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In our rehabilitation center patients with multiple drug abuse were treated with multimodal therapy, including medical care, medication, information, work and behavioral therapy in different settings, social support and sports. The patients live in a clinical setting with controlled abstinence.

To prove the effectiveness of this kind of therapy, we matched the patients using the following criterias: age, gender, comorbid psychiatric disorders (according to DSM-IV first axis), cluster of personality disorder (following DSM-IV clustering), duration of addiction (years), age of onset and socio-demographic status and education. Patients with somatic disorders, brain injury or epilepsy were excluded from the analysis. The GAF-development during the course of therapy was weekly monitored. We analysed the modification of GAF-scores according to global and specific therapeutic (i.e. duration of therapy) effects. Patients were in average 24 years old and showed addiction symptoms since 7.8 years. Treated were 150 male and 72 female patients. They all showed comparable levels of education. GAF-progression shows a very strong correlation ($r=.825$; $p<.001$) with the duration of multimodal therapy. Interestingly, GAF-progression was independent from comorbid disorders, education or gender. According to our results, we conclude that multimodal abstinence-orientated rehabilitation therapy in patients with multiple drug abuse is highly effective and correlated to duration of therapy.

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Impaired abstraction and symbolization abilities in subjects with panic disorder

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Few studies were carried out, so far, on neuropsychological aspects of panic disorder (PD). Impairments involving memory, verbal learning, visuospatial abilities, divided attention and executive functioning have been reported; however, some studies found no difference between patients with PD and healthy subjects (HS). Discrepancies might be due to either the use of different tests for neuropsychological assessment or the inclusion of different patient populations (e.g. medicated, unmedicated).

In the present study general cognitive abilities, focused and sustained attention, incidental learning, secondary memory and the ability to suppress interference were evaluated in 28 drug-free patients with PD and 32 HS, matched for sex, age, educational level and handedness. In patients with PD frequency and intensity of panic attacks, anticipatory anxiety, main phobias and avoidance state, along with severity of anxiety and depressive symptoms, were also assessed.

Compared to HS, PD patients showed: 1) lower scores on tests assessing general cognitive abilities, 2) higher accuracy on the test exploring spatial incidental learning, 3) higher degree of interference on a test exploring secondary memory for non verbal materials. No correlation was observed between neuropsychological and psychopathological indices.

Our results suggest an impairment of abstraction and symbolization abilities in patients with PD. Differences in susceptibility to interference on the non verbal memory task may reflect an executive dysfunction involving orbito-frontal and cingulate cortices.

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Alexithymia and emotional stimuli processing in panic disorder

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In subjects with panic disorder (PD), previous studies have reported a high prevalence of alexithymia, a poor inhibition of emotional interferent stimuli on the Emotional Stroop test, and a recognition bias toward fear for facially expressed emotions. Other studies, however, have reported no difference between PD patients and healthy subjects (HS) for emotional stimuli processing.

Twenty-eight drug-free patients with PD and 32 HS were included in the study. The two groups did not differ for age, sex, education level and handedness. The Toronto Alexithymia Scale-20 items (TAS-20) was used to evaluate alexithymia. The Emotional Stroop test was administered to evaluate the ability to suppress interference from different emotional valence stimuli. The Bouhuys' test was used to evaluate the perception of facially expressed emotions.

Compared to HS, patients with PD showed: 1) higher frequency of alexithymia and borderline alexithymia, in particular higher scores on the first (difficulty in identifying feelings) and the second (difficulty in describing feelings) dimension of alexithymia; 2) higher mean reaction time on the Emotional Stroop test for panic-related stimuli; 3) no difference on the Bouhuys' test.

Our data suggest that, in patients with PD, a reduced awareness of emotional experiences, which characterize alexythimic subjects, may underly anxiety symptoms and panic attacks, leading to a failure to identify emotional reactions with a preferential activation of alarm and defence behaviours.

P214

A relationship between social anxiety and oxytocin.

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Background and aims: In the present study we aimed to explore the possible relationships between plasma oxytocin levels and romantic attachment in a group of healthy subjects.

Methods: Forty-five healthy subjects with no family or personal history of any major psychiatric disorder were enrolled in the study. Thirty-three subjects had a current romantic relationship with a mean duration of 80.5 months (ranging from a minimum of one month to a maximum of 25 years); the remaining 12 had no current relationship. The romantic attachment was assessed using the Italian version of the ''Experiences in Close Relationships'' (ECR).

Results: Plasma oxytocin levels were unrelated with age, gender, marital status, or length of the relationship and ranged between 0.13 and 4.59 pg/ml (mean+SD: 1.53+1.18). A significant and positive correlation was observed between the anxiety scale of the ECR and oxytocin levels ($r= 0.30$, $p= 0.04$). On the other hand, the correlation between the avoidance scale and oxytocin levels was not significant ($r= 0.12$, $p=0.42$). The distribution of attachment styles was twenty-six (57.8%) subjects showed a secure attachment, 12 (26.7%) a preoccupied, 5 (11.1%) a fearful/avoidant and 2 (4.4%) a dismissing style. Although no statistical correlation was observed between these styles and oxytocin levels, the preoccupied style of attachment was related to higher peptide concentrations.

