effect on PD-symptoms measured by the clinician rated Panic Disorder Severity Scale. Moreover, preliminary data from the randomised trial show no significant differences in effect between Internet- or group-delivered CBT.

Conclusion: Our work suggests the possibility of markedly increasing the access to evidence-based psychological treatment within regular psychiatric care by using the internet as treatment medium.

P0188

Gender differences in Axis I and Axis II disorders comorbidity in patients with panic disorder and agoraphobia

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Objective: To explore the gender differences in Axis I and Axis II disorders comorbidity in patients with panic disorder and agoraphobia (PDA).

Method: The sample consisted of 157 consecutive patients (71.3% females) with principal diagnosis of PDA. The assessment included administration of SCID-I and SCID-II. Women and men were then compared with regards to the type and frequency of the comorbid Axis I and Axis II disorders.

Results: Axis I disorders. Men (2.02±1.82) and women (2.05±1.27) did not differ significantly the mean number of comorbid Axis I diagnoses per patient but women had a significantly higher rate of at least one comorbid Axis I diagnosis (87.5% vs. 73.3%) and a significantly higher rate of at least one comorbid anxiety disorder (79.5% vs. 53.3%). Women had a significantly higher frequency of specific phobia (58.9% vs 33.3%) and major depressive disorder (51.8% vs. 35.6%) than men. Men had a significantly higher rate of hypochondriasis (26.7% vs. 7.1%) and past alcohol abuse/dependence (33.3% vs. 0.9%). Axis II disorders. Men and women did not differ on the mean number of personality disorder (PD) diagnoses (1.02 vs. 0.96) and the distribution of at least one PD diagnosis (51.1% vs. 53.6%). Women had significantly higher rate of dependent PD (27.7% vs. 11.1%) and men had higher rate of narcissistic PD (15.6% vs. 6.3%).

P0189

Standard versus massed cognitive behavioural group therapy for panic disorder

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Results of a recent study designed to evaluate varying schedules by which cognitive behavioural group treatment of panic disorder with and without agoraphobia (PD) is delivered will be presented. Thirty-nine PD patients were randomly assigned to one of two group treatment schedules: (a) a standard CBT program (S-CBT) which consisted of 13 consecutive weekly two hours sessions, or (b) a massed CBT program (M-CBT) which consisted of daily four-hour sessions for five days in week one and two two-hour sessions in week two and one two-hour session in week three. Content of the treatment programs were identical. It was found that treatment led to significant improvements on all measures. Between-group analyses showed that the S-CBT and M-CBT were equally effective immediate after treatment as well as at three-month follow-up with no between-group differences in the number of patients who achieved clinically significant improvement. Also, there were no differences in drop-out rates or patient satisfaction between groups. The results are discussed in relation to prior research and advantages and disadvantages of both treatment schedules are considered.

One year follow-up data will be obtained in January 2008 and will be presented too.

P0190

Small doses of new generation antipsychotic in severe panic disorder

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Panic is a frequent often chronic disorder characterised by short-lasting sudden burst of panic fear with cognitive and somatic symptoms.

Aim of study was to determine effect of addition atypical antipsychotic agent in treatment-refractory panic disorder.

Methods: Ten patients suffernig from panic disorder according to DSMIV criteria, who were poor responders to standard therapy/ SSRI or SNRI AD/ were examined.The most common symptoms were fear of going crazy, losing control, dying, fainting with vegetative symptoms as palpitation, trembling, sweating, vertigo.Olanzapine, quetiapine or risperidon were added.

Results: Objective global assessment measured by HAMA, CGI and Quality of Life Scale made before, two and four months after beginning of trial.Mild to significant improvement were recorded in seven patients related to reduced severity and number of attacks.Quetiapin then olanzapin showed best results.

Conclusion: Recommended treatment approaches include cognitive-behavioural as well as pharmacotherapy. Disorder have significant implications on global functioning, quality of life, suicidal risk.Limitation of our study is small number of participants, but there is a sense to try addition atypical antipsychotic in refractory cases.

P0191

Low resolution brain electromagnetic tomography findings in panic disorder

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Introduction: The aim of our study was detection of brain electrical activity changes in panic disorder (PD) patients by means of the electromagnetic tomography. Several observations suggest the panic disorder should be characterized by right frontal hyperactivation (Wiedemann et al., 1999).

Methods: Electroencephalograms of 33 panic disorder patients (9 men and 24 women) were compared with the same number of age and gender matched control subjects. EEG was recorded in the resting state with a 19-channel amplifier. 3-dimensional distribution of the current density was revealed by a method of quantitative electroencephalography - Low Resolution Brain Electromagentic Tomography (LORETA, Pascual-Marqui et al. 1994)

Results: There was increase in the beta1 and beta2 frequency band over the frontal cortex including the insula and orbitofrontal cortex ($p<0.01$) with right side maximum in panic disorder patients.

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Also bilateral decrease in the alpha band over the occipital cortex including precuneus and posterior cingulate ($p<0.02$) was found.

