found by the police in a city hundreds of miles away. She had no memory of her previous life and identity and named herself with a new name. The patient was diagnosed as having dissociative fugue. For five months after the diagnosis was made the patient remained amnesic for her identity and autobiographical memory. No pharmaceutical medication was administered; only psychotherapy. The patient begun to have suicidal thoughts which led to her hospitalization.

Treatment: A course of electroconvulsive therapy (ECT) as well as SSRI medication (venlafaxine, initially 75mg and then 150 mg) was administered. Following the fifth course of ECT the patient recalled all of her past memory.

Conclusions: The electroconvulsive therapy has not been shown to be an effective or appropriate treatment for dissociative disorders; some authors have indicated that it may be important in relieving an associated depression.

There are no reports on the use of ECT for dissociative fugue.

This patients paradoxal recall of memory following a course of ECT treatment forced us to this announcement.

P153

rTMS added to usual treatment for older patients with depression

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Background: Depressive disorders are common in the older patients. There is a high level of non-response in this population. While there are many treatments available, side effects to medication continues to be a major issue. Electro Convulsive Therapy (ECT) is commonly used, but is associated with a high incidence of cognitive side effects. We hypothesized that rTMS may be a useful treatment for depressed elderly.

Methods: Elderly (over 60 years) in or out patients with Major Depressive Episode within Major Depressive or Bipolar Disorders were treated open label with high frequency, left sided repetitive transcranial magnetic stimulation (rTMS) for ten sessions. They all had at least one adequate trial of antidepressants or mood stabilizers

Results: Twenty nine patients, average age 69.3, range 60-89, 41% males, took part in this prospective study. Hamilton Depression Rating Scale score reduced from 24 at baseline to 17 at the end of treatment and to 16 two weeks after the treatment ended. Hamilton Anxiety Rating Scale also reduced from 20 to 14. There were no cognitive side effects as measured by MMSE. Only one patient dropped out of the study due to side effects

Conclusions: rTMS seems to be a safe and effective method for treatment of depressed elderly patients. There is a need of larger randomized controlled studies.

P154

Demographic and clinical predictors for the efficacy of electroconvulsive therapy

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Background and aims: This study was a retprospective review on use of electroconvulsive therapy (ECT) in a Military Medical Academy, Belgrade, Serbia. Aim of the study was to determine demographic and clinical predictors of ECT outcome.

Method: The study subjects were 120 patients (59 male and 61 female) treated with bilateral ECT over the period 2000-2004. Data extracted from clinical records included demographic variables (age, sex, education and heredity of psychiatric illness) and clinical characteristics (diagnosis, duration of illness, episode duration, comorbid psychiatric disorders, presence of psychosis, previous hospitalizations, and ECT variables). As outcome measure was used Clinical Global Impression (CGI) scale.

Results: The significant sex difference was found concerning age and diagnosis. Female patients were much older (mean age=46.9 years, SD=14.3) compared to male patients (mean age=35.4 years, SD=14.1), with much longer duration of illness (mean=88.7 months, SD=95.8), compared to male patients (51.9 months, SD=58.1). After a clinical course of ECT, 52.5% of all patients were rated as "much", and 40% as "very much" improved on the CGI. Statistically significant predictors of remission were sex and the number of previous hospitalizations.

Conclusion: Significant improvement after use of electroconvulsive therapy was associated with sex and the number of previous hospitalizations, but not with age or duration of illness or presence of psychosis.

P155

The changes of brain electrical activity after cerebellar rtms revealed by loreta (low resolotion brain electromagnetic tomography)

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Background: The previous studies have detected changes of brain electrical activity (current density) after cerebellar rTMS. We suppose that right cerebellar rTMS evokes changes in the left frontal cortex. The aim of our study was to determine if 1Hz and 10Hz cerebellar rTMS induces antagonistic effect in frontal electrical activity.

Methods: We used 10 minutes of 10 Hz and 10 minutes of 1 Hz rTMS (both with 600 impulses, application over the right cerebellar hemisphere) in two sessions. 31-channel EEG was recorded in 10 right-handed healthy volunteers before and after rTMS. The 3D distribution of the current density was revealed by a method of qEEG-Low Resolution Brain Electromagentic Tomography (LORETA, Pascual-Marqui et al. 1994; 1999).

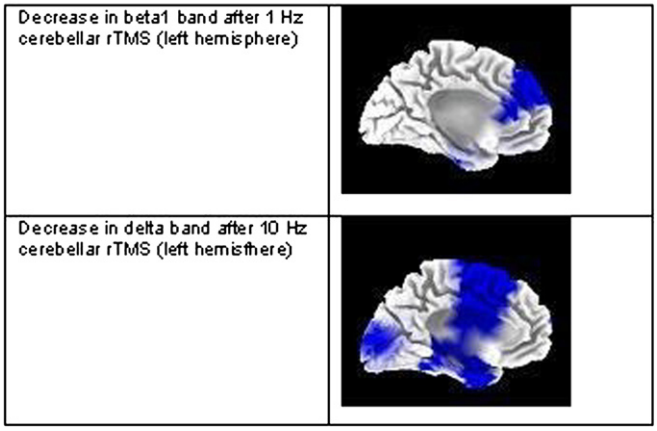
Results: After right cerebellar 1 Hz rTMS the current density decreased in the alfa2, beta1, beta2 and beta3 band over the frontal cortex including medial frontal cortex and anterior cingulate. After 10 Hz rTMS we found a decrease over the frontal cortex in the delta, theta and alfa1 band bilaterally, more on the left side ($p<0.01$).

