support the idea that, for panic disorders, comorbidity is a common phenomenon and not an exception. Comorbidity is one of the factors to contribute to the increase of severity, both from clinical and global functioning level's points of view.

P35.17

A naturalistic fifteen-year follow-up study of panic disorder patients

S. Andersch*, J. Hetta. *Institute of Clinical Neuroscience, Department of Psychiatry, Göteborg University, Sweden*

Summary: Panic disorder (PD) is generally regarded as a chronic condition with considerable variation in severity of symptoms. The purpose of this study was to examine the long-term outcome of naturalistically treated PD. Fifty-five PD patients who participated in a placebo-controlled drug trial 15 years ago were re-assessed with the same instrument used in the original study. Eighty-two percent no longer fulfilled the PD diagnosis, but 69% still suffered from anxiety attacks. Concomitant agoraphobia had decreased from 69% to 20%. Eighty-seven percent reported satisfactory daily functioning, but 75% needed psychotropic drugs. Complete recovery was seen in 18%, severely disabling symptoms in 18%, whereas 64% with recurrent anxiety attacks functioned well on continuous or occasional medication. PD has a favourable outcome in a substantial proportion of patients despite recurrent anxiety attacks, and maintenance medication was common among these patients. Patients with uncomplicated PD at study-start had a favourable outcome in the long-term perspective, however, agoraphobia at admission is not necessarily associated with a worse outcome.

P36. Personality disorders

P36.01

Pathomorphosis of histrionic personality disorder

L.O. Perezhogin, O.V. Rasponomareva*. *Serbsky Research Center for Social and Forensic Psychiatry, Moscow, Russia*

Objective: 160 men from 18 to 67 years old with histrionic personality disorder, diagnosed by ICD-10 criteria, who made crimes, was examined.

Methods: psychopathological and pathopsychological methods was used. Differences between four groups: group of patients, had made crimes in 1950–1960 (1), group of delinquent patients in 1990–2000 (2), and groups (3, 4) of patient, who was examiner twice or more in respective periods was statistically significant.

Results: true pathomorphosis of histrionic personality disorder was found. Main signs of pathomorphosis are: increase of infantilism, decrease of exclusive histrionic signs, for example – histrionic paroxysms, stigmas, symptoms of mittens and socks etc. Different types of pathomorphosis: drug depended, social etc. has significantly smallest weight against true pathomorphosis.

Conclusions: role of pathomorphosis in clinic picture of histrionic personality disorder is very high. Our knowledge about pathomorphosis gives us new forms of forensic psychiatric diagnosis.

P36.02

Psychosis proneness scales and DSM schizophrenia spectrum personality disorders

A. Laurent*. *Department of Psychiatry, University Hospital of Grenoble, France*

Objectives: The extent of overlap between DSM III-R schizophrenia spectrum personality disorders (SSPD) and the psychosis proneness scales of Chapman was evaluated in a group of first-degree relatives of patients with schizophrenia.

Methods: Seventy-two first-degree relatives of patients with schizophrenia and 53 controls with no DSM IV Axis I diagnosis, were interviewed for a SSPD and were administered the Social Anhedonia Scale (SA), the Physical Anhedonia Scale (PA), the Perceptual Aberration Scale (PAS) and, the Magical Ideation Scale (MIS).

Results: Twenty-eight percent of the first-degree relatives presented a SSPD and their mean scares on the SA, PA and MIS were higher than the mean scores of the relatives with no SSPD. With a cut-off point of at least 1 SD above the mean of the control group, a good sensitivity and specificity were found when PA and MIS were simultaneously considered.

Conclusion: Although the SA and MIS considered together, appear to be valuable tools to identify the first-degree relatives with schizotypal features, these scales and the DSM IV criteria are not perfectly correlated.