Conclusions: The findings of our study confirmed hypothesis of frontal brain asymmetry with higher level of right hemisphere activation in panic disorder patients. These data are the first evidence of applying LORETA method to panic disorder studying.

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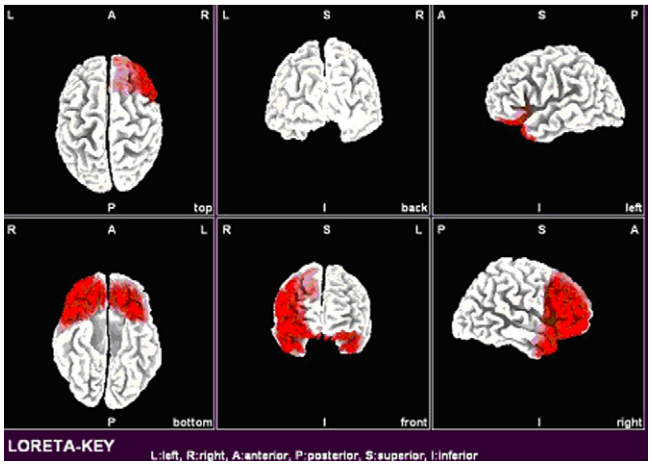
Figure1: Increase of current density in beta frequency band (p<0.01) in PD



P0192

Reduced hippocampal N-Acetylaspartate in patients with panic disorder

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Background and Aims: Panic disorder (PD) is a common and debilitating anxiety disorder. Recent neuroanatomical theories of PD propose an extensive involvement of limbic system in pathophysiology of this condition. In fact, several structural and functional neuroimaging studies have shown changes in limbic structures, such as hippocampus in PD patients. Despite this, no prior studies have examined hippocampal neurochemistry in this disorder. The current study used proton magnetic resonance spectroscopy imaging (1H-MRSI) to examine possible neurochemical abnormalities in hippocampus in PD patients.

Methods: Twenty-five patients meeting the DSM-IV criteria for PD and eighteen psychiatrically healthy controls were investigated. The subjects were paired based on gender, age, years of education, handedness, and socioeconomic level. N-acetylaspartate (NAA, a putative marker of neuronal viability) and choline (Cho, involved in the synthesis and degradation of cell membranes) levels were quantified relative to creatine (Cr, which is thought to be relatively stable among individuals and in most brain areas) in both right and left hippocampus.

Results: Compared with controls, panic patients demonstrated significantly lower NAA/Cr in the left hippocampus. No other difference was detected.

Conclusions: This result is consistent with the previous findings of hippocampal alterations in PD and provides the first neurochemical suggesting of involvement of this structure in the disorder.

Poster Session III: Sleep Disorders

P0193

The relation between insomnia and chronic fatigue syndrome

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The current study investigated the possible association between Chronic Fatigue Syndrome (CFS) and insomnia. A non-clinical sample of 450 volunteer Kuwaiti male and female college students was recruited. Their ages ranged from 18 to 39 years. They completed the Arabic Scale of CFS (ASCFS) and the Arabic Scale of Insomnia (ASI). Both have good reliability and validity. Women had significantly a higher mean score on the ASCFS than did their male counterparts. All the correlations between the total scores of the ASCFS and the ASI, consisting of 12 items and the total scores were statistically significant ($p < 0.01$) in men and women. However, the correlations between the ASI items belonging to the factor of ''Consequences of insomnia'' were higher than those with the items belonging to the factor ''Difficulty initiating and maintaining sleep''. The multiple stepwise regression indicated that the best insomnia complaint to predict CFS was the item ''My interrupted sleep affects my work performance''. This item explained approximately 25% of variance in CFS scores. It was concluded that CFS and insomnia share specific common elements.

Keywords: Insomnia, Arabic Scale of Chronic Fatigue Syndrome (ASCFS), Arabic Scale of Insomnia (ASI), Kuwait.

P0194

Sleep pattern in nurses with different shifts

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Sleep is a complex biological rhythm which is complex related to other biologicals rhythm and functions.The cycle of sleep and wakefulness might be the most apparent biological rhythm .nightwork and alteration of working hours are two greate stress produsing factors wich cause disharmony of biological rhythms insomnic breaking of social relations and illnesses.

Method: To get the necessary information we used of a questionnaire contain 21 question. To get the demographic and sleeping pattern information, two kindsof questions have been considered.12 questions were about demographic characteristics, 13questions were about sleep disorders and pattern of personnel in different shifts.The samples were 764 nurses personnel.

Results: The research results showed that there is a meaningful difference between the rate of sleep disorders of those who have fixed alternative shifts(one month in the morning, one month in the afternoon, one month at night)with those who have inverse alternative shifts (night and morning).

Conclusion: We suggest to hospital directors to review their scheduales and consider the following points as much as possible .

- use the fast alternative system (2 morning shifts,2 afternoon shifts, 2 night shifts and 2 days off).

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