

used to calculate the R-R distribution parameters: modal index (M) reflects the level of humoral heart rate regulation, modal amplitude (AM) characterizes the activity of the sympathetic system and variability range of R-R interval (X) indicates the influence of the parasympathetic system on the myocardium.

Results: ECG analysis revealed significant individual variability of the patient's heart rate before treatment. The average variables in the heart rate of patients were higher compared with control. Analysis of the histogram of the distribution of R-R-intervals after therapy revealed changes in all three parameters. (M) displaced to short intervals, (AM) was significantly higher, (x) was decreased. This confirms the data about influence to the regulatory function autonomic regulation during treatment state with risperidon.

P03.398

HEART RATE VARIABILITY FOLLOWING TRANSCRANIAL MAGNETIC STIMULATION IN MAJOR DEPRESSION

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Background: Transcranial magnetic stimulation (TMS) has recently been suggested to be effective for the treatment of major depression. The objective of the study was to specify the impact of slow repetitive TMS on cardiac rhythm.

Design: 20 patients according to ICD-10 criteria of major depressive episode were observed. All patients were examined with heart rate variability (HRV) ECG before and after treatment. The ECG parameters of RR-interval distribution (modal value, mode amplitude and variation range) reflect the influence of para- and sympathetic regulation on cardiac rhythm. Stimulation occurred over the right dorsolateral prefrontal cortex. The subjects received everyday 20 ms 1 Hz stimulation 1.6 TL intensity from 8 cm diameter coil over 30 minutes (10 sessions per treatment phase).

Results: At the end of the study all patients had no essential changes in ECG data. Responders (11 patients) exhibited more increased values of moda amplitude, reduction of variation range and transformed moda in short-interval region at the baseline. There was some increasing of sympathetic and reducing of parasympathetic activity after TMS course.

Conclusions: There are no data of cardiac disturbances of TMS in the study. These results suggest that some baseline ECG-indexes can be used as predictors of response to TMS therapy.

P03.399

THE STRUCTURE OF PSYCHOSIS AMONG PATIENTS WITH CONTEMPORARY FORMS OF ORGANIC DAMAGE OF BRAIN

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Marked in Russia during the last time the growth of different forms of psychical disturbance includes psychical disorders of the organic nature too. However, specific gravity of the diseases connected with injure or dysfunction of brain in the structure of psychosis and their clinico-psychopathologic peculiarity were not reflected in literature enough.

Aims of this Investigation: Making more precise the structure and phenomenology of organic psychosis by data of population of special hospital.

Methods: Clinico-psychopathologic, clinico-catamnestic, clinico-statistic.

Results: By the results of analysis the contingent of patients from special hospital of Moscow Research Institute of Psychiatry during 1998–1999 years, patients with organic psychical disorders completed 13.15% from all population. For contemporary forms of this disorders complex etiology was typical. Among etiological factors there were neurotrauma, neuroinfections, cerebrovascular pathology and posthypoxic violation in perinatal period (68%). Residual states were more frequent (72%) in comparison with active process (28%). Among this patients woman were found more frequently. The middle age was 30.1. 56% of examined patients had got duration of disease more then 6 years. In accordance with ICD - 10 we distinguished 3 variants of psychotic syndromes: a) organic hallucinosis (F.06.0) - 48%, b) recurring depressive disorders (F.06.32.) - 48% (among them patients with completed suicide - 12%), c) bipolar affective disorders - 4%. The peculiarity of this disorders was the comorbidity of the efficient disturbances with epileptic phenomenon in the form of partial (32%) and generalize (28%) seizures. This fact may be certificate serious of process.

Conclusion: By the results of investigation organic hallucinosis and psychosis with depressive symptoms were most frequently among the psychoses of organic nature. Bipolar affective disorders were very uncommon.

P03.400

XANAX-RETARD IN THE AMBULANT TREATMENT OF PSYCHOGENIC DEPRESSION

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Rationale: The improvement of the pathogenic influences (ecological factors, technogenic catastrophes, local conflicts and other) lead to increasing of different forms of stress disorders, which can be atypical in cases of development on the pathological basis. The aim of this study is to estimate the efficiency and safety of Xanax-retard in treatment of the psychogenic depressions in patients with organic diseases of CNS in the ambulant practice (N = 38).

Methods: Clinical, neurological, psychopathological, psychological investigations was used in open pharmaco-therapeutical study.

Results: Among responders (consist 29.4% of the all studies population), selected according ICD-10 (organic affective disorder F06.3 and organic anxious disorder F06.4) there are 32 patients with reduction of depressive and anxious symptoms including the clinical futures and score on Hamilton's Scale after the change noneffective antidepressant on Xanax-retard. The dosage of Xanax-retard on ambulant treatment was 1–3 mg/day, treatments duration - 4–7 weeks.

Among nonresponders (6 patients) there were patients, which broke regime of therapy or had the high toleration.

4 patients had side-effects (asthenia, somnolence) during the first few days.

Conclusion: Xanax-retard is effective and safe antidepressant in treatment of patients with organic disease of CNS.

