

Therapy through art, as well as from psychosomatics' groups of Psychosomatic Department of Goethe University. Then we will examine the effectiveness of the groups.

Matter and Method: In each art-therapy group there is a participation of a psychiatrist, a psychologist, a member of the nursing staff and approximately 5 to 10 patients. Patients may vary from one session to the next without excluding the possibility of the participation of a patient in more than one group session. The selection criteria for entering the group sessions depends mostly on the severity of patient's psychopathology. The therapeutic idea was that the group had to be completed in one and only session, the topics were taken from every day life, interpretation was generally orientated and "pointing out" was preferred (S. Mentzos 1991) or "Positive-Participative Interpretation" (G. Benedetti 1990), interventions are direct (verbal-non verbal), correcting on the patient's drawings. The therapist participates in an active way, borrowing his imagination to the patient.

We composed 3 questionnaires. For data analysis in 2003, SPSS 10 was used so as the doctors' (N=16), the nurses' (N=18) and the patients' (N=40) attitude was evaluated. Results are to be compared with these of 2008. Each one completed his own questionnaire alone with the first answer that came along then the questionnaires were placed face down.

Results: The results of the year 2003 were as following: Among the patients 83% understand their selves better, 66.7% express their emotions and 16.7% are bored. Among the doctors 81.8% consider the groups to be helpful, 54.5% think there is poor information and 100% think they should be continued. Among the nurses 81% consider the groups to be helpful. We will compare them with data of 2008.

Conclusion: The above technique seems to be carried out with small cost but great effectiveness in psychosomatic or psychotic hospitalized patients. As this procedure develops, many changes of technique are necessary; at first, there was nothing to guide us except our own experience. Finally, such groups are shown to be extremely useful in situations of short-term hospitalization with psychiatric patients, as psychotherapy is not just a method but also a therapeutic intervention.

P.8.a.034 The composite international diagnostic interview-for women (CIDI-VENUS): a pilot study

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Background: The World Health Organization-Composite International Diagnostic Interview (CIDI) is a highly structured interview for the assessment of mental disorders, based on the definitions and criteria of the fourth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Over the past decade it has become evident that the CIDI does not sufficiently address the assessment needs of women. Women are affected by most mental disorders, particularly mood and anxiety disorders, approximately twice as frequently as men. Women-specific disorders, such as premenstrual syndromes (PMS), premenstrual dysphoric disorder (PMDD), mood and anxiety disorders during pregnancy and postpartum as well as during

the perimenopause, menopause and beyond were not addressed by the standard CIDI diagnostic modules. In addition, the CIDI in its current form does not address the potential effect that female reproductive milestones may have on diagnosis, treatment and prevention of mental disorders in women.

Objective: Our objective was to develop a new women specific platform to be added on to the existing CIDI which will address the above mentioned current deficiencies.

Method: A team of experts in the field of Women's Mental Health from Canada and Germany has developed the new CIDI variant the CIDI for Women (CIDI-VENUS). It includes: 1) A complete menstrual history and comprehensive contraceptive history with a link to the Premenstrual Symptoms Screen Tool (PSST). 2) A complete perinatal history of pregnancies, miscarriages, terminations, still births, death of a child, with details of current pregnancy including gestation and EDC, labour history and breastfeeding, history of tobacco, alcohol, and other substance abuse including prescription drugs during pregnancy and postpartum, a section on specific phobias and on recurrent thoughts/behaviours (OCD) related to the baby with a link to the Perinatal Obsessive-Compulsive Scale (POCS), as well as specific psychotic features with a link to the Edinburgh Postnatal Depression Scale (EPDS). The new version also includes a history of use of hormone therapy (e.g. pills, patches, implants, etc.) with a focus on the perimenopausal, menopausal woman, differentiating between physical and psychological symptoms with a link to Menopause Visual Analogue Scales (M-VAS) and to the Greene Climacteric Scale. 30 women referred to the Women's Health Concerns Clinic at St. Joseph's Healthcare, Hamilton, Ontario, Canada, were assessed using the CIDI-VENUS and simultaneously also with the Mini International Neuropsychiatric Interview (MINI) and the Structured Clinical Interview for the DSM-IV TR (SCID).

Results: Overall there was complete agreement between the three tools when primary diagnostic categories were compared. However, only the CIDI-VENUS picked up the additional women specific items.

Conclusions: While retaining core diagnostic sections and diagnostic algorithms, the CIDI-VENUS is augmented by new women-specific diagnostic modules and provides additional women-specific significant information not available anywhere else in our current psychiatric diagnostic instruments.

P.8.b Other topics (basic)

P.8.b.001 Influence of cortexin on parameters of immunity in patients with organic asthenic disorder

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Objective: To study dynamic of indices of system of the immunity and clinical symptoms in patients with organic Asthenic disorder during therapy with Cortexin.

Material and Methods: 25 persons with organic asthenic disorder of predominantly traumatic genesis have been examined. In basic therapy 12 patients were administered with Cortexin during

10 days. 13 patients have constituted comparison group because they received only traditional therapy. For patients of both groups presence of substantial asthenic (cerebrasthenic) and cephalgic symptoms was typical, sleep disorders were found often. Clinical state of patients was assessed daily. Immunological examination was conducted in two points: point 1 – before administration of Cortexin, point 2 – in 12–14 days of therapy.

