limited space to the same trauma, which had its specific charakteristics. The aim of this paper is to determine the following questions: a) Does identical trauma cause specific symptoms complex? b) Is there chronological order of symptoms development in PTSD, caused by the unique specific stressor?

The results of this investigation, based on the following the evolution of symptoms at admission, 6 and 12 months after the traumatic events, show that the development of the specific symptoms of the disorder is possible in the population exposed. These results direct us to the concept of traumatic memory that can be considered as a relevant theoretical approach, operatively more consistent than the theoretical model of interaction of the trauma and personality. On the other hand these results show that there exists a clear chronological developmental order of the symptoms, with the evolving cognitive symptoms in the latter phases of the disoder, and that thay can be considered as restitutive.

P03.468

MODES OF ADAPTATION TO PROLONGED STRESS IN INDIVIDUALS WITH DEPENDENT AND PASSIVE AGGRESSIVE PERSONALITY DISORDERS

N. Caran. *Institute for Psychiatry Clinical Centre of Serbia, Beolgrade, Yugoslavia*

The aim of the study was to explore whether there are differences in the manner in which persons with different types of personality disorders react to prolonged environmental stress.

Method: Twenty three persons with personality disorders of different types were assessed in detail and followed up for a period or one year. Several standardized and semistandardized evaluation instruments were used in addition to the standard clinical assessment.

Results: The ten years of personal, familial and professional uncertainty and stress due to political developments independent of the patient's actions resulted in a variety of disabling symptoms in all the 23 patients with personality disorders. These symptoms included fatigue, irritability, depressive ruminations, suicidal ideas, reduction of vigilance and concentration and a loss of motivation to plan for the future. Patients with passive aggressive and dependent personality who are usually characterized by higher ratings of neuroticism scales, a persistent weakness of coping mechanisms (each demand leading too severe destabilization), a chaotic and rigid approach to the resolution of social problems (as well as by anxiety, depressive mood and vulnerability) reacted to the situation of prolonged stress with overwhelming negative emotions, helpless rage and indignation. Of the nine patients with these diagnoses two committed suicide and one attempted it.

P03.469

DEPRESSION AND ANXIETY IN PRE-MENSTRUAL SYNDROME

S. Tosic*, S. Miljkovic, N. Golubovic. *Psychiatry Clinic Nis. Yugoslavia*

Investigations using women's retrospective self-report of menstrual symptoms showed quite clearly that a significant proportion of women reported negative affective changes during the menstrual cycle. In some studies that had included assessment measures taken at different points in the menstrual cycle, no increases in pre-menstrual and menstrual negative affects have been found. Nevertheless, in other studies of similar design increases in negative affect around the time of menstruation have been noted. Our prospective study is an attempt to explore and compare anxiety and depression among patients suffering from Pre-menstrual syndrome (N = 30- I group), major depression (N = 30- II group) and patients with no physical or psychiatric problems (N = 30- Control group) during two consecutive menstrual cycles. The assessments were made during follicular phase as well as luteal phase of the each menstrual cycle with standard psychometric instruments employed: Hamilton scales for depression and anxiety, MMPI 2O1 and clinical interview. All patients that had a history of previous psychiatric disorder from the I group, as well as patients that use contraceptive medication or had some somatic illness were excluded. In the I group the highest levels of depression and anxiety were found during the luteal phase, that could be compared with the similar scores noted among the patients with major depression. Anxiety and depression scores significantly decreased during the follicular phase, while such rapid decreasing of mention symptoms were not found among the patients from the II group. Significantly lover scores and no variations were explored among the control subjects. High correlation was found between scores on Hypochondriasis, Hysteria, Depression, and Psychasthenia scores of MMPI with PMS. Such results are the consequence of hormonal changes during menstrual cycle, psychological characteristics of women complaining of menstrual symptoms, attitudes and expectations toward menstruation and the feminine role, reactions to early environmental events in a way which does not enable them to develop adequate coping strategies.

P03.470

QUANTITATIVE ASSESSMENT OF WAR-RELATED STRESSORS AND A LEVEL OF DISTRESS: A PILOT STUDY

V. Jovic*, D. Lecic-Tosevski, D. Savic[1], G. Knezevic[2], L. Tenjovic[2], G. Opacic[3]. *The Stress Clinic, Institute for Mental Health, Belgrade; [1] Vinca Institute, Laboratory for Theoretical and Condensed Matter Physics, Belgrade; [2] Department of Psychology, Faculty of Phylosophy, Belgrade University, Yugoslavia*

In spite of many instruments for measuring war sterssors, there are considerable problems regarding their quantification. The *objectives* of our study were: 1. construction and evaluation of the instrument for quantitative assessment of war-related stressors both in terms of frequency of exposure to the stressors and a level of distress caused by them and 2. determination of the frequency of exposure versus subjective feeling of distress caused by exposure to specific stressors in relation to posttraumatic pathology.

Method: After the clinical interview and a semistructured interview for assessment of war-related stressors, a sample of 115 combat veterans and 101 civilians, refugees from Bosnia and Herzegovina and Croatia temporarily settled in FR Yugoslavia, evaluated list of 79 items, representing different war-related stressors, their frequency and level of distress. In addition, they were assessed with Impact of Events Scale, Mississippi Scale for Combat Related PTSD and Symptom Checklist-90-R.

