

Posters, Tuesday, 7 March 2006

Poster Session 3: Bipolar disorders

P1

Impact of introduction of atypical antipsychotics on the length of hospitalization in BAP-I

D. Breznoscakova, E. Palova, M. Sestakova, M. Medvecky, K. Simkovicova. *Department of Psychiatry University of P. J. Safarik and Univ. Hospital of L. Pasteur, Kosice, Slovak Republic*

Introduction: Bipolar affective disorder (BAP) is chronic psychiatric disorder characterized by remission and exacerbations of mood disturbances. Treatment of BAP is complex and includes psychotropics drugs, such as “mood stabilizers”, antipsychotics, antidepressants... Despite all these facts there is a lack of data about the changes of treatment habits over the longer period of time under naturalistic condition.

Aim of the study:

- To assess the change of treatment habits over the period of time (with focus on mood stabilizers, atypical antipsychotics)
- The number of hospitalizations of BAP and number of days over 10-year period of treatment before and after treatment with atypical antipsychotics

Patients and methods:

- Retrospective survey of in-patient’s files (1995–2005) with typical limitations for retrospective case survey
- BAP - I, $n = 68$ (of 112 with BAP, DSM-IV)
- No of hospitalizations and days, average No of hospitalizations/year, type of treatment, before and after treatment with atypical antipsychotics.

Results

- The first episode was depressive in 50% of patients comparing to 47% of manic one;
- There was a steady decrease in use of thymoprophylactic medication over the time (68% vs. 82%);
- We observed increase in prescription of atypical antipsychotics (in 80% of patients; last 6 years = 93%);
- We observed decrease in average number of hospitalizations following prescription of atypical antipsychotics over the time (0.7 vs. 0.92 per year) and similar decrease of number of days during these hospitalizations (30.5 vs. 32.2 days).

P2

Onset of action of quetiapine monotherapy in bipolar mania

M. García-Amador¹, B. Paulsson², J. Mullen³, M. Brecher³, E. Vieta¹. ¹ *Hospital Clinic, IDIBAPS, University of Barcelona, Barcelona, Spain* ² *AstraZeneca, Södertälje, Sweden* ³ *AstraZeneca Pharmaceuticals LP, Wilmington, DE, USA*

Background: Quetiapine monotherapy has been shown to be effective and well tolerated in bipolar mania (1–3).

Objective: Evaluate the onset of action of quetiapine monotherapy in bipolar mania.

Methods: Two 12-week, randomized, placebo-controlled trials of quetiapine monotherapy (1–3) were examined to determine the time of first significant improvement in YMRS score for quetiapine relative to placebo in patients with DSM-IV bipolar I disorder experiencing a manic episode. The first evaluation in both studies was Day 4.

Results: A significant difference ($P < 0.01$) between quetiapine and placebo in total YMRS score improvement was first noted by Day 4 in one monotherapy trial (1) and Day 7 in the other (2). Pooling of data from the two studies indicated an onset of action by Day 4 ($P = 0.021$) (3). Analysis of YMRS items in the pooled dataset showed an onset of action for quetiapine in three items (appearance, speech rate/amount, and sexual interest) by Day 4 and in three further items (increased motor activity, sleep, and language/thought disorder) by Day 7 ($P < 0.05$). Quetiapine improved all 11 YMRS items significantly by Day 21, with maintenance of these improvements to study end (Day 84). Adverse events by Day 4 (during quetiapine dose escalation) included somnolence, dry mouth, and insomnia.

Conclusions: Quetiapine monotherapy is effective and generally well tolerated in patients with bipolar mania, with an onset of action as early as Day 4.

References

- [1] *Eur. Neuropsychopharmacol.* 2005;15:573–85.
- [2] *J. Clin. Psychiatry.* 2005;66:111–21.
- [3] *Curr. Med. Res. Opin.* 2005;21:923–34.

