untreated group as evidenced by the raised serum ICTP and urinary pyridinolines. Bone formation was not increased (alkaline phosphatase and serum PICP levels were normal). In the partially treated group, the level of PICP was significantly increased compared to the untreated group (Mann Whitney $z = 2.27$, $p = 0.02$), suggesting that bone formation was occurring. In the prospective study serum bone resorbtion marker ICTP decreased significantly during the two month inpatient treatment ($P < 0.05$) reaching the upper normal range for this marker whilst the serum bone formation marker PICP increased over time reaching statistical significance ($P < 0.01$) within the first month of inpatient treatment. Anorexia nervosa is associated with high levels of bone resorption which is dissociated from bone formation. Weight gain alone reverses this pattern and bone formation increases whilst bone resorption decreases. These preliminary results suggest that the osteoporosis of anorexia nervosa is caused by loss of bone rather than a failure to attain peak bone mass. These findings may have important implications for treatment. Vitamin D and calcium, which stimulate osteoblast activity, may usefully be added as supplements to an improved nutrition program, which is the cornerstone for all treatment of anorexia nervosa.

CONSIDERABLE IMPROVEMENT IN A CASE OF OBSESSIVE-COMPULSIVE DISORDER UNDER TREATMENT WITH CLOZAPINE

T. Steinert. *Dep. Psychiatry I, University of Ulm, Weissenau State Mental Hospital, mailbox 2044, D-88190, Ravensburg, Germany*

In therapy of obsessive-compulsive disorder (OCD), to date serotonin reuptake inhibitors (SRI) are looked upon as measure of choice together with behavioural therapy. Neuroleptics seem to be favourable only in tic-related OCD, clozapine is reported to deteriorate obsessive-compulsive symptoms in some schizophrenics due to its seroninblocking properties. We report on a 27 year-old woman with OCD and emotionally unstable personality disorder in a chronified course over 15 years who showed a broad spectre of obsessive and compulsive symptoms including compulsive aggressive behaviour (hitting, kissing and embracing other people). She had proven therapy-resistant to clomipramine, paroxetine and several types of psychotherapy including behavioural therapy and family therapy. Haloperidol and cuclopentixol had to be discontinued due to a significant deterioration of compulsive symptoms. Clozapine finally brought a nearly complete remission with respect to aggressive behaviour and amelioration in other obsessive-compulsive symptoms, too. This seems to be the first detailed case report about successful clozapine therapy of OCD. It is contradictory to some theoretical assumptions about the role of serotonine.

SLIGHT MEMORY DISTURBANCES IN THE AGED: WHICH DIAGNOSTIC TOOLS CHOOSE PRIMARY CARE PHYSICIANS?

G. Stoppe, H. Sandholzer [1], J. Staedt, S. Winter, J. Kiefer, E. Rüther. *Department of Psychiatry, University of Göttingen, D-37075 Göttingen, Germany; [1] Department of General Practice, University of Göttingen, D-37075 Göttingen, Germany*

We wanted to know, whether primary care physicians use more or less specific diagnostic tools in patients exhibiting beginning memory deficits in old age. We were also interested to get to know whether there is already a "shared" concern depending from specialisation (family physicians (FP) vs. primary care neuropsychiatrists (NP).

We performed a representative survey (145 FPs, 14 NPs; response rate 83.2%) in southern Lower Saxony. Two different written sample case histories were presented to these physicians in a face-to-face interview. Case one described a slight — however progressive for more than 6 months — unspecific memory and concentration problem in an otherwise healthy 70 y old woman, who is free of continuous drug treatments. After asking for diagnostic decisions, we asked for the diagnostic procedures.

The results showed significant differences between the two physician groups with the FPs performing electrocardiography, blood pressure measurements, and routine blood analysis in 62 – 83% (NPs: 14 – 21%). However, 64% of the latter performed a CT or MRI scan (FPs: 13.1%), and 50% of the NPs and only 19.3% of the FPs would applicate neuropsychological tests.

The results show that the special brain diagnostics are considered mainly by the NPs. With reference to the fact that — about 80% of the aged are exclusively treated by their FPs, potential early dementias are not specifically diagnosed.

LIGNES DIRECTRICES POUR L'INTERVENTION DE LIAISON DANS LE STRESS POST-TRAUMATIQUE

G.A. Tamburro, G. Di Sciascio, F. De Figlio. *Institut de Psychiatrie et III Chaire de Psychiatrie, Université de Bari, Italie*

Dans le Stress Post-Traumatique, le traumatisme peut être représenté par un événement qui a représenté une menace sérieuse pour la vie et l'intégrité psycho-physique du sujet, avec issue mortelle pour un ou plusieurs membres de son noyau familial ou relationnel. Il s'agit donc de patients polytraumatisés hospitalisés dans des services non psychiatriques. L'implication du psychiatre est toujours tardive et ambiguë et s'exprime par le contrôle de leur comportement et la communication du deuil.

En réponse, le vécu du psychiatre est dominé par l'angoisse et la colère du fait de:

1) l'envergure du risque somatique ainsi que du risque psychopathologique
2) les temps et les espaces restreints pour l'intervention
3) la lecture de la composante iatrogène
4) la délégation massive

Les lignes directrices de l'intervention de liaison se régulent sur ce qu'il convient de dire et de faire à l'égard du patient et du personnel soignant, ce qui entraîne un taux inévitable de solitude opérationnelle, surtout au niveau du vécu. Notamment: présence du psychiatre en tant qu'interface de communication; communication/travail de deuil; décodification du comportement d'opposition du patient, en tant que vécu de culpabilité et l'avantage éventuel de ce dernier.

THE RELATION OF EATING ATTITUDES TO PSYCHOPATHOLOGY AND PERSONALITY TRAITS IN A SAMPLE OF GREEK HIGH-SCHOOL STUDENTS

G. Trikkas, E. Varsou, A. Tzonou, K. Zafirakopoulou. *Athens University, Dept. of Psychiatry, Eginition Hospital, Athens, Greece*

In recent years eating disorders have become the subject of an increasing interest of medical, scientific and lay literature. Concerning etiology it seems that interplay between biological, social and psychological factors is responsible for the origin of these disorders.

The aim of this paper was to investigate the interelations between eating attitudes and psychopathology and personality characteristics in a sample of Greek high-school students.

157 high-school students (97 females and 60 males) were given the following psychometric tests: 1. The Symptom Distress Check List (SCL-90-R), 2. The Eysenck's Personality Questionnaire (EPQ), 3. The Eating Attitude Test (EAT), 4. The Eating Disorders Inventory (EDI), and 5. The Bulimia Investigatory Test, Edinburgh (BITE). Multiple linear regression for the statistical analysis of data was employed.

The results have shown a positive correlation between EDI and al-

https://doi.org/10.1016/0924-9338(96)89219-4 Published online by Cambridge University Press