Results: The items clustered in six broad categories of potentially traumatic war experiences: 1. combat stressors, 2. stressors beyond the front line 3. injuries, 4. stressors related to imprisonment, 5. war-related deprivation, 6. loss of organizational/military structure. Scales of Exposure and Distress were constructed for each of category of the stressors. Internal consistency of the scales (Cronbach Alfa) ranged from 0.71 (Injury Scale) to 0.91 (Combat Exposure Scale). Scales discriminate group of patients with diagnosis of posttraumatic stress disorder (PTSD) and non-PTSD group. Most of scales correlate (0.16 – 0.41) with Impact of Event Scale and Mississippi Scale for Combat-Related PTSD. In general subjective feeling of distress caused by exposure to

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stressors was in better correlation with subsequent posttraumatic pathology than it was exposure alone.

Conclusion: Our results have shown that our Scale of Exposure and Distress could contribute to a better evaluation of the interrelations between intensity, frequency and subjective reactions to stressors and posttraumatic pathology in population exposed to different categories of traumatic experiences.

P03.472
PROGNOSIS OF REMISSION IN PARANOID SCHIZOPHRENIC PATIENTS

N.V. Govorin*, T.P. Zlova. *Medical Academy, Chita, Russia*

This paper presents the results of lipid peroxidation (LP) in patients with paranoid schizophrenia in therapeutic dynamics. The group under study included patients with continuous course of paranoid schizophrenia (n = 88, code F20.00) and episodic course (n = 47, code F20.02). The treatment consisted of insulin therapy and psychopharmacotherapy. The LP intensity was controlled by MDA, DK, KD and ST contents in blood serum. The antioxidant protection was estimated by katalasa contents in blood serum and the level of general antioxidant activity. The patients condition was determined in therapeutic dynamics according to psychiatric scale BPRS. The correlations among normalisation degree of LP, antioxidant protection and the quality of remission were testified. The most qualitative remission of schizophrenia of type "A" gives the complete normalisation of the indices ($p < 0.01$; $p < 0.001$). Schizophrenia of type "B" gives the decrease of LP activity up to control data only in patients with episodic course without growing defect (code F.20.02). The schizophrenic patients with continuous course had no complete normalisation of the system "LP - antioxidant protection". The signs of antioxidant protection deficiency and high levels of LP activity were remained in remission of schizophrenia of type "C". The results showed that there is correlation between the remission type and the levels of normalisation of the factors in the system "LP - antioxidant protection". LP figures may be used in prognosis for quality of remission in patients with paranoid schizophrenia.

P03.473
OUTCOME IN PANIC DISORDER

S. Gariboldi, C. Cimmino, C. Balista, M.E. Menini, G. Paulillo, M. Amore, C. Maggini. *Institute of Psychiatry - University of Parma, Italy*

Objective: Results of a one-year-follow up study aimed to find out personality and clinical predictors of response to pharmacological therapy in patients with Panic Disorder are reported.

Method: A sample of 31 patients (9 males, 29% and 22 females, 71%; mean age: male 35.6 ± 13.3; female 31.2 ± 8.6) with a DSM-IV diagnosis of Panic Disorder with (n = 23; 74.2%) or without (n = 8; 25.8%) agoraphobia were assessed from the baseline to the end point visit with the following instruments: HAM-A, HAM-D, SCL-90, PAAAS, WAYS OF COPING, DSQ-40, TCI. At the end patients were divided into Responders (R: n = 23; 74.2%) and Non-Responders (NR: n = 8; 25.8%) on the basis of score reduction of anticipatory anxiety < 5 and absence of panic attacks for at least 4 weeks, were compared regarding symptoms, age of onset, coping, defence style, personality, temperament and character features.

Results: There was a significant difference in mean age of onset between R and NR (R: 29.9 ± 11.8 vs NR: 19.3 ± 4.1; p = 0.02). R differ significantly from NR in the intensity of unespected attacks (R: 1.29 ± 2.9 vs NR: 4.5 ± 4.4; p = 0.043) and in the percentage of anticipatory anxiety (R: 38.7 ± 8.8 vs NR: 27.3 ± 10.3; p = 0.032). As for SCL-90 Scale R scored significantly lower in the dimension of paranoid ideation (R: 4.95 ± 4.2 vs NR: 8.87 ± 5.69; p = 0.046) while concerning coping and defence styles they adopted less avoidant-flight behaviours (R: 11 ± 4.8 vs NR: 20.1 ± 12.9; p = 0.014) and less immature defence than NR (R: 3.78 ± 0.87 vs NR: 4.89 ± 0.80; p = 0.005). Regarding temperamental dimensions R differ from NR in significantly lower scores in Harm Avoidance (R: 23.4 ± 3.9 vs NR: 27.5 ± 6.4; p = 0.04) and higher scores in Persistence (R: 4.6 ± 1.4 vs NR: 3.1 ± 1.9; p = 0.02). Character differs between R and NR: almost all dimensions of Self directedness were significantly higher in R than in NR (Self directedness tot, R: 26.5 ± 6.4 vs NR: 19.8 ± 4.8; p = 0.01. Purposefulness vs lack of goal direction, R: 4.5 ± 1.5 vs NR: 3.0 ± 1.6; p = 0.02. Self-acceptance vs self-striving, R: 4.0 ± 1.5 vs NR: 2.0 ± 1.6, p = 0.04. Congruent second nature vs incongruent habitis, R: 7.9 ± 2.0 vs NR: 5.2 ± 0.8; p = 0.01).

Conclusions: These results suggest that an earlier onset of Panic Disorder, severity of unespected panic attacks and anticipatory anxiety are negative predictors of outcome. Furthermore high scores of paranoid ideation, an avoidant style of coping and higher immature defences are indicative of poor response to treatment. Regarding Temperamental and Character aspects high scores in Harm Avoidance, low scores in Persistence and in all dimentions of Self Directedness suggest a poor outcome.

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