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Conclusions: It could be speculated that the observed link between anxiety and oxytocin represents the biological basis of those processes resulting in positive emotions related to romantic attachment and, possibly, to all social bondings.

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Prevalence of anxiety disorders in earthquake effected areas

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Introduction: Earthquake disaster of Pakistan caused massive destruction. Survivors have experienced several recurrent aftershocks since then. Many of them measured above 5. Data was collected from various agencies including WHO, Turkish Red Crescent, Canadian team of relief and some other NGOs working with earth quake hit communities in NWFP and Azad Kashmir. Diagnosis was made using semi-structured interviews. The objective of this paper is to measure the impact of neurobiological and socio cultural underpinnings.

Result: Data analyses of women (1056), men (281) and children (204) indicate high prevalence of anxiety disorders including PTSD (853 women, 153 men) and depression (73 women, 31 men). Results vary from the observations made from other disasters. Sex ratio shows huge difference in prevalence between males and females. The major factors responsible are loss of life and property and uncertainty regarding future, harsh weather and repeated tremors.

Discussion: Patients with PTSD have dysregulation of HPA axis response. This alteration is more pronounced in case of women. Studies show that estrogen plays important role in the genesis of disease. Dexamethasone suppression test also indicates greater dysregulation of glucocorticoid receptor. Studies reveal predisposition in women for PTSD and depression.

Women and children were affected most because most of them were at home and in schools. Hence, large number of women sustained more physical injuries and psychiatric consequences.

In our study depression came out to be more prevalent in females. This can be explained as comorbidity of PTSD and because of its own dynamics.

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Burnout syndrome: A comparative study

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Objectives: Concerning the implications of Burnout Syndrome (BS) upon general health condition of health professionals, with subsequent diminution of their performance, the aim of our study is to evaluate the general aspects of BS within two groups of nurses from two clinical departments in risk for developing the syndrome - psychiatric and infectious diseases.

Methods: In order to fulfil our aims we selected two samples of nurses recruited among psychiatric and infectious diseases departments. All subjects were evaluated with a Social-Demographic Questionnaire, the Maslach Burnout Inventory (MBI), the 36-Item Short-Form Health Survey of Medical Outcomes Study (SF-36) and the Symptom-Check-List-90-Revised (SCL-90). Mann-Whitney non-parametric test was chose for statistical comparative purposes.

Results: Concerning the results obtained we found significant statistical differences between the groups. Nurses from the infectious diseases department presented worse results.

Conclusions: According to the literature this results suggest that we can describe BS using the general disease model where stress, vulnerability and protective factors have an important effect in the pathogenic mechanisms.

Psychopathology is connected with burnout and seems to be a risk factor to the syndrome. On the other hand, the presence of previous general psychopathology is a vulnerability factor. We think that the possible orthogonal profile of these dimensions deserves further studies.

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Social anxiety and depersonalization

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The purpose of the lecture is firstly to give a review of the relationship between social anxiety disorder (SAD) and depersonalization (DP) and secondly to present empirical data on the association between SAD and DP. Already one of the first descriptions of the SAD form Paul Schilder (1938, 1942) highlighted a close relationship between SAD and DP. This close relationship between SAD and DP comprises the issue of co-occurrence, phenomenological overlaps and psychodynamic relationships between both disorders (Michal et al. 2005). In the second part of the lecture we will present data from a representative study on the association between social anxieties and DP in the German population and from a study of the co-occurrence of social anxieties and DP in outpatients. According to the preliminary analysis of the first 4 months of 2006 40% of the outpatients and consultation liaison patients exceeded the cut-off of the Liebowitz Social Anxiety Scale and 15% exceeded the cut-off of the short version of the Cambridge Depersonalization Scale. The Chi-Square test revealed a significant relationship between both conditions (Chi-Square $=42.928$, df $= 1$, $p<0.001$). The representative study of 1250 persons of the German population is performed at present and will be finished at 30th November 2006. Therefore the results on the relationship between DP and SAD and intervening variables (depression, substance abuse, childhood experiences) will be described not yet but on the congress. The results will be discussed with regard to etiological and therapeutic aspects of SAD.

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Sleep disorders in children with learning difficulties

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The aim of this study is to investigate sleep disorders in children with learning difficulties. For this reason a specific sleep disorders' questionnaire was administered. In this pilot study 92 children took part after coming for a psychological consultation to the Outpatient Department of Psychology of the General Children's Hospital of Penteli. None of these children present organic pathology.

The results of the study indicate that 20,2% of our population has little or restless sleep. 22,8% wakes up during the night. Furthermore, several symptoms appear during children's sleep: 17,6% speak during their sleep, 14,1% have nightmares, 8,8% have nocturnal enuresis and 3,3% present somnambulism. It was also found that 45,5% is

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