

E.V. Klembovskaya. *Serbsky Federal Center for Social and Forensic Psychiatry, Moscow, Russia*

Background and aim. Problem on clinical definitions of schizotypal disorder abides still actual. The majority of disorders of schizophrenic spectrum includes continuum of states from personal features (personality schizotypal disorder) up to mild schizophrenia.

Materials and methods: Cohort of 75 patients with schizotypal disorders were studied by clinical psychopathological and experimental psychological methods.

Results: So, the magic thinking is psychopathologically connected and formed at patients with the following clinical features are characteristic:

- Sensation of loneliness, vulnerability, that it is clinically possible to interpret as autistic features of the person;
- Infringement of understanding of interrelations in surrounding and a private world, the "Ego" in system of these communications, attempt to establish them at other level.
- Experience of "existential" anxiety, uncertainty, animosities of world around;
- Affective disorders with prevalence of fear, sensation of threat, danger. On this position they adjoin to so-called to "delirious mood" and give representation about formation of psychotic disorders which can develop further;
- Formed thinking disorders with gradual loss of rational logic connections (the subjective consciousness spreads on untied elements, attempt to establish the lost connections);
- The broken mechanisms of adaptation and their restoration at other level, pathological adaptation.

Conclusion: Thus, clinical interpretation of a phenomenon of magic thinking allows to attribute it to schizophrenic spectrum of mental disorders and to consider it as cardinal criterion of diagnostics of schizotypal disorder.

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Depression in children who experienced severe war trauma

N. Kravic, I. Pajevic, M. Hasanovic. *Psychiatry Clinic, University Clinical Center, Tuzla, Bosnia and Herzegovina*

The aim of this study is to show if the severe war trauma survived in early childhood (age 4-5) make significant influence in development of young person in adolescent age. As an experimental group we took 40 children age 15-16 years (born 1990-91.) who were in Srebrenica during the siege and its fall in July 11th 1995. As a control group we took 40 children age 15-16 (born 1990-91.) who live in a complete family (both parents alive), and did not leave their homes during the war time. We examined the number of traumatic events experienced during the war and after the war time using War Trauma Questionnaire and we got significant difference between the numbers of traumatic events experienced during the war and in post war situation ($p < 0.05$). We measured the level of posttraumatic stress reactions using the Posttraumatic Stress Reaction Questionnaire and did not get significant difference. We also measured the level of depression using Depression Self-Rating Scale (Zung) and did not get significant difference between the two groups. We can conclude that inspite the numerous unpleasant life experiences in the past and nowadays children- adolescents age 15-16 did not show significant difference in experimental and control group at this part of development. It makes us open for further researches about coping mechanisms in children during the war time.

Keywords: war- trauma, adolescents, child- experience, depression

P202

Psychotherapy and pharmacotherapy effectiveness on brain neuroplasticity in patients suffering from anxiety disorders

K. Krysta, M. Matuszczyk, A. Klasik, Z. Pilarz, J. Przybylo, I. Krupka-Matuszczyk. *Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland*

60 patients participated in the study. They were divided into 3 groups treated with pharmacotherapy, psychotherapy or both, respectively.

The aim of the study was to evaluate the effectiveness of different forms of therapeutic methods on cognitive functions improvement. Their effectiveness was assessed with the Vienna Test System (VTS). The study covered patients treated at the Psychiatry and Psychotherapy Clinic of the Medical University of Silesia in Katowice, Poland. Participation in the study was restricted to individuals with a diagnosis of an anxiety disorder (acc. to ICD-10: F-40-F48 excl. F42).

Results: Cognitive functions improvement was found to be correlated with the intensification of the initial disorder. An improvement in concentration and attention was present on average after 6-8 weeks of treatment and was most prominent in patients treated with both forms of therapy.

