paroxetine-placebo difference in percentage of patients rated as ‘very much’ or ‘much’ improved, as rated by Clinical Global Impression global improvement scores, was greater in the severe
The aim of this study was to find the presence of possible diagnosed as "anxiety disorders" (DSM-IV) with coexistence or period of one year. The total number was 76 persons, divided in differences, as far as the outcome is concerned between patients above-mentioned diagnostic category, who visited us within a of four of the seven "first-rank" symptoms and one of the five of GAD may be improved with the requirement of a minimum and low specificity for GAD. Thus, a diagnostic conceptualization diagnostic systems.

E. Panagoulias*, P. Papadopoulos, D. Malidelis. 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.

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