untreated group as evidenced by the raised serum ICTP and urinary pyridinolines. Bone formation was not increased (alkaline phosphatase and serum PICP levels were normal). In the partially treated group, the level of PICP was significantly increased compared to the untreated group (Mann Whitney $z = 2.27$, $p = 0.02$), suggesting that bone formation was occurring. In the prospective study serum bone resorbtion marker ICTP decreased significantly during the two month inpatient treatment ($P < 0.05$) reaching the upper normal range for this marker whilst the serum bone formation marker PICP increased over time reaching statistical significance ($P < 0.01$) within the first month of inpatient treatment. Anorexia nervosa is associated with high levels of bone resorption which is dissociated from bone formation. Weight gain alone reverses this pattern and bone formation increases whilst bone resorption decreases. These preliminary results suggest that the osteoporosis of anorexia nervosa is caused by loss of bone rather than a failure to attain peak bone mass. These findings may have important implications for treatment. Vitamin D and calcium, which stimulate osteoblast activity, may usefully be added as supplements to an improved nutrition program, which is the cornerstone for all treatment of anorexia nervosa.

CONSIDERABLE IMPROVEMENT IN A CASE OF OBSESSIVE-COMPULSIVE DISORDER UNDER TREATMENT WITH CLOZAPINE

T. Steinert. *Dep. Psychiatry I, University of Ulm, Weissenau State Mental Hospital, mailbox 2044, D-88190, Ravensburg, Germany*

In therapy of obsessive-compulsive disorder (OCD), to date serotonin reuptake inhibitors (SRI) are looked upon as measure of choice together with behavioural therapy. Neuroleptics seem to be favourable only in tic-related OCD, clozapine is reported to deteriorate obsessive-compulsive symptoms in some schizophrenics due to its seroninblocking properties. We report on a 27 year-old woman with OCD and emotionally unstable personality disorder in a chronified course over 15 years who showed a broad spectre of obsessive and compulsive symptoms including compulsive aggressive behaviour (hitting, kissing and embracing other people). She had proven therapy-resistant to clomipramine, paroxetine and several types of psychotherapy including behavioural therapy and family therapy. Haloperidol and cuclopentixol had to be discontinued due to a significant deterioration of compulsive symptoms. Clozapine finally brought a nearly complete remission with respect to aggressive behaviour and amelioration in other obsessive-compulsive symptoms, too. This seems to be the first detailed case report about successful clozapine therapy of OCD. It is contradictory to some theoretical assumptions about the role of serotonine.

SLIGHT MEMORY DISTURBANCES IN THE AGED: WHICH DIAGNOSTIC TOOLS CHOOSE PRIMARY CARE PHYSICIANS?

G. Stoppe, H. Sandholzer [1], J. Staedt, S. Winter, J. Kiefer, E. Rüther. *Department of Psychiatry, University of Göttingen, D-37075 Göttingen, Germany; [1] Department of General Practice, University of Göttingen, D-37075 Göttingen, Germany*

We wanted to know, whether primary care physicians use more or less specific diagnostic tools in patients exhibiting beginning memory deficits in old age. We were also interested to get to know whether there is already a "shared" concern depending from specialisation (family physicians (FP) vs. primary care neuropsychiatrists (NP).

We performed a representative survey (145 FPs, 14 NPs; response rate 83.2%) in southern Lower Saxony. Two different written sample case histories were presented to these physicians in a face-to-face interview. Case one described a slight — however progressive for more than 6 months — unspecific memory and concentration problem in an otherwise healthy 70 y old woman, who is free of continuous drug treatments. After asking for diagnostic decisions, we asked for the diagnostic procedures.

The results showed significant differences between the two physician groups with the FPs performing electrocardiography, blood pressure measurements, and routine blood analysis in 62 – 83% (NPs: 14 – 21%). However, 64% of the latter performed a CT or MRI scan (FPs: 13.1%), and 50% of the NPs and only 19.3% of the FPs would applicate neuropsychological tests.

The results show that the special brain diagnostics are considered mainly by the NPs. With reference to the fact that — about 80% of the aged are exclusively treated by their FPs, potential early dementias are not specifically diagnosed.

