

SEPARATION ANXIETY DISORDER: A RISK FACTOR FOR DRUG ADDICTION?

D. Bailly, I. Bailly-Lambin, G. Garzon. *Addictive Behaviours Unit, University Hospital, 57 bd de Metz, F59037 Lille Cedex, France*

Studies showed that emotional distress, difficulties in coping, and psychological maladjustment are contributing antecedents to drug abuse. However, few of them were focused on anxiety. Because separation anxiety disorder (SAD) is probably the most common emotional disorder observed in childhood, we conducted a follow-back study of inpatients with drug dependence (DSM III-R criteria) in order to investigate the prevalence rate of childhood SAD and the clinical features associated with this antecedent. 127 patients, 81 males and 46 females, aged 14 to 43 years (mean age: 25 years) were studied. 96.8% were polysubstance dependent, 92.1% heroin users. The current and lifetime psychiatric histories were assessed using structured interviews (SADS-LA, SCID) and a self-report questionnaire (SCL-90). Traumatic events during childhood were collected as described by Faravelli. The results showed that 27.5% of the patients had a past history of childhood SAD. These patients experienced significantly more frequently somatic illnesses and physical abuse during childhood when compared with those without SAD. They used more substances with dependence (especially alcohol and anxiolytics), and they exhibited a higher prevalence of anxiety disorders (panic disorder, agoraphobia) and suicide attempt. Their psychopathological profile was also significantly more affected. These data suggest a specific association between anxiety disorders and drug addiction and show that epidemiological investigations can be helpful for planning the prevention and treatment of drug abuse in the young.

PSYCHOPATHOLOGY OF PATIENTS WITH FIBROMYALGIA

A. Batra¹, I. Kötter², M. Bartels¹. ¹ *Department of Psychiatry and Psychotherapy, Institut of Internal Medicine, University of Tübingen, Osianderstr. 24, D-72076 Tübingen, Germany;* ² *Department of Rheumatology, Institut of Internal Medicine, University of Tübingen, Osianderstr. 24, D-72076 Tübingen, Germany*

Psychopathological abnormalities in patients with fibromyalgia syndrome (fms) are reported in several studies. Affective spectrum disorders (depression or panic disorder) seem to have a contributory function for developing fms.

30 women with fms, treated in a 12 weeks behavioral group intervention program including muscle relaxation and health information were investigated for psychopathological abnormalities before treatment. All of them received a structured interview concerning biographic data and pain scores.

Sociodemographic data and results of psychiatric exploration as well as mode of treatment will be presented.

Results show high scores of depression and extraversion in the Maudsley personality inventory (MPI). These abnormalities are not significantly influenced by treatment. This supports the hypothesis that these findings may indicate preexisting psychopathological abnormalities contributing to development of fms.

ANTIBODY REACTIVITY AGAINST H3-HISTONES IN FIBROMYALGIA

A. Batra, A. Haegele, M. Bartels, K. Schott. *Department of Psychiatry and Psychotherapy, University of Tübingen, Osianderstr. 24, D-72076 Tübingen, Germany*

Patients with fibromyalgia syndrome (fms) have been reported

to show immunological abnormalities as serotin antibodies and serotonin receptor antibodies in several studies. The occurrence of autoantibodies is supposed to play an important role in the development of fms. Furthermore a immunologic link with some mental disorders showing similar results is hypothesized.

To further investigate immunological abnormalities in fms serum from 50 patients with fms was screened for IgG and IgM antibodies against H3-Histones by ELISA. Immunological controls were blood donors.

Results: Statistical analysis was done by a wilcoxon rank-sum test for two groups. Whereas IgM-antibodies against H3-Histones showed no significant differences between patients with fibromyalgia and healthy controls statistically significant differences for IgG-antibodies were found ($z = -2.282$; $p = 0.011$).

These findings indicate the presence of antibodies against H3-histones in fms. This might be another hint for an immunological factor in the aetiology of fibromyalgia.

BORNA DISEASE VIRUS — A POSSIBLE CAUSAL FACTOR IN PSYCHIATRIC DISORDERS

K. Bechter¹, S. Herzog², R. Schüttler¹. ¹ *University of Ulm, Department Psychiatry II and Department Psychiatry of the Bezirkskrankenhaus Günzburg, Germany;* ² *Institute of Virology, Justus-Liebig-University, Giessen, Germany*

Borna Disease Virus (BDV) has been suggested to contribute to neuropsychiatric disorders in humans. Frequencies of ICD-10 diagnoses in BDV seropositive and seronegative psychiatric patients are compared here and related to epidemiology of BDV seroprevalence.

Psychiatric comorbidity is significantly higher in first-diseased BDV seropositive psychiatric patients than in pair-matched controls ($n = 140$, each group). Further the risk of schizophrenic and affective disorders seems to be increased in BDV seropositives.

BDV seroprevalence in surgical controls ($n = 660$) shows a dynamic increase in older age groups, a pattern usually found in viral infections. This appears to be quite different in psychiatric patients ($n = 2500$), young age groups showing a 6-fold higher BDV seroprevalence than surgical controls. These results suggest, that BDV might contribute to or cause severe mental disorders, of various type diagnostically. In normal population BDV serum antibodies seem mostly to be a harmless finding.

MULTIPLE SCLEROSIS (MS) MANIFESTING WITH PSYCHIATRIC DISTURBANCES

H. Becker. *Department of Clinical Psychiatry and Psychotherapy Medical School Hannover, 30623 Hannover, Germany*

Introduction: This contribution focuses on psychopathological symptoms prior to the diagnosis of MS. Since *Charcot (1877)* a wide range of neuropsychiatric disturbances manifesting during the course of MS have been described and are documented in detail with regard to their frequency and nature. Such kind of symptoms occur predominantly in the later stages of the disease. A (purely) psychiatric onset of MS is, however, considerably rare and patients complaints can be misinterpreted. Further investigation for etiological and therapeutical reasons is required.

Methods: Five case reports with psychiatric symptoms preceding neurological complications of MS are discussed in relation to relevant scientific literature and in particular, the possibility of a causal relationship between psychopathological abnormalities and the CNS-inflammation is investigated.

Results: Psychiatric disorders in the encephalitic form of MS often present as affective or schizophrenic psychotic syndromes. A simple coincidence of psychotic illness and multiple sclerosis with