

illness. After a medical rating concerning the manic or depressive severity the following materials were used:

- 1) Personal interview
- 2) BDI-Becks Depression Inventory (1961)
- 3) Kurzfragebogen zur sozialen Erwünschtheit (Stöber, 1999 oder 2001?)
- 4) FbeK-Fragebogen zur Beurteilung des eigenen Körpers (Strauß and Richter-Appelt, 1996)
- 5) TSST-Tübinger Skalen zur Sexualtherapie (Zimmer, 1989)
- 6) ZIP-Zufriedenheit in der Partnerschaft (Hassebrauck, 1991)

Results: The following aspects have been examined:

- 1) Sexual satisfaction in general
- 2) Frequency of serious relationships
- 3) Partnership problems while steady relationships
- 4) Body perception

Conclusions: As the findings of our study are not completed yet, we just can report on the tendency of lower sexual and partnership satisfaction in patients with bipolar affective disorder in comparison to our population without mental diseases. We expect the definite results within the next weeks and are looking forward to present them at the congress.

References:

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Nutrition habits and symptoms of eating disorders

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Introduction/Objectives: Eating disorder becomes a problem in the moment when the changes in the way of food consumption are changing the quality of life, infringing physical health, being denoted by the severe disturbances in the feeding habits and behavior.

Participants, Materials/Methods: In the population of secondary school students, 610 students, homogenous by number, sex and age, have been chosen by the method of systematic sampling. The study is prospective, control, clinical–epidemiological, descriptive and analytic. The applied instruments are Eating Attitudes Test and Eating Disorders Inventory by Garner. The respondents who have the score of 20 or higher on the EAT-26 are the experimental group, and control group is consisted of adolescents who did not show high scores on these scales. What are being compared between the groups are the scores of the Eating Disorders Inventory by Garner and EAT-26 scales.

Results: There were 360 (59%) females and 250 males (41%). 56 (9.2%) had a high score on the EAT-26, Salčić S. (2005) found 10.3% of respondents with a high sum on the EAT-26. 67.9% of respondents who are in the group of critical score on the EAT-26 ($x^2 = 8.049$, $P = 0005$) show a desire for slenderness. Dissatisfaction with their own body shows 91.1% ($x^2 = 5.638$, $P = 0018$). Atti and Brooks-Gun, (1989) reported that the dissatisfaction with the body and desire for slenderness are an important clinical entity even in the absence of diagnosed eating disorders. 53.6% from the experimental group show an interceptive awareness ($x^2 = 24.207$, $P = 0000$). There is a lack of interceptive awareness substantially in patients with eating disorders (Bruch, 1962). The inability to accurately recognize, define and respond to different emotional states is

the essence of anorexia nervosa (Bruch, 1978). 42.9% ($x^2 = 11.602$, $P = 0001$) have an expressed perfectionism. Anorexia and bulimia have a high level of perfectionism (Goldner et al, 2002) 14, and many studies show that different subtypes of eating disorders have the same level of perfectionism (Garner et al., 1983).

Conclusions: Changes in the attitudes and nutrition habits are also followed by certain changes in body perception and mood, which is reflected in the development of clinical forms of eating disorders that often remain unrecognized.

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Neurobehavioral changes in patients with combat-related posttraumatic stress Disorder and chronic pain

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Introduction/Objectives: In patients with chronic posttraumatic stress disorder (PTSD) depression and anxiety are important psychological features that influence their behavior in every day life. Co-morbid chronic pain may have an additional impact both on their emotional status and cognitive performance. In this study the authors analyzed the interrelationships between depression, quality of life and cognitive processing in patients with combat-related PTSD and chronic pain.

Participants, Materials/Methods: The subjects were 184 war veterans who had been treated at the Clinic for Psychological Medicine in Zagreb for PTSD and chronic pain. All patients were analyzed according to their medical records, interviews and self reported questionnaires for PTSD (Mississippi Scale for combat-related PTSD, Beck Depression Inventory, WHOQOL-Bref, SCL-90) and pain (McGill Pain questionnaire, Visual Analogue Scale (VAS)). A selected group of 18 patients were evaluated for cognitive processing by event-related evoked potentials.

Results: Severe symptoms of chronic PTSD were found in 110 patients. Anxiety and depression were highly correlated to pain. ERPs showed significant prolongation of P 300 latency suggesting the slowing of cognitive processing. Patients with chronic PTSD had significantly higher total pain scores as well as affective and sensory pain components compared to the patients without PTSD. We found statistically significant positive correlation between PTSD symptoms and pain intensity that influence everyday activities like walking, personal hygiene and independent dressing.

Conclusions: The presence of PTSD symptoms, depression and anxiety in combination with chronic pain predicted lower QoL for war veterans. Multidisciplinary approach is needed for the treatment of those patients.

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Forensic dilemmas: antisocial personality disorder – mentally disturbed or normal?

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Introduction/Objectives: Individuals suffering from personality disorders are more and more frequently encountered in the