Results of investigation: Immune status of patients before beginning of treatment was characterized by decrease in relation to norm of total number of lymphocytes ($30.10 \pm 3.23\%$ and $35.52 \pm 0.89\%$), T-lymphocytes – CD3+ ($59.27 \pm 1.39\%$ and $68.76 \pm 1.54\%$, $p < 0.001$), T-helpers-inductors – CD4+ ($31.80 \pm 1.31\%$ and $39.75 \pm 1.40\%$, $p < 0.001$), ratio of cells CD4+/CD8+, phagocytic activity of leukocytes ($55.73 \pm 4.35\%$ and $81.48 \pm 2.10\%$, $p < 0.001$), level of circulating immune complexes – CIC (146.82 ± 11.91 s.u. and 66.62 ± 3.84 s.u., $p < 0.001$), concentration of serum IgG (17.61 ± 1.10 g/l and 11.63 ± 0.50 g/l, $p < 0.001$) and IgA (2.37 ± 0.15 g/l and 1.79 ± 0.21 g/l, $p < 0.05$). In the process of therapy with Cortexin clinical symptoms were reduced in most patients 5–7 days earlier than in comparison group, tension, and irritability decreased, sleep was restored. In point 2 of examination, number of lymphocytes, concentration of IgG and IgA were normalized; in relation to point 1 of the investigation number of CD3+, CD4+, HLADR+ lymphocytes increased (B-lymphocytes and active T-lymphocytes), level of CIC decreased.

In addition, patients with organic asthenic disorder presented with statistically significant as compared with control reinforcement of expression of receptor CD95 – marker of apoptotic signal ($24.00 \pm 2.06\%$ and $11.33 \pm 0.64\%$, $p < 0.05$). State of system of the immunity in these patients may be identified as T-immune deficit, with predominant suppression of populations of T-lymphocytes (CD3+), T-helpers/inductors (CD4+). Through receptor complex TCR-CD3 classical way of activation of T-lymphocytes is realized. In this association decrease of number of CD3+ lymphocytes (cells-acceptors) may testify to impairment of this way of immune response. Decrease of number of CD4+ lymphocytes may be manifestation of ageing of the immune system. Because CD4 is one of receptor molecules modifying apoptogenic signal which cross-ligation determines development of apoptosis during activation through complex TCR-CD3, we may assume that disturbances in system of the immunity in patients with organic asthenic disorder lead to activation of processes of apoptosis. After therapy we observed significant decrease of CD95-lymphocytes, however only in group of patients receiving Cortexin this value was statistically reliable.

Conclusions: Inclusion of Cortexin into the therapy of patients with organic asthenic disorder exerts psychoneuro-immunomodulating effect that in addition to normalization of quantitative ratio of immune competent cells exerts positive influence on asthenic and cephalgic symptoms of patients.

P.8.b.002 Early maternal experience, maternal sensitivity, infant emotion regulation and HPA function

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In the first three years of life, emotion regulation is believed to develop through the quality of the infant-caregiver relationship. In infants, socioemotional expressivity and self-regulation is assessed through the Stillface paradigm. Using the Stillface paradigm, previous reports have demonstrated that infant emotion regulation is related to maternal sensitivity, attachment security, internalizing and externalizing disorder at 18-months [1].

Secure infants were more likely to exhibit positive behaviours during the Stillface, whereas insecure infants engaged in more self-soothing behaviours [1]. More recently, emotion regulation in infants has been related to physiological measures, including respiratory sinus arrhythmia and skin conductance [2].

Preliminary physiologic findings suggest that maternal physiology may be an important variable to consider in infant emotion regulation [2]. In addition, outside of the Stillface context, research has indicated that maternal sensitivity is related to infant cortisol levels, with infants of more sensitive mothers exhibiting lower levels of cortisol at baseline and increased cortisol reactivity. Studies with nonhuman animal models clearly demonstrate that normal variations in maternal behaviour are associated with the development of the hypothalamic-pituitary adrenal (HPA) axis and emotionality [3]. In addition, HPA stress reactivity and maternal care patterns are transmitted across generations. To our knowledge, no study to date has examined the relation between maternal and infant physiology, maternal factors and infant emotion regulation. The purpose of this study was to explore the relations amongst retrospective reports of maternal childhood adversity, her current parental function (maternal sensitivity), current stressors (parenting and marital stress), mother and infant cortisol reactivity, and infant emotional regulation. This study is a component of a larger, longitudinal study following mothers and infants to 18-months of age. Sixty mothers and their 6-month old infants were recruited from various Ontario Early Year Centres throughout Toronto, Canada. During a two-hour home visit mothers and their infants participated in the Stillface paradigm, a structured free play session, and four saliva samples (baseline, 20-, 40- and 60-minutes after the Stillface procedure) were collected for cortisol analyses. We assessed maternal retrospective reports of childhood maltreatment using the Childhood Trauma Questionnaire (emotional, sexual and physical abuse, emotional and physical neglect). Maternal sensitivity was assessed using the Maternal Behavior Q-Set throughout the two-hour visit. Saliva samples were assayed for maternal and infant cortisol stress reactivity using enzyme immunoassays. Preliminary analyses, using Pearson correlations, suggest that maternal early adversity is related to parental stress and marital conflict. Maternal reports of childhood physical and emotional abuse were positively associated with increased reports of conflict with their partners. In addition, maternal childhood reports of maltreatment (emotional and physical abuse) were also associated with current parental stress. Furthermore, consistent with other findings, ratings of maternal sensitivity were related