Limitations: This study included suicide attempters who had presented self-poisoning, but not individuals with very high risk of fatality.

Conclusions: In suicide attempters there is a very high prevalence of DMX, especially among bipolar depressive suicide attempters. This study underlines the importance of detecting and appropriate treating DMX and especially depressive bipolar mixed subgroup in suicide behaviour prevention.

P099

Metabolic syndrome among patients with bipolar disorder: Current perspectives of European psychiatrists

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Background: Patients with bipolar disorder may be at elevated risk for metabolic syndrome or its components. Little is known about awareness of metabolic issues among European psychiatrists, or the impact on management of bipolar disorder.

Methods: In 2006, 718 psychiatrists in UK, France, Germany, Spain and Italy were recruited to complete an online survey. Eligibility criteria were: practicing 4-30 years, spending ≥50% of time in direct patient care, and treating ≥10 bipolar patients in the last month. Aggregate data were weighted according to the number of psychiatrists in each country. Data comparing individual countries were not weighted due to possible biasing factors such as demographic differences.

Results: 22% of respondents were unfamiliar with metabolic syndrome. More than half (56%) had diagnosed it and 72% saw it as a significant health risk. Based on NCEP criteria, the estimated prevalence was ~25% in bipolar patients and ~20% in the general population. With bipolar medications, side effects of greatest concern to psychiatrists were weight gain, cognitive impairment, and glucose intolerance. Treatments associated with increased risk of metabolic syndrome were olanzapine (76%), risperidone (42%), and quetiapine (36%). Although 39% said metabolic concerns rarely or never lead them to stop or switch bipolar disorder therapies, 65% have changed their interviewing and monitoring habits in the past 3 years regarding metabolic health.

Conclusions: European psychiatrists view metabolic syndrome as prevalent and are concerned about the metabolic risks of bipolar medications. Two thirds say that metabolic health issues have prompted changes in patient care in recent years.

P100

Trends in psychopharmacological approach to bipolar disease in the last 20 years - A retrospctive study-

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Introduction: Bipolar disease type I has an estimated prevalence of 1% in the general population. Approximately 50% of first episodes are of the manic type. In the last decades, there have been major advances in the understanding of the disease and its psychopharmacological treatment, namely through the usage of anti-psychotics (both typical and atypical), mood stabilizers and anxiolitics.

Objective: To study the farmacological treatment of acute mania in Hospital Miguel Bombarda over the last 20 years.

Methods: Data retrieval from the clinical files of the patients admitted for bipolar disease, manic type, and its sociodemografic caractherization. Study of the farmacotherapy used in a sample of the first 30 clinical admissions due to the illness over 20 years, with intervals of 5 years. (1986, 1991, 1996, 2006)

Results: There has been an overall increasing rate of admissions due to bipolar disease, manic type over the last 20 years. This evolution is depicted graphically.

Conclusions: Anti-psychotics were the class of therapeutic agents most comonly used, especially haloperidol. In the last years, there has been a slow but steady increase in the usage of mood stabilizers; however, atypics lagged behind in the prescriptions habits for bipolar disease, manic type in the sample studied.

P101

The treatment of rapid cycling bipolar disorder (RCBD)

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Background: The objective of this study was to evaluate the efficacy,safety and tolerability of quetiapine and olanzapine in association with valproate in the treatment of RCBD.

Methods: 30 patients diagnosed with RCBD by DSM IV criteria were divided in 2 groups - group A included 15 patients treated with quetiapine (600-800mg/day) and group B included 15 patients treated with olanzapinum (10-15 mg/day). Both groups received valproate 500mg/day.

At the beginning of the study 12 patients were maniac, 8 in a mixed state,7 depressed,3 hypomaniac. Patients were assessed with Clinical Global Impression Scale for Bipolars, the Young Mania Rating Scale and the Hamilton Depression Rating Scale.We evaluated al groups at baseline, after 1 week, 2 week, and every month during the period of study (1 year).

Results: A similar and significant improvement was observed in both group for all the scale scores (CGI-BP, YMRS,HDRS). Doses of quetiapine and olanzapinum were significantly reduced by the end of the study in compare with baseline. Doses of quetiapine and olanzapinum differed according to the initial episode.

Conclusions: Quetiapine and olanzapinum in association with valproate were an effective treatment for rapid cycling bipolar patients. Adequate doses for acute episodes could significantly differ according to the episode polarity and the length of treatment.

P102

Attribution style and social functioning of ADHD vs non-referred children

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Objectives: Attention Deficit Hyperactivity Disorder (ADHD) is common chronic mental health condition in children and adolescents and has severe impact on their social functioning. This study explores mutual relationship between children attributions (implied in M. Seligman terms) and school, familial and peer functioning in ADHD and non ADHD populations.

Method: The study cohort of children exclusively suffered for ADHD, in the age of 12 and 13, majority of boys, was pair-matched with non-referred children. Both groups were administered

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sociodemographic and school achievements specification along with the Children's Attribution Style Questionnaire and Achenbach Youth Self Report Questionnaire (YSR). Parents completed The Children's Global Assessment Scale (CGAS) and Child Behavior Checklist (CBCL). In this preliminary report we evaluate data concern 40 participants as well as their parents (all study group is 4 times folded).

