most all components of SCL-90-R (p range from 0.05 to 0.0001) and the P item (psychoticism) of the EPQ ($p < 0.04$). BITE (total score) was also positively correlated with IS, PH and PS items of SCL-90 (p range from 0.08 to 0.002) and the P (psychoticism) item of the EPQ ($p < 0.001$). Other variables like age, gender, menstruation, BMI and IBMI seem that they don't play significant role.

Our findings indicate that eating disorders like attitudes are positively correlated with general psychopathology factors and personality traits as they are expressed through the EDI, BITE and SCL-90-R questionnaires.

HORMONAL CHALLENGE TESTS AND PERSONALITY VARIABLES; A CRITICAL EVALUATION OF THE LITERATURE

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The response of a serotonin (5-hydroxytryptamine; 5-HT) mediated function to a 5-HT agonist or antagonist has been used as a probe of the functional state of the central 5-HT-ergic system. Research with this paradigm has been performed in several psychiatric disorders in order to associate disturbances in central 5-HT activity with psychopathological symptoms. The most relevant probes that have been used are the cortisol, prolactin and growth hormone responses to m-clorophenylpiperazine (m-CPP), buspirone, fenfluramide and 5-hydroxytryptophan (5-HTP). In patients with depressive syndromes, obsessive-compulsive disorder, autism and schizophrenia, blunted responses of prolactin and/or cortisol have been interpreted as suggestive for hypofunctionality of certain 5-HT receptor systems. A limited number of studies have been performed in aggressive and non-aggressive personality disordered males. The results indicated a blunted prolactin response that was correlated inversely with impulsive aggression and irritability, indicative for 5-HT receptor subsensitivity. Although the results of these hormonal challenge studies seem to support unequivocally the serotonin hypothesis for impulse regulation disorders, it is questionable whether 5-HT disturbances are primarily involved indeed. Concerning the latter, it should be emphasized that prolactin and cortisol are stresshormones and that a firm reciprocal relationship has been established between 5-HT activity and corticosteroid receptor systems. Thus, the postulated subsensivity of 5-HT_1 receptors may be the consequence of alterations in stress responsivity.

DEPRESSIVE PERSONALITY: OBSERVATIONS ON THE PSYCHOTHERAPY OF SOME CHRONICALLY DEPRESSED PATIENTS

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In order to discuss depressive personality we have first to distinguish between this clinical entity and other types of depressive psychopathology that might share a similar chronic course. The character traits and psychodynamics of the depressive personality — to mention at least the work of Kernberg (1987) and Markson (1993) — justify the idea that there is a special group of patients which belong to a depressive disorder continuum.

The psychotherapeutic treatment of depressive personality lies in a slightly modified psychoanalytic technique. The combination of an "empathic understanding" approach and a systematic confrontation and interpretation of pathological conflicts and their manifestations in the transference is guided by each patient's central psychodynamic features. The particular technical problems that depressive personality present are: (1) the inability to enjoy and the consequences on the therapist's experience and interventions, and (2) the negative therapeutic reaction threatening the analytic process and the therapist competence.

VULNERABILITY TO THE 35% CO2 PANIC PROVOCATION CHALLENGE IN ANXIETY DISORDER PATIENTS

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Inhalation of a mixture of 35% CO2 and 65% O2 is a well established method to provoke panic attacks in panic disorder patients. Panic disorder patients respond with large increases in subjective anxiety and autonomic panic symptoms, while normal controls show little reaction. This paper presents a number of studies on the vulnerability of other anxiety disorder patients to the challenge.

Methods: In total, 185 subjects underwent the 35% CO2 panic provocation challenge, following a standard procedure. Subjects were either panic disorder patients, generalized anxiety disorder patients, patients with obsessive compulsive disorder, patients with social phobia, patients with specific phobia or normal controls.

Results: Vulnerability to the 35% CO2 challenge is not limited to panic disorder patients. It also occurs in patients with other anxiety disorders, and especially specific (situational) phobia. The presence of a comorbid mood disorder appears to influence the outcome of the challenge: Panic disorder patients with a comorbid mood disorder showed an increased reaction.

Conclusions: Specific groups of anxiety disorder patients appear to be vulnerable to the challenge. This vulnerability does not follow the boundaries of the current diagnostic systems. However, links can be found with data from epidemiological studies. Our data suggest a central role of panic attacks in the onset of different anxiety disorders. The effect of a comorbid mood disorder on the response of panic disorder patients suggests an increased sensitivity for CO2, possibly due to changes in the serotonergic system.

PLATELET IMIPRAMINE BINDING IN POSTTRAUMATIC STRESS DISORDER

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Patients with posttraumatic stress disorder (PTSD) suffer frequently also from major depression (MD). In previous studies a 17% decrease ($p < 0.05$) in [^{3}H]paroxetine binding in PTSD patients compared to controls was reported. This decrease was accompanied by a significant decrease ($p < 0.01$) in Kd. The present study assessed platelet imipramine binding in PTSD patients before and after phenelzine treatment. Ten PTSD patients and ten control subjects participated in the study. All subjects were interviewed using the Structured Clinical Interview for DSM-III-R-Patient Version. Severity of symptoms was assessed before and after 4 weeks of phenelzine treatment, using the Impact of Event Scale (IES), Beck Depression Inventory (BDI), and State-Trait Anxiety Inventory (STAI). Blood for platelet [^{3}H]imipramine binding was drawn at pre- and post-treatment time points. All the psychological measures were significantly higher in the PTSD patients as compared to controls. Compression of pre- and post-treatment symptom severity did not reveal any significant difference. Platelet imipramine binding density was similar in untreated patients and controls and phenelzine treatment did not induce any