P203

Women mental health after 40: Age-related stress

M.A. Kulygina. *Moscow Research Institute of Psychiatry, Moscow, Russia*

Menopause period is accompanied by great reconstruction of female organism and social environment of woman on the whole. It is well known that any changes outside or inside human organism cause stress and demand adjustment to new conditions. Therefore, biopsychosocial model of climax may be determined on the basis of the concept of age-related stress which is mainly connected with age transition. Massive changes occur on the three levels of functioning: biological, social and psychological. Biological changes mean physiology (hormone deficit most of all, but not only this), somatic state and body image. Social changes are connected with partnership, relations between children and parents, professional relations and social roles rotation. Psychological changes take place in the cognitive, emotional, motivational spheres and lead to searching of a new meaning of life, of new values, of new behavioral patterns.

Stress vulnerability also influences the spectrum of mental disorders. Women after 40 get into one of the risk groups on manifesting of mental disorders. Anxiety, depressive and stress-related disorders are the most frequent cases among these patients.

Educational approach such as "School of Climax" is one of the most effective practices of preventive and primary care for women in managing of age-related stress and working-out of coping strategies.

P204

Randomized crossover trial studying the effect of music on examination anxiety

H.L. Lai. *Tzu Chi Buddhist General Hospital, Tzu Chi College of Technology, Hualien, Taiwan*

Objectives: The purpose of this study was to assess the effect of lento music on examination anxiety among nursing students.

Methods: A randomized crossover classroom-based trial was conducted. Thirty eight students with a mean age of 19.4 years

(SD=0.54) were randomly assigned to either a music/silence or a silence/music group sequence. The physiological measures of anxiety assessed in this study were finger temperature and pulse rate. Two additional psychological measures were also collected, the State-Trait Anxiety Inventory (STAI) and Test Anxiety Inventory (TAI). The students in the music group were given a 40-minute group-based music intervention in a classroom, whereas the students in the silence group received the regular test without music. The students had their physiological measures taken and the TAI and STAI were completed both immediately before the intervention/silence period and at the end.

Results: Using paired t-tests, there were no significant difference in pretest scores for STAI, TAI, finger temperature and pulse rate between the two conditions. Nonetheless, the findings indicated that music intervention did effectively decrease examination anxiety and state of anxiety as well as reducing pulse rate and increasing higher finger temperature ($p=0.05$ to 0.001). In addition, significant differences were detected between the pretest and posttest measures for silence ($p=0.001$).

Conclusions: Lento music intervention is beneficial and is able to decrease anxiety among nursing students who are taking an examination. The results suggest that lento music is effective at anxiety reduction.

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Music appreciation and intervention on stress reduction: a randomized crossover trial

H.L. Lai. *Tzu Chi Buddhist General Hospital, Tzu Chi College of Technology, Hualien, Taiwan*

Background: Several clinical studies have indicated the effectiveness of music on stress; however, the study results are inconsistent. Moreover, no known published studies have investigated nurses' appreciation of music and the effects of music on job-related stress.

Objectives: To examine the effects of music preference and intervention on stress indices.

Method: Using a cross-over design, 54 subjects were randomly assigned to music/ chair rest or chair rest/music sequence for 30 minutes respectively. Subjects in the music condition listened to lento music by headphones throughout 30 minutes. In the chair rest condition subjects sat quietly for 30 minutes. Using a repeated measures design, subjects' heart rate, mean arterial pressure (MAP), finger temperature, and cortisol were measured before the study and every 15 minutes interval until the end of the whole procedure. Subjected stress was measured with visual analogue scale before the study, and at the end of the each condition. Data were analyzed with repeated-measures analysis of variance.

Results: The mean score of music appreciation was 8.81 (SD = 1.05), and was significantly associated with MAP, cortisol, stress, and finger temperature. Subjects when listened to music compared with chair rest had lower perceived stress level, cortisol, heart rate, and MAP as well as higher finger temperature (all $p < 0.05$ to 0.001). Paired t-test results were also significant for posttest heart rate, cortisol, finger temperature and MAP between the two conditions ($p < 0.05$ to 0.001).

