stress disorder), or even be completely removed (dissociative identity disorder).

This work presents three cases observed by the Service of Psychiatric Consultation of Policlinico A. Gemelli in Rome through several types of intake: psychiatric consulence from neurological ward, call from first aid station, psychiartic interwievs. It's about three young girls (A., 19; E, 20; F, 19), all of them suffering from disorders of the dissociative spectrum, all of them with characteristic alterations of memory and conscience (amnesia, gaps, flashbacks, nightmares). On the personal history all the cases presented traumatic experiences (fisical and sexual abuse), in particular within the family.

A Research Proposal: Our research wants to individuate an association between Dissociative Disorders (as described by DSM IV) or Borderline Personality Disorder (as described by DSM IIIR) and mourning or traumatic experiences. The study will use very specific valutative tests (ITI-QEL-DES-SCID.D).

P01.160

A COMPARATIVE STUDY OF VENLAFAXINE VERSUS BUSPIRONE IN OUTPATIENTS WITH GENERALIZED ANXIETY DISORDER: PRELIMINARY RESULTS

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Background: Recent studies have shown that venlafaxine might be effective in the treatment of generalized anxiety disorder (GAD). In this study, the efficacy of venlafaxine and buspirone were compared in a randomized, double-blind, parallel-group study in outpatients with GAD.

Design: 35 patients, who met DSM-IV criteria for GAD without comorbid major depression (MD) were randomly assigned to 6 weeks of treatment with either venlafaxine XR (75–150 mg/day) or buspirone (15–30 mg/day). The severity of symptoms were assessed before and during treatment using the Hamilton Rating scale for Anxiety (HAM-A), Clinical Global Impressions (CGI) Improvement scale, the CGI Severity of Illness scale.

Results: According to the two-dimensional criterion of response, of the 26 patients who completed the trial, 11 of 13 subjects in the venlafaxine group (84.6%) and 9 of 13 subjects in the buspirone group (69.2%) were defined as responders ($p = 0.35$). At week 6, there was no significant differences between the groups in respect to HAM-A scores ($p = 0.66$), the rating of CGI improvement ($p = 0.40$), and the rating of CGI severity ($p = 0.39$). Weekly analyses revealed that statistically significant differences for venlafaxine emerged at week 2 (HAM-A, $P = 0.02$; CGI Improvement, $P = 0.05$; and CGI Severity, $P = 0.04$).

Conclusions: Altough both drugs were found to be effective in the treatment of GAD, venlafaxine appeared superior to buspirone in terms of rapid onset of action.

P01.161

THE MAN WHO LIVES IN A BATH TUBE. CHRONIC PAIN: A CASE REPORT

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This paper is about a case, aiming to discuss the relationship between Chronic Pain and depression. Mr. A., 73 year old man who has been working as a physician for 30 years. His complaint was abdominal pain persisting over four decades. Once he had laparoscopy for his pain. He could hardly eat at least for one year because of the provocation effect of food, and had weight loss of about 11 kgs. He began to spend about 20 hours a day in a bath tube full of hot water, because he thought it was the only way relieving his pain. In this case Mirtazapin 30 mgs/day was prescribed with the diagnosis of Chronic Pain. In 3 weeks improvement in the severity of pain was minimal. Therefore Olanzapin 5 mgs/day was added to the treatment. After 6 weeks he began to gain weight, and by the end of the third month the pain relieved. He returned to his previous level of functioning. After stopping Mirtazapin treatment, symptoms of depression such as anhedonia, depressed mood, fatigue, tearfulness has been occurred as well as an obvious increase in severity of the pain. All of those symptoms relieved in 2 weeks following readministration of Mirtazapin 30 mgs/day. He has been functioning well and practicing in his private office with still using the same drugs.

P01.162

PSYCHIATRIC MORBIDITY IN THE POPULATION IMMIGRATED FROM THE SOUTH-EASTERN PART OF TURKEY: A RANDOMISED CONTROLLED STUDY

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Objective: To determine the Psychiatric morbidity in the population immigrated from the South-eastern part of Turkey.

Method: In a randomised controlled study, Prime MD* was used to determine the psychiatric morbidity among the subjects consisted of 179 immigrant group and 160 non-immigrant control group.

Results: The mean age of the immigrant group was 41.7 and 40.3 for the control group. Subjects in immigrant group were generally poor, unemployed and spoke poor Turkish. 10.6% of the immigrant group had more than one immigration; 68.7% uneducated; 87.2% were immigrated from villages; in 70.3% had immigrated for economic reasons. The psychiatric morbidity in the immigrant group were as follows: 20.1% depression, 6.7% hypochondriasis, 9.5% generalised anxiety disorder, 0.6% alcohol problems, 10.6% somatoform disorder. Whereas psychiatric morbidity among the control group were as follows: 13.1% depression, 0.6% hypochondriasis, 6.3% generalised anxiety disorder, 6.9% alcohol problems. The proportion of immigrants with The diagnosis of hypochondriasis was significantly higher ($p < 0.05$) than the control group.

Conclusion: The relationship between somatisation and immigration seems worth to study.

* Prime MD; was developed as an outpatient module according to DSM III R by Spitzer et al.

P01.163

FOR HOW LONG CAN BE EXPECTED A SUSTAINED IMPROVEMENT IN SCHIZOPHRENIC PATIENTS TREATED WITH ANTIPSYCHOTICS? A CLINICAL EXPERIENCE WITH RISPERIDONE

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(a) A post-marketing surveillance study was carried out to assess the long-term safety and effectiveness of risperidone in a large sample of schizophrenic patients.