P36.03

Behavior control after induction of emotion in borderline personality disorder

C.J. Fischer*, T. Wendorff, M.R. Lemke. *University of Kiel, Department of Psychiatry, Germany*

Background: The dysfunction of processing stimuli into adequate actions represents a core symptom of Borderline Personality Disorder (BPD). It was hypothesized that stimuli processing and generation of movements are affected by induction of emotions.

Method: Patients with BPD and healthy subjects were subjected to visual stimuli (photos on a PC-screen) which they could turn on and off by pressing and releasing different buttons. While subjects watched the pictures, a startle-reflex was induced. Neurophysiological methods including EEG, EMG and kinematic measures of hand movements by infrared detection were used to analyze the neuronal process from stimulus perception to movement execution.

Results: In healthy subjects we found significant differences in both reflex and voluntary movement dependent on the subjective emotional valence of the stimuli. In patients with BPD no such differences were found. **Discussion:** We could indeed show that both perceptive and executive components of CNS behavior control are afflicted in BPD, but we could not confirm the hypothesized general hyperarousal in the disorder. Using our model, the efficacy of particular psychotherapeutic and psychopharmacological interventions for the BPD can be evaluated.

P36.04

The process of mentalisation in borderline

E. Messini*, E. Papastathopoulos, A. Theodorou, O. Gasparatou, M. Angelopoulou, E. Paliokosta. *Sismanoglio General Hospital, Athens, Greece*

Mentalisation is a desired therapeutic outcome for borderline patients who often resort to «acting out» because they lack the capacity to transform adequately the somatic excitations into mental products.

We shall present a 31-year-old female borderline patient, who was in psychoanalytic treatment for the last four years. The patient presented a demanding attitude towards her husband, who should adjust to every need she had without reservations. Otherwise she experienced overwhelming anxiety and dealt with it either by harming herself, establishing in this way a physical demarcation of her ego boundaries, or by attacking her husband, demanding his

https://doi.org/10.1016/S0924-9338(02)80723-4 Published online by Cambridge University Press

total submission and using him as a patch to her ego. For a long period of the treatment the patient resorted to angry silences or attacked the analyst verbally.

The point we would like to make is that a decisive moment in the substitution of the acting out behaviour by the mentalisation process was when the patient's body came to represent the analytic setting, allowing productive interpretative work in this way around the issue of the body boundaries.

P36.05

Clinically significant subgroups of borderline personality disorder (PD)

S. Karterud[1]*, G. Pedersen[2]. [1]*Ullevål University Hospital, Psychiatric Division, Oslo;* [2]*The Norwegian Network of Psychotherapeutic Day Hospitals, Norway*

Objective: To identify clinically significant subgroups of borderline PD.

Material: 356 patients with borderline PD being treated in the Norwegian Network of Psychotherapeutic Day Hospitals.

Methods: The diagnostic interviews SCID-II and MINI at admission, and the outcome measures GAF, SCL-90R, IIP and QoL at admission, discharge and follow up.

Results: Two major subgroups were identified: One borderline/paranoid subgroup (n=70) and one borderline/cluster C subgroup (n=275). The borderline/cluster C subgroup ("soft" borderline)had a significantly better ($p<.05$) status at all measure points. The difference had increased by follow up.

P36.06

Personality disorders after traumatic brain injury

S. Koponen[1]*, T. Taiminen[1], R. Portin[2], L. Himanen[3], H. Isoniemi[3], H. Heinonen[3], S. Hinkka[4], O. Tenovuo[3]. [1]*Department of Psychiatry, Turku University Central Hospital;* [2]*Departments of Neurology and Psychology, and Center for Cognitive Neuroscience, University of Turku;* [3]*Department of Neurology, Turku University Central Hospital;* [4]*Department of Biostatistics, University of Turku, Finland*

Objective: The authors evaluated the occurrence of personality disorders in patients with traumatic brain injury (TBI).

Method: Sixty patients were assessed with the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II) on average 30 years after TBI. Organic personality syndrome was diagnosed on a clinical basis according to DSM-III-R criteria.

