Tues-P91
TEMPERAMENT DIMENSIONS AND LONG TERM INCAPACITY IN PANIC DISORDER PATIENTS

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The objective of our study is to test the relationship of temperament types as defined by Cloninger and the long term incapacity in panic disorder patients. The dimensions of personality proposed by Cloninger are: 4 temperament dimensions: Novelty Seeking (NS), Harm Avoidance (HA), Persistence (P), and Reward Dependence (RD), and 3 character dimensions: Self Directness (SD), Cooperativness and Self Transcendence (ST). A group of 46 panic disorder patients (DSM-IV and ICD-10 criteria) were assessed at baseline, with the Tridimensional Personality Questionnaire (Cloninger RC et cols., 1993), among other psychopathological measures (self-rating scales: SCL-90, HADS, Agoraphobic Cognitions Questionnaire; Body Sensations Questionnaire; and psychiatric rating scales for depression and anxiety (Hamilton Scales) and CGI). After a period of six months with appropriate drug treatment (Clomipramine or Fluvoxamine according to a naturalistic protocol of treatment) patients were re-assessed, among other measures, with the Scheean Disability Scale. Using a stepwise regression model we found a significant relationship between pre treatment scores on two components of the TPQ sub scales of harm avoidance (anticipatory worry) and novelty seeking (a excessive approach of cues of reward) and the global severity of incapacity at follow-up (familiar, social and work incapacity) ($\beta = 3.388$ and 1.608, respectively for $P < 0.001$). Social incapacity after treatment is also predicted by a high reward dependence and a low persistence before treatment ($\beta = 2.214$ and -0.409 respectively for $P < 001$). The temperament dimension harm avoidance is the best predictor of long-term residual incapacity in panic patients in all areas of functional assessment: familiar, interpersonal and working behaviour.

Tues-P92
INTERPERSONAL PROBLEMS AND PSYCHOSOCIAL DISABILITIES IN PANIC DISORDER

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Difficulties in relation with partners or friends and poor psychosocial functioning have been found to be associated with a poor prognosis in patients with panic disorder. In order to further clarify the role of social adaptation and interpersonal problems for the course of panic disorder 100 DSM IV panic disorder outpatients with or without agoraphobia who participated in a clinical trial were studied (62% women, mean age 33.6 ± 8.3 years, agoraphobia 80.4%). All patients received pharmacological treatment with paroxetine (20–60 mg/d) and half of them were randomized to additional group psychotherapy, including elements of cognitive and interpersonal therapy. Duration of treatment was 6 months. Interpersonal problems were assessed by means of the Inventory of Interpersonal Problems (Horowitz et al. 1994), disabilities were recorded with the help of the Sheehan Disability Scale. At baseline higher severity if illness (CGI) was associated with increased social disabilities ($p < 0.01$) and specific interpersonal problems like being overly introverted, subassertive and nurturant ($p < 0.05$). Significant improvements were found in the main

outcome criteria (panic attacks and disabilities) in both treatment groups after 24 weeks but there were no significant differences between the treatment groups. Responders and non-responders did not differ in any baseline variables including interpersonal problems and disabilities. However, at follow up non-responders (CGI) were more frequently overly introverted and socially avoidant than responders ($p < 0.01$). In order to investigate the prognostic ability of psychosocial disabilities and interpersonal problems in the long course of the disease follow up data will be analyzed two years after the end of treatment. Treatment for panic disorder including an interpersonal approach deals with the importance of interpersonal conflicts and may protect the patients from relapse in the course of the disease.

Tues-P93
CATASTROPHIC COGNITIONS AND AVOIDANCE BEHAVIOR IN PANIC DISORDER PATIENTS

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Introduction: The purpose of the present study was to further explore the influence of catastrophic cognitions on avoidance behaviour in panic disorder (PD) patients.

Method: The Mobility Inventory (MI), the Agoraphobic-Cognition-Questionnaire (ACQ) and the Beck Depression Inventory (BDI) were administered to 71 consecutive out-patients who received a DSM-III-R diagnosis of PD with or without agoraphobia.

Results: The average age of the total sample was 34.5 years. 62 (87%) received a diagnosis of PD with agoraphobia, 46 (65%) were women. The average value of the ACQ was 2.01 (SD 0.55), of the MI-AAL (avoidance alone) 2.1 (SD 0.97) and of the BDI 17 (SD 9.4). Inter-correlations of the scores of the MI-AAL, the ACQ and the BDI showed one significant correlation (between ACQ and MI-AAL). In a multiple regression analysis (MI-AAL as dependent variable) only ACQ turned out to have a significant influence ($\beta = .27$, $p < 0.05$).

Discussion: The pattern of our results support previous findings (e.g. as shown in a study with anxiety disordered people by Warren et al. 1989) that intensity of catastrophic cognitions are associated with extend of agoraphobic avoidance. In contrast to other studies (e.g. Chambless et al. 1984), we found neighter significant correlations between BDI and the ACQ nor between BDI and avoidance behaviour.

Tues-P94
PANIC DISORDER AND CIGARETTE SMOKING BEHAVIOUR

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Objective: The purpose of this study was to assess the cigarette smoking behaviour of panic disorder patients as well as the way panic disorder affects the habits of cigarette smokers and how changes in cigarette smoking in turn affect panic symptoms.

Method: 102 consecutive panic disorder patients attending the panic disorder clinic at the Department of Psychiatry at the University of Vienna with a DSM-III-R diagnosis of panic disorder with or without agoraphobia answered the questions of a specially designed structured clinical interview regarding their smoking habits and their association to panic disorder. Onset, duration, daily numbers