(b) 418 patients fulfilling the CIE-10 criteria for schizophrenia received open-label risperidone for their psychotic symptoms, in a long-term (18-month period), multicentric and observational study. Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression (CGI), World Health Organization/International Classification of Impairments, Disabilities and Handicaps (WHO/DDS), and the Udvalg for Kliniske Undersogelsen (UKU) scale for neurological side-effects were used as outcome measures for a 18-month period. An additional analysis of risperidone dosages during the study was performed.

(c) During the 18-month study period, significant and continuous improvements were seen in all the efficacy and disability outcome measures. 22 per cent of patients dropped out due to lack of efficacy or side-effects. There was a significant reduction in the total UKU subscale for neurological side-effects scores from the baseline onwards. Risperidone was generally well tolerated. 4.1 per cent patients discontinued due to adverse reactions. The mean risperidone dose was 5.3 mg/day at the end of the trial.

(d) This study supports the effectiveness and safety of risperidone in long-term treatment of schizophrenic patients, and suggests that sustained and continuous improvements could be expected beyond the first year of treatment.

P01.164

DEPRESSION AND BRAIN PERFUSION: A SPECT STUDY

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A) SPECT provides a picture of the depression as disorder associated with dysfunction of the specific brain area. B) The authors investigated brain perfusion in 15 control subjects and 33 patients suffering from major depression according to ICD-10. The first SPECT examination was performed before treatment, the second after four weeks of antidepressant treatment. The severity of the depression was scaled by 21-items HAMD. According to the reactivity of the treatment the patients were divided into 19 responders and 14 nonresponders. C) In the frontal lobe the basal hypoperfusion of nonresponders was more distinctive and did not even achieve perfusion value of control subjects after treatment. On the contrary of responders no perfusion changes of the nonresponders appeared during treatment in the other followed brain areas. No significant distinction in perfusion between depression and control was detected. No consistent perfusion changes in the relationship to the severity of the depression were observed in followed brain areas. No indicated trends reached statistical significance (p-values > 0.05, t-test). D) In our cohort the changes of brain perfusion were related to the treatment reactivity but not to the severity of the depression.

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P01.165

TWO CASES OF RISPERIDONE – INDUCED TARDIVE DYSKINESIA AND A REVIEW OF THE LITERATURE

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Background: The relatively new atypical antipsychotic risperidone exerts its, therapeutic action through blockade of both $5HT_2$ and D_2 receptors. Though far lower in comparison with that of classical neuroleptics, its incidence of extrapyramidal side-effects, especially tardive dyskinesia, owing to its blocking effect on D_2 receptors, remains a matter of clinical concern.

Design: The present study reports two cases of risperidone-induced tardive dyskinesia as well as a review of the existing literature relevant to this topic.

Observations: A 26 year old female with DSM-IV undifferentiated schizophrenia exhibited abnormal oral lingual and jaw movements suggestive of tardive dyskinesia following a dose reduction of risperidone administered for eight months from 6 to 4.5 mg/d. Her abnormal movements subsided within three weeks after discontinuation of risperidone. This patient was switched to risperidone after having been exposed initially to neuroleptics for six years because of severe extrapyramidal side-effects. Likewise, a 39 year old female with DSM-IV schizophreniform disorder exhibited similar signs of tardive dyskinesia after a three-month treatment with risperidone 6 mg/d, subsiding after dosage reduction at 3 mg/d in eight weeks.

Conclusions: Both cases are commented upon in relation to the remaining ten cases reported in the literature. From the analysis of these reports one may infer that the co-administration of SSRIs with risperidone even at low doses increases the probability of tardive dyskinesia. Likewise, past exposure to neuroleptics makes more likely the emergence of tardive dyskinesia following the subsequence switch to risperidone. Finally our two case-reports indicate that the emergence of tardive dyskinesia under risperidone may occur both in steady dose and lowered dose regimens, subsiding completely within weeks after its discontinuation or diminution.

P01.166

MARITAL STATUS AND EATING DISORDERS. ANALYSIS OF ITS RELEVANCE

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Objectives: This study attempts to understand the clinical impact of marital status on the psychopathology and symptomatology of Anorexia (AN) and Bulimia nervosa (BN) patients.

Method: 332 Eating Disorders (134 AN; 198 BN) consecutively admitted to our Unit participated in this study. All patients fulfilled criteria for those pathologies according to DSM-IV and all were female. Our sample was divided retrospectively into three subgroups based on their marital status: (a) PA + L: living with the partner (N = 41); (b) PA + NL: having but not living with the partner (N = 129); (C) NPA: no partners at all (N = 162). Assessment measures were EAT-40, EDI, BITE, BSQ and BDI, as well as clinical and psychopathological relevant variables.

Results: 2 × 3 ANOVA and ANCOVA (with age as covariance) designs were applied in the current study (diagnostic × marital status). Our results suggested that most of ED in our sample (48.8%) have no actual partner, being this result significant different concerning the factor diagnostic ($p < .001$). Patients from group PA + L were significantly different respect to the other patients in the following variables: higher age ($p < .0001$), greater motivation to change ($p < .004$), perfectionism ($p < .03$), and weekly frequency of purging behavior ($p < .04$).

Conclusions: The main finding in this study is that ED patients who live with a partner are those who presented greater eating symptomatology and psychopathology, but also higher frequency of purging behavior. These patients are those whose are also more motivated. Interpersonal functionality and secondary gains has to be considered in the development and maintenance of ED.

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