Results: Substantial differences were observed between the ADHD and non ADHD groups on child attributions measures. Children with ADHD had additional difficulties in all domains of social functioning. The pessimistic styles of attribution in ADHD children interfere with the correlation of the severity of the disorder and the degree of social deterioration.

Conclusions: Several important cognitive motivational issues emerged. ADHD children's repeated negative experiences arised from ADHD phenomenology failed in creating the optimistic thinking. The certain attribution styles of children with ADHD may place them at risk for poor self esteem and/or depression in future. When ADHD is present, there is an additional burden on peer, school, and family functioning.

P103

Bipolar disorder-mixed episode: adding mood stabilizer to antipsychotics

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Background: One of the partial solved issues in the treatment of Bipolar Disorders is mixed episode. Often, antidepressant monotherapy increases the risk of switching into mania/hypomania. Also, discontinuation of mood stabilizers leads to relapses. In long term treatment, adding mood stabilizers may help to avoid the disease burdens.

The aim: to estimate the clinical efficacy and acceptability, in mixed episodes, of valproate-VPA vs. carbamazepine-CBZ, associated or not with olanzapine (OLZ).

Methods: clinical open study including 51 patients (28-56 years), both sexes, with Bipolar Disorder-Mixed Episode (DSM-IV), mean scores YMRS=21,3 and MADRS=17,5 at baseline. Instruments: depression (MADRS), mania (YMRS), CGI-S, CGI-I, side effects, somatic conditions and relapse (follow-up: 6 month). We divided those patients in 3 groups: Group A: OLZ (17,5mg/day), N=17, Group B: OLZ+ CBZ (1250mg/day) N=17 and Group C OLZ+VPA (1350mg/day), N=17. After 4 weeks: 42 patients were responders (MADRS and YMRS< 50% vs. baseline), 9 drop-outs. Responders Group A: 11pts, Group B: 7pts, Group C: 16pts. The 6 month follow-up period we evaluated the relapses in all groups.

Results: After 4 weeks, VPA and CBZ associated with OLZ were similarly effective, with an advantage in the OLZ+VPA group. The follow-up period demonstrate fewer relapses in the OLZ alone Group and OLZ+VPA Group versus OLZ+CBZ Group.

Conclusions: 1.For the treatment of mixed episodes in Bipolar Disorder, OLZ monotherapy and OLZ+VPA seemed to be more effective and best tolerated. 2. In long term treatment, considering the different adverse events of VPA and CBZ, VPA may be more effective than CBZ.

P104

Mania following stroke. A case report

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Background: Post-stroke depression is common. In contrast, mania after stroke is rare.

Methods: case report.

Results: Mr A., a 55 years old, right handed man, presented sudden non fluent aphasia during 10 minutes, investigated in an emergency department. Computed tomography (CT) revealed focal atrophy in the right temporal cortex. According to the general practitioner and the emergency department, the patient developped mania within 24 hours, characterized by psychomotor agitation, insomnia, distractibility, irritable affect, disorganised thought, and flight of ideas. He was admitted in our psychiatric department without consent 9 days later. He fullfilled DSM-IV criteria of manic episode. The patient was correctly orientated. Cognitively, the patient was able to score 28 out of 30 on the Mini-Mental State Examination. He was being treated for hypertension and diabetes by his general practitioner for 10 years. There was no family history of psychiatric disorder. His treatment included amlodipine 10 mg/day, trinitrine 5 mg/day, and glibenclamide 5 mg/day. A second CT scan showed ischemic focal change in the right temporal pole. B12 and folates levels were within the normal range. The patient tested negative for the syphilis serology. He received valproic acid 900 mg/day and had a good response. Over a 15-day period, his elevated mood settled to an euthymic level. His daily medication included valproic acid, risperidone 2 mg and hydroxyzine 200mg.

Conclusions: Mania could be associated with right-hemisphere lesions, particularly in limbic areas that have strong connections with the frontal lobe (Starkstein & Robinson, 1997).

P105

Changes in cortical activation during sad facial affect recognition with lamotrigine monotherapy in patients with bipolar disorder

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Background: Bipolar Disorder (BD) is associated with structural and functional abnormalities in prefrontal and limbic areas implicated in emotional processing. Lamotrigine (LTG) has been shown to improve depressive features in BD although its mechanism of therapeutic action is not known. The current study examined the possibility that LTG may improve functional activation within the neural circuitry involved in emotional processing.

Methods: We used functional Magnetic Resonance Imaging to examine changes in patterns of brain activation in 12 stable BD patients (a) compared to healthy controls when medication free and (b) after 12 weeks of Lamotrigine monotherapy whilst performing a sad facial affect recognition task on both occasions.

Results: At baseline, compared to controls, BD patients showed overactivity in response to sad facial affect recognition in temporal lobe regions and under-activity in dorsal medial and right ventrolateral PFC and the dorsal cingulate gyrus. After 4 weeks of LTG monotherapy, patients showed reduced activation in temporal regions and increased neural response in dorsomedial and ventrolateral prefrontal regions.

Conclusions: This preliminary evidence suggests the possibility that LTG may enhance functional activation within prefrontal regions responsible for emotional self-regulation.

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