

It has been shown the relationship between Panic Disorder (PD) and cardiovascular mortality. Lipoprotein (a) is a well known cardiovascular risk factor. The aim of this study was to establish the relationship between Lp (a) and clinical severity in Panic Disorder patients and changes related to treatment response.

Patients with recent onset Panic Disorder were recruited in the Panic Disorder Unit of Cantabria. All of them were drug naive to minimize potential confounding factors. Thereafter, patients entered in a naturalistic treatment with SSRIs and were evaluated after 8 weeks follow-up.

159 patients were included. The mean score of the CGI was of 4.2 ± 1.0 and the mean of Lp (a) levels was 25.0 ± 26.8 mg/dl. Clinical response occurred in about 80% of the patients.

There was a significant correlation between the CGI scale and the Lp (a) levels (ρ : 0.208; d.f.: 147; $p=0.011$) at intake.

Evaluation of Lp (a) at follow up showed lower levels, without statistical significance. Only in the subgroup of patients without agoraphobia this diminution in Lp (a) was significant ($p=0.047$).

Conclusions: Patients with higher scores in CGI presented higher levels of Lp (a) with a linear positive correlation between this variables. These findings could implicate Lp (a) in the increased cardiovascular morbidity and mortality in PD.

At follow-up a trend toward decrease in Lp (a) was observed, being this reduction higher in patients without agoraphobia.

Future researches are needed to establish whether Lp (a) modifications occur at longer follow-up evaluations.

P0185

Temperament and anxiety disorders in children of patients with panic disorder

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Background and Aims: Adult patients with panic disorder are characterized by high levels of harm avoidance and anxiety sensitivity. Both, might be the product of the illness or might represent risk factors for development of panic disorder in adulthood. To examine this hypothesis we examined these factors in a high-risk sample of children of patients with panic disorder compared to peer of non affected parents.

Methods: Fifty-six children were assessed by the J-TCI, the CASI and semistructured clinical interviews for the assessment of anxiety disorders.

Results: The results showed no significant differences between children at risk for panic disorder and peer of non affected parents for Cloninger's temperamental dimensions and anxiety sensitivity while anxiety disorder, in particular separation anxiety disorder, were more frequent among children of patients with panic disorder.

Conclusions: Our data suggest that specific temperamental profiles and high anxiety sensitivity are not significantly associated with familial vulnerability to PD, thus suggesting that they may not be significant childhood risk factors for PD, and confirm the association between childhood separation anxiety disorder and panic disorder.

P0186

An alternative approach to treatment of panic disorders

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Objective: To demonstrate through 2 classic case examples that panic disorders can be predictably overcome through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum level.

Method: Lifetrack therapy works with couples (the patient and his/her partner in life) bringing them far closer than ever before, guided by their own daily self-rating on 41 parameters that allow accurate graphic tracking via Internet of subtle changes in their personalities during each therapy session. Working in three-way teamwork, the therapist actively helps the couple to achieve closeness far greater than their previous maximum level, overcoming waves of symptom spikes (such as panic attacks) until they disappear by exhaustion, as the couples undergo personality transformation.

Results: Of the 1,170 patients treated (all of them showing varying degree of anxiety) over the last 20 years, 48% of patients reached a level of adjustment beyond their previous maximum level. 31% reached a level more than twice, 24% reached more than three times, 20% reached more than four times, 16% reached more than five times, and 7.6% reached more than ten times their previous maximum level of adjustment far beyond symptom elimination, according to their own daily subjective self-rating.

Conclusion: Panic disorders may be better understood and treated as the consequence of one's personality which can be transformed through 'Breakthrough Intimacy.' The results of this study prove that traditional 'disease' concept of panic disorders must be overcome to substantially improve our profession's therapeutic productivity with panic and anxiety disorders.

P0187

Effectiveness of internet treatment for panic disorder delivered in a psychiatric setting

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Background: Panic Disorder with or without or without agoraphobia (PD/A) is common and can be treated effectively with SSRI medication or cognitive behaviour therapy (CBT). However, a great challenge is generally the lack of skilled CBT therapists. Therefore, there has been a move toward evaluating different forms of self-help approaches requiring less therapist contact than in traditional CBT. A novel treatment modality in this field, showing efficacy in several randomised trials, but until yet not evaluated within regular care, is Internet-based treatment.

Aim: The aim of these two studies was to evaluate the effectiveness of Internet-based CBT for PD within regular care with patients referred for treatment.

Methods: We have conducted two trials. The first trial was a small open study including 20 patients and the second is a larger randomised trial comparing Internet-CBT with group CBT. The Internet-CBT consisted of 10 weekly modules accompanied by e-mail support. In the randomised trial, the group CBT included the same self-help material administered during 10 group sessions.

Results: The results of these trials indicate that Internet-based CBT is both an effective and potentially cost-effective alternative for patients with PD, in both trials showing a clinically significant

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 suffer 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 risperidone 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. Quetiapine then olanzapine 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 Electromagnetic 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.