Conclusions: Our results suggest the possibility to influence the frontal cortical activity by means of the cerebellar 1Hz and 10 Hz rTMS (antagonistic effect in the frontal cortex- decrease in slow frequencies after 1 Hz and in fast frequencies after 10 Hz rTMS).

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Figure 1: Some changes after cerebellar rTMS: decrease in slow frequencies after 1 Hz and decrease in fast frequencies after 10 Hz rTMS (p<0.01).



P156

Efficacy of modified electroconvulsive therapy combined with antipsychotic medication in treatment-refractory schizophrenia

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Objectives: To examine the Efficacy and side effects of modified electroconvulsive therapy (MECT) combined with antipsychotic medication in treatment-refractory schizophrenia(TRS).

Methods: the 39 patients with TRS who had received antipsychotic medication were assigned to receive MECT, and the Positive and Negtive Syndrome Scale (PANSS) ,Treatment Emergent Symptoms Scale (TESS) and Wechsler Memory Scale were used to measure therapeutic efficacy ,side effects and memory function.

Results: The PANSS scores decreased significantly at 1,4,12 weeks after MECT (P<0.01), and the efficacy ratio of MECT at 1,4,12 weeks treatment was 5%,26%,23% respectively. No significant difference was found on the scores of TESS between before and after endpoint treatment of MECT. The WMS scores decreased significantly at 1 day after endpoint of MECT, but there was no significant difference between before and after 1,2 weeks of endpoint treatment of MECT.

Conclusion: MECT was effective in TRS case, and it had little side effects and a little effect on memory temporarily.

Poster Session 2: ANXIETY, STRESS RELATED, IMPULSE AND SOMATOFORM DISORDERS

P157

Anxiety levels in east and west: 18 arab countries, germany, spain, U.K., and U.S.A.

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Objectives: To explore (a) culturally-related differences in anxiety between college students recruited from 18 Arab and four Western countries, and (b) sex-related differences in anxiety in each country.

Methods: A volunteer sample (N=10312) of male (n = 4975) and female (n = 5337) college students was recruited from 18 Arab and four Western countries. They responded to the Kuwait University Anxiety Scale (KUAS; Abdel-Khalek, 2000). Arabic, English, German and Spanish equivalent versions of the KUAS were used. The scale has good psychometric characteristics in these four forms.

Results: The highest mean anxiety total scores were found in male Arab students from Syria, Jordan, Palestine, and Egypt, and in females from Syria, Saudi Arabia, Egypt, and Palestine, respectively. The differences between the four Western countries in the mean scores were small. Women had significantly higher mean anxiety scores in 14 out of the 18 Arab countries, whereas only Spanish and USA women had significantly higher anxiety mean scores than men. By and large, Arab participants had higher anxiety mean scores than their Western counterparts (see the diagram).

Conclusion: In this study, Arab college students scored as more anxious than their Western peers. The Arab countries are in transition between collectivism and individualism.

P158

Cyproheptadine effect on combat related PTSD nightmares

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Objectives: Recent studies have shown the role of sorotonergic system in posttraumatic stress disorder. Terazodone and Nefazodone, (5HT2 antagonist) ameliorated PTSD nightmares but the reports are mixed. This study prompted an open trial of cyprohepatadine for Iran versus Iraq combat PTSD patient nightmares.

Methods: 25 patients studied in an eight - week, Before - After trial of cyproheptadine, the participants were male and chronic PTSD patients with combat related nightmare the exclusion criteria in clouded current substance abuse or dependence, psychotic disorder and any medical condition that contraindicated the use of cyproheptadine.

Results: Five patients were excluded from the study because of side effects including dizziness and somnolence. Twenty patients completed the study. Average of nightmare severity decreased from 6.85 to 5.05, which was statistically significant (P<0.01).

Discussion: Cyproheptadine, 5HT2 antagonist may be effective in PTSD nightmare treatment.

P159

Subjective sleep quality and aggression in antisocial personality disorder

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Background: As a symptom, aggression is closely related to antisocial personality disorder (ASP). Prefrontal cortex plays a key role in the regulation of anger and violence and in sleep-wake transitions. The aim of this study is to evaluate the quality of the subjective sleep and to determine its relation to the degree of aggression for the subjects with APD.

Methods: Among 155 males who were sent to a pretrial forensic psychiatric examination by the court, 60 were suitable and admitted to the study. All of them were being charged with violent offences (murder or assault). 64 subjects were not involved in crimes involving violence were taken as the control group. All of the subjects met the DSM-IV criteria for ASP. Subjects were interviewed with an

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