Discussion: The findings provided evidence to use soothing music as a research-based intervention for stress reduction.

P206

Reaction of panic disorder and somatic illnesses

M. Latas¹, S. Adnadjevic². ¹ *Institute of Psychiatry, Belgrade, Serbia* ² *Medical Faculty, Belgrade, Serbia*

Objective: The aim of this study was to indicate on the most common somatic illnesses in patients with panic disorder with agoraphobia and to estimate possible association between panic disorder with agoraphobia and somatic illnesses.

Method: The participants in this study were 93 patients with primary DSM IV diagnosis of panic disorder with agoraphobia and 48 control subjects without psychiatric diagnosis. The presences of somatic illnesses were ascertained from the modified National Institute of Mental Health Panic Questionnaire (NIMH PQ), where the patients and control subjects answered on the questions about presence of specified somatic illnesses.

Results: The most common somatic syndromes in the group of panic disorder patients were hypertension, hypotension, hyperthyroidism, constipation, and hypoglycaemia. Concerning somatic illnesses, in the sample of panic disorder patients most frequent were cardiovascular (61.3%), gastrointestinal (25.8%), endocrinology (19.4%) and urology (17.2%) illnesses. Comparing to control group, psychiatric healthy subjects, patients with panic disorder with agoraphobia have had statistically significant higher rate of cardiovascular (chi square=9.40, $p<0.01$) and endocrinology (chi square=19.31, $p<0.01$) illnesses.

Conclusion: The overall results of the study indicate that: 1. There is a high level of comorbidity between panic disorder with agoraphobia and somatic illnesses, 2. Cardiovascular diseases was the most common illnesses in patients with panic disorder with agoraphobia, 3. Cardiovascular and endocrine illnesses have had statistically significant higher rate in the patients than in the control group.

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Preliminary results evaluating cognitive function in elderly from double-blind, placebo-controlled trial of pregabalin in generalized anxiety disorder (gad)

M.M. Carrasco¹, F. Baldinetti², T. Leon², F. Mandel², L. Pauer³, K. Chatamra⁴. ¹ *Clinica Psiquiatrica Padre Menni, Pamplona, Spain* ² *Pfizer Global Pharmaceuticals, Pfizer Inc., New York, NY, USA* ³ *Pfizer Global Research & Development, Ann Arbor, MI, USA* ⁴ *Pfizer Global Research & Development, Sandwich, United Kingdom*

Background: Benzodiazepines impair cognitive function, especially in the elderly. The current analysis sought preliminary data on the effect of pregabalin on cognition in elderly patients with GAD.

Methods: Patients aged ≥ 65 years who met DSM-IV criteria for GAD, with HAM-A ≥ 20 and MMSE ≥ 24 , were randomized to 8 weeks of treatment with flexible-dosage pregabalin (150-600 mg/d) or placebo. A subgroup (N=89; 81% female; mean age=70.4 years; mean HAM-A=27.3) completed a cognitive battery including the Digit Symbol Substitution Test (DSST) and the Set Test at baseline and endpoint.

Results: At baseline, scores for pregabalin and placebo on the DSST were 13.75 ± 3.51 vs 13.39 ± 3.89 and on the Set Test 37.88 ± 3.25 vs 37.63 ± 3.69 . There was significant ($P<0.05$) inverse Pearson correlation between HAM-A item-5 (intellectual) and DSST (-0.32) and Set Test (-0.30) scores. There were also moderate inverse correlations between the DSST and HAM-A total score (-0.35) and age (-0.25). Weaker correlations (with the same directionality) were observed between the Set Test and these variables. At 8-week LOCF-endpoint, scores were comparable on the DSST (13.82 vs 14.54) and the Set Test (38.24 vs 37.95). Endpoint improvement in the HAM-A was moderately correlated with improvement in the Set Test (-0.23, $P<0.05$) but not with DSST. Univariate and