national participation index (PaI) into global scientific production about ADHD was calculated. We have correlated it with global PaI in Biomedicine and Health Sciences, with the PaI in the Psychiatry discipline and with Social-Health index of the main productive countries in this field, like per capita health expenditure, number of physicians or per capita gross domestic product.

United States is the most productive country (participation index, PaI=44.2), followed, at a long distance, by Canada (PaI=6.14), United Kingdom (PaI=5.07) and Germany (PaI=4.33). Of the most productive in Health Sciences, only 4 countries exceed their own PaI in the Psychiatry field (Brazil, China, Spain, and USA). Correlation between PaI and per capita health expenditure offers a similar distribution to productivity ranking, except to China, Brazil and Turkey. On the contrary, correlation between PaI and total number of physicians in each country finds in better position Canada, Australia, USA and Israel.

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Sub syndromal mood disorders in artists

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With the possible cyclothymia in artists, there is a paucity of data in the lithérature on the hypomania and dysthymia disorders in artists

Objective: The aim of the study is to evaluate the frequency of subsyndromal mood disorder in artists.

Method: We have recruited 84 artists, 23 women, 61 men, mean age 33.6+ 12 years, 57.1% professional comedian artists ; Diagnosis of hypomania and dysthymia was accorded to Mini DSM IV criteria. The software Epi info 6 was used for data analysis

Results: 67.9% were single and 25% were married, About half of the sample have low level economic socio (150 $/ month),35.7% consumed alcohol and 11.9% consumed hachich.

Hypomania was diagnosed in 52.4% artists, hypomania passes was diagnosed in 28.8% artists, 2.7% have dysthymie and 44% have cyclothymia, 3.6% have no mood disorder past and no actual mood disorder,There was a correlation between the prevalence of the hypomania and the marital status (frequent at single), and with the age (frequent at young). As well as between the dystymia and the sex (frequent at men). No relationship was found between hypomania or dysthymia and level of study, social class, consumption of alcohol and hachich.

Conclusion: In our data sub syndromal desorder in artist is frequent specially hypomania and cyclothymia that confirm that this population must have special managment.

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Bipolar depression comorbid with diabetes mellitus - a therapeutical challenge. Case report

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Background: Major depressive episodes are the main features of bipolar disorder (BD) and finding an efficient therapy represents a tough challenge especially when BD associates diabetes mellitus (DM). Atypical antipsychotics proved efficacy in monotherapy and more so in association with mood stabilizers, but choosing the atypical antipsychotic requires special cautions due to metabolic adverse effects.

Aim: To choose a therapeutic scheme that improves rapidly acute depressive symptoms and has a good endocrine-metabolic tolerability.

Method: Male BD patient, 49 years old, hospitalized for a major depressive episode while taking poly-pharmacological treatment. The patient also has DM for which he takes two oral anti-diabetics. When inpatient, he had persistent hyperglycemia (>250mg/dl). DM's complications (poly-neuropathy, myocardial and retinal angiopathy) and diabetic status oriented us choosing quetiapine (600mg/day) for both antidepressive effect and its safe metabolic profile. We used as adjuvant valproat (1000mg/day). Antidiabetic medication was adjusted following the clinical outcome. Instruments: depression (MADRS), mania (YMRS), CGI-BP, diabetes (glycemia, HbA1c, glycosuria, body weight, ECG), adverse events and relapse (follow-up 6 months). The evaluations were performed weekly during hospitalization (6 weeks) and then monthly.

Result: Quetiapine and valproat therapy led to depressive symptoms remission (MADRS <50% vs. baseline). At the same time, the metabolic effects were minimal. DM was compensated (glycemia <120mg/dl). These results maintained till the end of the follow-up period.

Conclusion: Acareful option for treatment and monitoring of BD associated with DM is necessary to obtain an optimal therapeutic response and to maintain remission for a longer period of time.

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Peripheral brain-derived neurotrophic factor (BDNF) in patients with unipolar depression or with bipolar I and II disorders

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Background and aims: Accumulating evidence proposes BDNF as a candidate molecule in the pathophysiology of affective disorders. Reduced levels of peripheral BDNF have been found in drug-free patients with major depressive disorder (MDD), in drug-treated depressed or manic patients with bipolar disorder type I (BD-I), but not in drug-treated euthymic BD-I individuals. No study explored BDNF serum levels in patients with bipolar disorder type II (BD-II). Our aims were to confirm previous findings on peripheral BDNF in MDD and BD-I patients; to explore circulating BDNF also in patients with BD-II; to exclude the influence of comorbid psychiatric disorders on BDNF levels in affective patients.

Methods: We measured serum BDNF concentrations in 85 subjects, including 24 euthymic patients with unipolar depression (UD), 17 euthymic patients with BD-I, 11 euthymic patients with BD-II, 11 UD patients with a current major depressive episode and 22 drug-free healthy controls. At the assessment time, 15 patients were drug-treated; the remaining ones were drug-free for at least 4 weeks.

Results: As compared to healthy controls, serum BDNF concentrations were significantly reduced in all the patient groups with no significant inter-group differences. Drug treatments and comorbid psychiatric disorders had no effect on lowered circulating BDNF levels in affective patients.

Conclusions: Present results confirm previous findings of reduced BDNF in patients with MDD and reveal, for the first time, that serum BDNF levels are decreased also in euthymic patients with UD, BD-I and BD-II, independently from drug treatment status and concomitant Axis I psychiatric disorders.

https://doi.org/10.1016/j.eurpsy.2007.01.854 Published online by Cambridge University Press