LIGNES DIRECTRICES POUR L'INTERVENTION DE LIAISON DANS LE STRESS POST-TRAUMATIQUE

G.A. Tamburro, G. Di Sciascio, F. De Figlio. *Institut de Psychiatrie et III Chaire de Psychiatrie, Université de Bari, Italie*

Dans le Stress Post-Traumatique, le traumatisme peut être représenté par un événement qui a représenté une menace sérieuse pour la vie et l'intégrité psycho-physique du sujet, avec issue mortelle pour un ou plusieurs membres de son noyau familial ou relationnel. Il s'agit donc de patients polytraumatisés hospitalisés dans des services non psychiatriques. L'implication du psychiatre est toujours tardive et ambiguë et s'exprime par le contrôle de leur comportement et la communication du deuil.

En réponse, le vécu du psychiatre est dominé par l'angoisse et la colère du fait de:

1) l'envergure du risque somatique ainsi que du risque psychopathologique
2) les temps et les espaces restreints pour l'intervention
3) la lecture de la composante iatrogène
4) la délégation massive

Les lignes directrices de l'intervention de liaison se régulent sur ce qu'il convient de dire et de faire à l'égard du patient et du personnel soignant, ce qui entraîne un taux inévitable de solitude opérationnelle, surtout au niveau du vécu. Notamment: présence du psychiatre en tant qu'interface de communication; communication/travail de deuil; décodification du comportement d'opposition du patient, en tant que vécu de culpabilité et l'avantage éventuel de ce dernier.

THE RELATION OF EATING ATTITUDES TO PSYCHOPATHOLOGY AND PERSONALITY TRAITS IN A SAMPLE OF GREEK HIGH-SCHOOL STUDENTS

G. Trikkas, E. Varsou, A. Tzonou, K. Zafirakopoulou. *Athens University, Dept. of Psychiatry, Eginition Hospital, Athens, Greece*

In recent years eating disorders have become the subject of an increasing interest of medical, scientific and lay literature. Concerning etiology it seems that interplay between biological, social and psychological factors is responsible for the origin of these disorders.

The aim of this paper was to investigate the interelations between eating attitudes and psychopathology and personality characteristics in a sample of Greek high-school students.

157 high-school students (97 females and 60 males) were given the following psychometric tests: 1. The Symptom Distress Check List (SCL-90-R), 2. The Eysenck's Personality Questionnaire (EPQ), 3. The Eating Attitude Test (EAT), 4. The Eating Disorders Inventory (EDI), and 5. The Bulimia Investigatory Test, Edinburgh (BITE). Multiple linear regression for the statistical analysis of data was employed.

The results have shown a positive correlation between EDI and al-

most all components of SCL-90-R (p range from 0.05 to 0.0001) and the P item (psychoticism) of the EPQ ($p < 0.04$). BITE (total score) was also positively correlated with IS, PH and PS items of SCL-90 (p range from 0.08 to 0.002) and the P (psychoticism) item of the EPQ ($p < 0.001$). Other variables like age, gender, menstruation, BMI and IBMI seem that they don't play significant role.

Our findings indicate that eating disorders like attitudes are positively correlated with general psychopathology factors and personality traits as they are expressed through the EDI, BITE and SCL-90-R questionnaires.

HORMONAL CHALLENGE TESTS AND PERSONALITY VARIABLES; A CRITICAL EVALUATION OF THE LITERATURE

S. Tuinier, W.M.A. Verhoeven, P.J.A.L. van Ravestijn. *Vincent van Gogh Institute for Psychiatry, PO Box 5, 5800 AA Venray, The Netherlands*

The response of a serotonin (5-hydroxytryptamine; 5-HT) mediated function to a 5-HT agonist or antagonist has been used as a probe of the functional state of the central 5-HT-ergic system. Research with this paradigm has been performed in several psychiatric disorders in order to associate disturbances in central 5-HT activity with psychopathological symptoms. The most relevant probes that have been used are the cortisol, prolactin and growth hormone responses to m-clorophenylpiperazine (m-CPP), buspirone, fenfluramide and 5-hydroxytryptophan (5-HTP). In patients with depressive syndromes, obsessive-compulsive disorder, autism and schizophrenia, blunted responses of prolactin and/or cortisol have been interpreted as suggestive for hypofunctionality of certain 5-HT receptor systems. A limited number of studies have been performed in aggressive and non-aggressive personality disordered males. The results indicated a blunted prolactin response that was correlated inversely with impulsive aggression and irritability, indicative for 5-HT receptor subsensitivity. Although the results of these hormonal challenge studies seem to support unequivocally the serotonin hypothesis for impulse regulation disorders, it is questionable whether 5-HT disturbances are primarily involved indeed. Concerning the latter, it should be emphasized that prolactin and cortisol are stresshormones and that a firm reciprocal relationship has been established between 5-HT activity and corticosteroid receptor systems. Thus, the postulated subsensivity of 5-HT_1 receptors may be the consequence of alterations in stress responsivity.

