

multivariate analyses showed treatment with pregabalin had no effect on endpoint cognitive function.

Conclusions: Pregabalin significantly improved the symptoms of GAD in patients aged ≥ 65 years and caused no impairment of cognitive function. A more extensive cognitive battery is needed to confirm this preliminary finding.

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Pregabalin for the treatment of generalized anxiety disorder (GAD): Efficacy and safety in elderly patients

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Objective: To evaluate the safety and efficacy of pregabalin in relieving the symptoms of GAD in patients ≥ 65 years of age.

Methods: This was a multicenter, randomized, flexible-dose, placebo-controlled, double-blind, parallel-group trial of pregabalin in the treatment of GAD. Randomization was 2:1, pregabalin:placebo. Patients underwent an 8-week double-blind, flexible-dosage (150–600 mg/d) treatment phase, including a 1-week dose-escalation period (50 mg/d to 150 mg/d). The primary efficacy assessment was change from baseline to endpoint-LOCf in HAM-A total score. Additionally, change from baseline to week 8 (observed cases) in HAM-A psychic and somatic factors was evaluated.

Results: Mean age at GAD onset was 56 years; 77% of patients were women; mean age at enrollment was 72 years; mean duration of GAD was 17 years. Mean change from baseline in HAM-A total score was -12.84 ($n=177$) for the pregabalin group and -10.7 ($n=96$) for the placebo group ($P=.0437$). At week 8, patients treated with pregabalin had significant improvement in both the HAM-A psychic (-7.8 vs -6.3 , $P=.0111$) and somatic (-6.6 vs -5.4 , $P=.0248$) factors. The most common adverse events (AEs) among pregabalin-treated patients were dizziness (20.3%), somnolence (13.0%), headache (10.2%), and nausea (9.0%). Most AEs were mild-to-moderate and self-limiting. Discontinuation rates due to AEs were 10.7% and 9.4% in the pregabalin and placebo groups, respectively.

Conclusions: Pregabalin was effective in reducing the symptoms of GAD in patients aged 65 years and older, and it was safe and well tolerated in this population.

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A case control study of the psychiatric status of elderly versus younger trauma victims.

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There are very few studies which report on the outcome of older people following trauma, whether in a civil or military context. We previously reported on the elderly survivors of the Lockerbie disaster [1] and found that the elderly were no more adversely affected than younger survivors. We now report on a sample of 114 older people, assessed for medico-legal purposes following their initiation of a personal injury claim. The older subjects were matched on a case

by case basis with a younger subject, also seen in a medico-legal context. They were matched in terms of the trauma experienced e.g. older road traffic accident victims with younger road traffic victims. The majority of the subjects were victims of road traffic accidents. Others had experienced work related accidents, civil disaster (a local factory explosion) and injuries sustained during conflict. We report here on the nature of the physical injuries sustained by the older subjects, their DSM IV psychiatric diagnoses, past and family psychiatric histories and the treatment they received.

References

- [1] Livingston HM, Livingston MG, Fell S. The Lockerbie Disaster: A three year follow-up of elderly victims. *International Journal of Geriatric Psychiatry* 1995;9:989–94.

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Can IBS (irritable bowel syndrome) be conceptualized as an anxiety disorder and what treatment implications would that have?

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Background and aims: IBS is a heterogeneous condition of unknown etiology. With a one-year prevalence above 10%, it is second only to common cold in terms of causes for work absenteeism.

An association of psychiatric disturbance and the gastrointestinal system is well established:

- Psychiatric comorbidity, mainly anxiety and depression, is common.
- In what is known as the Brain-gut axis, noxious stimulation to the gut activates parts of the central nervous system involved in fear and arousal.
- Negative evaluation of symptoms has been shown to predict the amount of worry about symptoms that patients experience
- Patients with IBS frequently display abnormal illness behaviors, such as excessive requests for medical help.

This suggests that IBS can be conceptualized as a disorder in which negative evaluation of bodily symptoms increases intensity, frequency, and duration of symptoms. Trials of CBT for IBS have been conducted, but few studies have evaluated group treatment. Since treatment-needs presently cannot be met, more cost-effective ways of delivering CBT for IBS are needed.

Methods: We are currently conducting a pilot study of group-delivered manualized CBT for 19 IBS-patients.

Results: Treatment is ongoing, and results from the first 9 patients taking part in the treatment will be presented as single case studies. For a subgroup of patients, 6-month follow up data will be available.

Conclusions: Preliminary post-treatment data suggest that group-delivered CBT may be feasible for this group. Experiences from this trial will be used in a larger study comparing group treatment to web-based treatment, further utilizing scarce CBT resources.

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Clinical outcome of multimodal rehabilitative care for young patients with multiple drug abuse

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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 interfering 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 alexithymic subjects, may underlie anxiety symptoms and panic attacks, leading to a failure to identify emotional reactions with a preferential activation of alarm and defence behaviours.

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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.