common comorbid PD in bipolar-I patients. Presence of at least one PD were significantly associated with the number of previous episodes ($p < 0.05$). Statistical significance was also obtained in between previous suicide attempts and presence of at least one comorbid PD ($p < 0.05$)

Conclusions: Our results suggest that clinicians in practice treating bipolar patients should always be aware of the presence of comorbid PDs. Significantly higher rates of suicide attempts and previous episodes were found in patients with comorbid PD which possibly indicate poor prognosis in the course of the disease and poor compliance to the treatment.

P01.123

COMORBIDITY OF ANXIETY DISORDERS IN PATIENT WITH BIPOLAR-I DISORDER

L. Tamam, N. Ozpoyraz*. *Department of Psychiatry, Cukurova University Medical Faculty, Balcali, 01330 Adana, Turkey*

Objective: The results of researches in recent years strongly supported a higher comorbidity of anxiety disorders in patients with bipolar disorders than with normal population. The purpose of the present study was to investigate the anxiety disorder comorbidity in patients with bipolar-I disorder.

Method: 55 Bipolar-I outpatient have been included in this study. All patients were examined for the presence of a comorbid anxiety disorder by using Structured Clinical Interview for DSM-IV (SCID-I, Clinical version).

Results: In 34 cases (61.8%), there was at least one comorbid anxiety disorder present. The prevalence of obsessive compulsive disorder in bipolar disorder was 36.4%, whereas the prevalence of specific phobia was 23.6%. The prevalence of other anxiety disorders among bipolar patients were for social phobia 18.2%; for post-traumatic stress disorder 14.5%; for generalized anxiety disorder 12%; for panic disorder 5.5%. 14.7% of the bipolar patients with comorbid anxiety disorder had suicide attempts whereas 20.6% of them had alcohol use disorder. There was significant difference in obsessive compulsive disorder prevalence among male (12.5%) and female (54.8%) bipolar-I patients ($p = 0.001$).

Conclusion: The prevalence of anxiety disorder in patients with bipolar-I disorder is much higher than the prevalence among normal population. The presence of a comorbid anxiety disorders in bipolar patients have been observed as a substantial contributing factor during the course of disorder and in compliance to the treatment. It would be useful to evaluate these patients from this view during the course of the disease.

P01.124

DEPRESSIVE EPISODE TREATMENT WITH CITALOPRAM IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION: A DOUBLE BLIND CLINICAL STUDY

R. Vazquez-Noguerol*, M. Alvarez, A. Perez-Bravo, J. Olivares. *5 Plaza de Compostela Apt: 3, 36201 Vigo, Pontevedra, Spain*

Background: During HIV infection, the use of antidepressive drugs may lead to several problems, such as their bad tolerability or the arising of notorious adverse effects.

Method: 30 persons with HIV infection meeting DSM-IV criteria for major depression were randomly divided into two treatment groups: an experimental one, that received 20–40 mg of citalopram and a control one that were given 100–200 mg of sertraline.

Results: At 8 weeks, a 40% reduction of the basal values of the Hamilton depression scale scores was achieved in both groups. In the group that received citalopram, the most frequent adverse effects were mild drowsiness and sweating, and in the group that received sertraline, insomnia, diarrhoea and sexual disfunction ($p < 0.05$). Any effect was observed in immune parameters.

Conclusions: Due to his efficacy and tolerability profile, citalopram could be appropriate for the treatment of depressive episodes within this population.

P01.125

METACHROMATIC LEUKODYSTROPHY VS. SCHIZOPHRENIA: A CASE REPORT

E.G. de Miguel*, J.V. Guerrero. *Calle Dr. Azpitarte 12 - 6° L, 18012 Granada, Spain*

Metachromatic Leukodystrophy (MLD) is a rare, inherited neurodegenerative disease, associated with a defect in the catabolism of sulphatide (galactocerebroside-sulphate) which accumulates in the nervous system. MLD is diagnosed biochemically by demonstrating deficiency in the activity of the enzyme aryl-sulphatase A and an excess of sulphatide in urine and tissues. Clinically adult MLD may present as a schizophrenia-like psychosis, which develops years before the onset of neurological signs. The neuroimaging studies show an accentuated demyelination in frontal area mainly.

We present a patient male, 34 years old, who suffers psychotic symptoms since 1994; predominant negative psychopathology, he has also periodic bouts of catatonia-like syndrome together with physical complaints (high fever, sweating and increased heart rate and blood level). Neurolepticmalignant syndrome was discarted. Sometimes, sudden changes of the mood or the behavior are the clinical features. Although antipsychotic drug therapy is closely supervised we found no response until we tried with clozapine (200 mg/day) as maintenance dosage. The studies with SPECT and MNI show appearance of MLD, although neurological explorations did not confirm it.

P01.126

SUBTHRESHOLD PSYCHIATRIC DISORDERS INFLUENCE THE SUBJECTIVE WELL-BEING OF THE ELDERLY

A. Papassotiropoulos*, R. Heun. *Department of Psychiatry, University of Bonn, 25 Sigmund-Freud-Str., 53105 Bonn, Germany*

Subthreshold psychiatric disorders are prevalent among elderly community residents. The present study examines whether subthreshold anxiety and depression reduce subjective well-being and whether well-being measurements can be used as screening instruments for the detection of these disorders in the elderly. The study was performed in an epidemiological sample of community-dwelling elderly individuals. The total sample comprised 274 subjects over 60 years of age, 57 subjects suffered from acute subthreshold depression, 26 subjects suffered from acute subthreshold anxiety, 173 subjects were defined as being healthy (i.e. no acute or lifetime major psychiatric disorder, no acute subthreshold disorder). The Well-Being scales (WHO) were used for quantification of psychological well-being. Subjects with subthreshold disorders had low subjective well-being as indicated by the low scores on the Well-Being scales. Low cognitive performance and living with family members (not spouses) also resulted in reduced well-being. ROC analysis revealed that the ability of the Well-Being scales to detect subthreshold anxiety or subthreshold depression was moderate. This is the first study showing that subthreshold psychiatric disorders (i.e. anxiety and depression) are associated with quantifiable reduction of subjective well-being and that the use of the WHO Well-Being scales could help when screening for such disorders in the community.

https://doi.org/10.1016/S0924-9338(00)94533-4 Published online by Cambridge University Press