P03.401

MOCLOBEMIDE AND PSYCHODYNAMIC PSYCHOTHERAPY IN COMPLEX TREATMENT OF SOCIAL PHOBIA

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The aim of this research was to study the therapeutical dynamic of out-patients with various forms of social phobia (SP) who had 300–

600 mg of moclobemide daily in combination with psychodynamic psychotherapy. We amplified our clinical observations with findings of the Liebowitz Social Phobia Scale and the Sheenan Scale. The duration of research was 3 months. We observed two groups of patients – with generalized (GSP) and isolated (ISP) forms of SP. The positive effect of treatment was marked in group GSP about 38.2% and in ISP about 26.6% cases. For both groups reduction of symptoms was began since the 3–4 weeks and the significant gain in function and quality of life was noticed from 10–12 weeks from the start of therapy. We found that effect of moclobemide in cases of GSP was higher that could be explained by strongly pronounced level of comorbidity and social desadaptation at this group. In patients with ISP the use of psychodynamic psychotherapy was preferably to some extent through they higher demands towards non-drugs and personal-oriented methods of treatment.

P03.402

SEXUAL DYSFUNCTIONS AND ENDOCRINOUS SYSTEM IN CHERNOBYL PATIENTS AND THOSE WITH THE CNS'S ORGANIC DEFICIENCIES

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Objective: 60 male persons (the main group) who took part in elimination of the Chernobyl NPP accident consequences in 1986–87 have been studied. The control group included 11 male persons with various non-psychotic disorders (cerebral asthenia, psychovegetative, affective, intellectual, and memory disturbances in various combinations). All the persons in the both groups had various sexual disorders.

Methods: Structural Analysis of Sexual Dysfunction, Psychopathologic Scale, EEG, REG, analysis of vegetative balance, blood plasma control (FSG, LG, Prolaktine, Testosterone, and Estradiol indices investigation).

Results: Disturbances that resembled early involution syndrome have been revealed in 46.7% patients of the main group, and in 18.1% of those of the control group. Disturbances of hypothalamic regulation that led to a sexual disorder development have been revealed in 83.3% patients of the main group, and there was no such kind of disturbances in those of the control group. Anxiety-phobia reactions (type "expectance of failure") have been revealed in 91.7% of the patients. Early ejaculation has been revealed in 88.8% patients of the main group, and in 27.3% of those of the control group.

Conclusion: Organic brain damage is the main factor of sexual disorders development. A synchrony between the development and pronouncement of sexual and mental disorders has been revealed that was characterized by a certain forestallment of the psychopathologic features development. Endocrinous alterations were not the matter of a statistical significance in sexual dysfunctions development.

P03.403

USING OF THE SCALE DEROGATIS (SCL-90) TO DIAGNOSE AFFECTIVE DISORDERS

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Last time the number of somatized patients increases. The patients attend physicians continuously and go through many tests. They are sure an illness exists though there are no clinical confirmations of somatic disease. Valid diagnostic instruments to elicit such patients are absent.

The symptomatic questionnaire SCL-90 with 9 scales (including somatization scale) could be one of such instruments. The somatization scale consists of 12 points that describe a dysfunction of cardio-vascular, gastro-intestinal, respiratory and other systems.

We examined 49 patients with somatoform disorders (F45.0 and F45.3 according to ICD-10) whose results from testing by SCL-90 were compared with those of normal group. The results showed that somatoform patients have higher indices in scales of depression and anxiety though they rarely complain of a low mood. The most difference between somatized and healthy people was observed in scales of somatization, depression and anxiety. These scales correlate to each other. The somatization scale is more sensitive to reveal patients with a somatoform disorder (F45.0) than with a somatic vegetative dysfunction (F45.3).

Our research confirms the difficulty of diagnostics the somatoform disorders. SCL-90 being rather sensitive questionnaire doesn't solve completely the problem of eliciting somatoform patients. The somatization scale should be developed.

P03.404

THERAPY OF SEXUAL SOMATIZATION DISORDERS IN MALES

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Clinical particularities and variants were studied in groups of 80 male patients, suffering from sexual somatization disorders (age limits from 18 up to 40). The diagnosis of somatization sexual disorder requires that a patient have a specific number of medically unexplained somatic sexual symptoms. Examination of patients enabled two types of sexual bodily sensations to be distinguished: homonomous – similar in their manifestations to somatic pathology (algias, hyste roalgias) and heteronomous – foreign to painful sensations in somatic pathology (senestostalgie and senestopathies).

The predispositions are represented by peculiarities of personality, annoying states (social and sexual fears), hysterical reactions and weak variant of sexual constitution. The sexual somatization is accompanied by symptoms of depression and anxiety, what is especially actual for men because of social and psychological importance of male sexual function.

On the basis of psychopathological mechanisms and particularities of personality in structure of sexual somatization disorders we choose certain methods of therapy which include the treatment of anxiety, anxiety associated with depression and depression by anxiolytics and antidepressants such as Xanax (Alprazolam tablets), Coaxil (Tianeptin) and others in combination with psychotherapy (rational, in the state of hypnotic suggestion, hypnotherapy, autogenous training, suggestion in the state of walking, sex therapy and others). The satisfactory results were reached in 76.2% of describing cases.

P03.405

THYROLIBERIN IN COMPLEX THERAPY IN DEPRESSIVE PATIENTS

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Investigation was carried out on 78 patients (54 female, 24 male, average age 31 years) with borderline forms of neurotic-psychiatric disorders (NPD) - asthenic states and affective disorders. Thyroliberin (TRH) was assigned for 4–5 days twice a day in the form