DEPRESSIVE PERSONALITY: OBSERVATIONS ON THE PSYCHOTHERAPY OF SOME CHRONICALLY DEPRESSED PATIENTS

G. Vaslamatzis. *Athens University Medical School (Dept. of Psychiatry) Vas. Sophias 72–74, Athens 11528, Greece*

In order to discuss depressive personality we have first to distinguish between this clinical entity and other types of depressive psychopathology that might share a similar chronic course. The character traits and psychodynamics of the depressive personality — to mention at least the work of Kernberg (1987) and Markson (1993) — justify the idea that there is a special group of patients which belong to a depressive disorder continuum.

The psychotherapeutic treatment of depressive personality lies in a slightly modified psychoanalytic technique. The combination of an "empathic understanding" approach and a systematic confrontation and interpretation of pathological conflicts and their manifestations in the transference is guided by each patient's central psychodynamic features. The particular technical problems that depressive personality present are: (1) the inability to enjoy and the consequences on the therapist's experience and interventions, and (2) the negative therapeutic reaction threatening the analytic process and the therapist competence.

VULNERABILITY TO THE 35% CO2 PANIC PROVOCATION CHALLENGE IN ANXIETY DISORDER PATIENTS

Kees Verburg, Henk Pols, Thea Overbeek, Eric Griez. *Department of Psychiatry and Neuropsychology, section on Clinical and Biological Psychiatry, State University of Limburg, P.O. Box 88, 6200 AB Maastricht, The Netherlands*

Inhalation of a mixture of 35% CO2 and 65% O2 is a well established method to provoke panic attacks in panic disorder patients. Panic disorder patients respond with large increases in subjective anxiety and autonomic panic symptoms, while normal controls show little reaction. This paper presents a number of studies on the vulnerability of other anxiety disorder patients to the challenge.

Methods: In total, 185 subjects underwent the 35% CO2 panic provocation challenge, following a standard procedure. Subjects were either panic disorder patients, generalized anxiety disorder patients, patients with obsessive compulsive disorder, patients with social phobia, patients with specific phobia or normal controls.

Results: Vulnerability to the 35% CO2 challenge is not limited to panic disorder patients. It also occurs in patients with other anxiety disorders, and especially specific (situational) phobia. The presence of a comorbid mood disorder appears to influence the outcome of the challenge: Panic disorder patients with a comorbid mood disorder showed an increased reaction.

Conclusions: Specific groups of anxiety disorder patients appear to be vulnerable to the challenge. This vulnerability does not follow the boundaries of the current diagnostic systems. However, links can be found with data from epidemiological studies. Our data suggest a central role of panic attacks in the onset of different anxiety disorders. The effect of a comorbid mood disorder on the response of panic disorder patients suggests an increased sensitivity for CO2, possibly due to changes in the serotonergic system.

PLATELET IMIPRAMINE BINDING IN POSTTRAUMATIC STRESS DISORDER

R. Weizman [1], N. Laor [1], A. Schujovizky [1], L. Wolmer [1], P. Abramovitz-Schnaider [1], M. Rehavi [2]. [1] *Tel Aviv Community Mental Health Center, and Sackler Faculty of Medicine, Tel Aviv University 9 Hatzvi Street, Ramat Hatayassim Israel;* [2] *Department of Physiology and Pharmacology, Tel Aviv University, Tel Aviv, Israel*

Patients with posttraumatic stress disorder (PTSD) suffer frequently also from major depression (MD). In previous studies a 17% decrease ($p < 0.05$) in [^{3}H]paroxetine binding in PTSD patients compared to controls was reported. This decrease was accompanied by a significant decrease ($p < 0.01$) in Kd. The present study assessed platelet imipramine binding in PTSD patients before and after phenelzine treatment. Ten PTSD patients and ten control subjects participated in the study. All subjects were interviewed using the Structured Clinical Interview for DSM-III-R-Patient Version. Severity of symptoms was assessed before and after 4 weeks of phenelzine treatment, using the Impact of Event Scale (IES), Beck Depression Inventory (BDI), and State-Trait Anxiety Inventory (STAI). Blood for platelet [^{3}H]imipramine binding was drawn at pre- and post-treatment time points. All the psychological measures were significantly higher in the PTSD patients as compared to controls. Compression of pre- and post-treatment symptom severity did not reveal any significant difference. Platelet imipramine binding density was similar in untreated patients and controls and phenelzine treatment did not induce any

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