Results: Fourteen patients (23.3%) had at least one SCID-II personality disorder. Five out of 14 patients (35.7%) had more than one personality disorder. The most prevalent individual disorders were avoidant (N=9; 15.0%), paranoid (N=5; 8.3%), and schizoid (N=4; 6.7%) personality disorders. Nine patients (15.0%) had organic personality syndrome, and five of them (55.6%) had a comorbid SCID-II personality disorder. Thus, personality disorder or organic personality syndrome was observed in 18 individuals (30.0%). The subtypes of organic personality syndrome were: combined N=5 (8.3%; labile + disinhibited N=4 and labile + paranoid N=1), disinhibited N=2 (3.3%), paranoid N=1 (1.7%), and apathetic N=1 (1.7%).

Conclusions: TBI may cause personality disturbances in some individuals. These disturbances can impair compliance with rehabilitation. Our findings emphasize the importance of psychiatric evaluation after TBI.

P36.07

Informant's report of defense mechanisms in depression

M. Bronnec*, E. Corruble, M. Reynaud, J.D. Guelfi, P. Hardy. *Service de Psychiatrie, Hôpital Paul Brousse, Université Paris XI, Villejuif, France*

Objectives: This study compared the assessment of defense mechanisms by the patient and a close informant in depression. **Methods:** 63 in-patients who met DSM-IV criteria for major depression were administered at beginning and after 4-weeks of treatment, the HDRS and the 40-item Defense Style Questionnaire (DSQ) according to his current state. A close informant completed an adapted version of the DSQ, at DO and D28 according to the subject's current and premorbid states. Agreement between the two methods was measured using intra-classe correlation coefficients and means were compared using paired *t* tests.

Results: Overall agreement in the assessment of defense mechanisms was moderate, even if there was no difference between the mean scores. The informant was able to discriminate premorbide and pennorbid states as well as improvement and to assess retrospectively the patient's usual defensive functioning.

Conclusions: The ability of informant to give accurate descriptions of patient's usual defensive functioning could help the clinician to understand his premorbid personality and then to adapt the therapeutic strategy.

P36.08

Self-injurious behavior and skills use: an inpatient DBT treatment for borderline patients (BP)

C. Muhtz, L. Friege, T. Grüttert*. *Department of Psychiatry, Christian-Albrechts-Universität, Kiel, Germany*

Objectives: (1) To correlate type and frequency of self-injurious behavior (SIB) and successful use of skills in a 12 week inpatient Dialectic Behavioral Therapy (DBT) treatment program for chronically suicidal and self-mutilating women. (2) To rule out whether the expected decrease of SIB in DBT is caused by additional drug intake or by the usual clinical management.

Methods: 21 BP within DBT and 9 matched inpatient BP with clinical management were studied. All Patients had 12 weeks of treatment. We measured type and incidence of SIB, the number of successful skills and medication used. We controlled 9 DBT-patients and 9 patients in the control group in a matched pairs design.

Result: There was a significant decrease of SIB and a significant increase in the successful use of skills in DBT. Comparison of the two matched groups showed a significantly higher decrease in DBT. There was no symptom shift and no increased use of drugs during the DBT treatment.

Conclusions: The DBT-inpatient treatment proved efficacy in reducing SIB. The results suggest that during an inpatient DBT treatment BP learn to regulate tension by using skills, not by drug. usage or plain clinical management.

P36.09

Prevalence and clinical characterization of personality disorders in a sample of juvenile offenders

R. Sperandeo, A. Buongiovanni, D. Cantone, P. Cotrufo, V. Scarallo, A. Labella. *Institute of Psychiatry, University of Naples SUN, Italy*

Our study aimed to estimate the prevalence of personality disorders (PD) in a sample of juvenile offenders detained in the penitentiary

https://doi.org/10.1016/S0924-9338(02)80723-4 Published online by Cambridge University Press