P3

Clinical characteristics and disability in patients with psychosis during acute mania

C. Reed¹, I. Goetz¹, M. Lorenzo¹, J. van Os³, J.M. Azorin⁴, and The EMBLEM Advisory Board⁵. ¹ *Lilly Research Centre, Windlesham*

² *Research and Development Unit, Sant Joan De Deu-SSM, Barcelona, Spain* ³ *Department of Psychiatry and Neuropsychology, Maastricht University, Maastricht, The Netherlands* ⁴ *CHU Sainte-Marguerite, Marseille, France* ⁵ *Emblem Advisory Board*

Objectives: To describe clinical factors and social disability associated with psychotic symptoms in patients with acute mania.

Methods: EMBLEM is a 2-year prospective, observational study conducted in 14 European countries on outcomes of patients with a manic/mixed episode. Adult patients were enrolled within the standard course of care as in/outpatients if they initiated or changed oral medication with antipsychotics, anticonvulsants or lithium for treatment of acute mania in the context of bipolar disorder. Treatment decisions were at the discretion of the treating psychiatrist. 530 psychiatrists enrolled 3692 patients between December 2002 and June 2004 using the same study methods assessing socio-demographics, psychiatric history, clinical status, functional status and pharmacological treatment patterns.

Results: of 3536 eligible patients at baseline, 49% ($n = 1506$) had hallucinations/delusions during the current episode and 40% ($n = 1409$) were currently at least moderately psychotic with Clinical Global Impressions (CGI) Hallucinations/delusions scale ratings ≥ 4 . Patients with psychosis were younger (42.8 vs. 45.9 years); more severely manic—Young Mania Rating Scale (YMRS) mean 31.7 (S.D. 9.67) vs. 22.2 (S.D. 8.42); more likely to be an inpatient (49% vs. 32%); more likely to have used cannabis (16% vs. 9%) in the previous 3 months. They had lower treatment compliance (41% vs. 56%) and were more severely functionally impaired (45% vs. 24% severe work-impairment).

Conclusions: Patients with psychotic symptoms during mania form a more severely affected sub-group on which we will present baseline and follow up data. EMBLEM provides clinically relevant information on manic patients treated in a naturalistic setting across Europe.

P4

How are patients with bipolar disorder treated at time of hospital discharge?

J.M. Ivorra ¹, P. Alcober ², E. Pol ³, M. Ballester ⁴, J.C. García ⁴, J.L. Villar ⁴, T. Aznar ⁵. ¹ *Dirección Médica; Centro Socio-Asistencial Dr. Esquerdo* ² *Facultad de Farmacia, Universidad Miguel Hernández* ³ *Unidad de Farmacia; Centro Socio-Asistencial Dr. Esquerdo, San Juan de Alicante* ⁴ *Unidad de Hospitalización Psiquiátrica; Servicio Salud Mental, Diputación de Alicante*, ⁵ *Servicio de Farmacia; Hospital Clínico Universitario, San Juan de Alicante, Spain*

Background: When applying in clinical setting the guidelines for the treatment of bipolar disorder (BD), problems arise about effectiveness, safety, tolerance and compliance.

Objective: To describe prescription trends at time of discharge of patients diagnosed of BD.

Method: Transversal survey of prescriptions at discharge of patients with BP during a 4-month period. Modified ATC classification was used. The number of Defined Daily Doses (DDD) per patient by day were calculated for each category.

Results: During the study period, 16 discharges occurred. Eleven of which received more than 3 psychotropic drugs. All the patients were receiving mood stabilizers, 12 of them lithium and 10 individuals received more than one agent. Antipsychotics were prescribed to 15 individuals, eight of them olanzapine. Twelve patients received anxiolytics-hypnotics, 8 of them lorazepam. None received antidepressant drugs. The mean dose of mood stabilizers was 1.7

DDD/patient-day, while that of antipsychotics was 1.9 and that of anxiolytics-hypnotics 1.8. There were no differences in frequency of use or dose between these drug categories as a function of any of the independent variables (gender, admission in the previous 12 months, hetero or autoaggressive behaviour record, age, first episode). All the patients with aggressive antecedents received anxiolytics-hypnotics.

Conclusion: Patients with BD received simultaneously drugs from different categories, and several agents from the same category. It seems likely that these factors could reduce compliance. The doses used in BT treatment are similar that used for the drug's main indication.

P5

The probability of bipolarity among patients with recurrent depressive disorder

A. Kiejna ¹, J. Rymaszewska ¹, A. Suwalska ², D. Łojko ², J. Rybakowski ². ¹ *Department of Psychiatry, Wrocław Medical University, Wrocław* ² *Department of Adult Psychiatry, Poznan University of Medical Sciences, Poznan, Poland*

Over the last few years researchers have paid a lot of attention to the problem of the correct diagnosis of affective disorders.

The aim was to assess probability of various types of bipolar affective disorders (BP-I, II and spectrum) among patients ($n = 246$) being treated for a recurrent depressive disorder (UP). Analysis was based on criteria introduced by Ghaemi et al. and Hirschfield's Questionnaire.

Results: The appearance in the past of strange, risky behaviour was associated with a greater risk of BP-I in comparison to UP (OR = 24.5), as did extreme, irrational expenditure (OR = 21.1), a lack of criticism with respect to own's social behaviour (OR = 20.3), increased interest in sex (OR = 17.7) and extreme self confidence (OR = 12). Lack of criticism with respect to own's social behaviour and strange, risky behaviour was associated with a greater risk of BP-II (OR = 12.7 and OR = 10, respectively). The greatest risk of spectrum were associated with hypomania, including drug induced (OR = 15.8), as well as a lack of criticism with respect to own's social behaviour (OR = 11.8). Panic attacks appeared more often in BP in comparison to UP, but their frequency was similar in all three groups (BP-I, BP-II, BP-S). Early occurrence of depression (before 25 years of age) significantly increased the risk of each of three types of bipolar affective disorders (by a factor of 3–5).

Conclusions: Findings indicate necessity of discussion on sharp criteria of bipolar affective disorders. Results should be helpful in diagnosis of such disorders, which could have important consequences for effective therapy.

P6

Olanzapine in the treatment of acute mania in adolescents with bipolar I disorder; a 3-week randomized double-blind placebo-controlled study

M. Tohen ¹, L. Kryzhanovskaya ¹, G. Carlson ³, M. DelBello ⁴, J. Wozniak ⁵, R. Kowatch ⁴, K. Wagner ⁶, R. Findling ⁷, D. Lin ¹, C. Robertson-Plouch ¹, W. Xu ¹, X. Huang ¹, R. Dittmann ⁸, J. Biederman ⁵, M. Tohen ². ¹ *Lilly Research Labs, Indianapolis, IN* ² *McLean Hospital, Harvard Medical School, Belmont, MA*, ³ *Stony Brook University School of Medicine, Stony Brook, NY* ⁴ *University of Cincinnati College of Medicine, Cincinnati, OH* ⁵ *Massachusetts General Hospital, Harvard Medical School, Boston, MA*, ⁶ *University of Texas Medical Branch, Galveston, TX* ⁷ *Case Western Reserve*

University, Cleveland, OH, USA ⁸ Lilly Deutschland Medical Department and University of Hamburg, Germany

Objective: To evaluate the efficacy and safety of olanzapine for the treatment of acute mania in adolescents with bipolar disorder.

Methods: Patients 13–17 years of age with a manic or mixed bipolar episode received either olanzapine (2.5–20 mg/day; $N = 107$) or placebo ($N = 54$) in a 3-week, multicenter, randomized, double-blind, parallel trial. The primary efficacy variable was mean change from baseline to endpoint in Young Mania Rating Scale (YMRS) total score.

Results: Significantly greater baseline-to-endpoint reductions in YMRS total score were observed for olanzapine-treated relative to placebo-treated patients (-17.7 vs. -10.0 , $P < 0.001$; effect size, 0.84). A greater proportion of olanzapine-treated patients met response and remission criteria (44.8% vs. 18.5%; $P = 0.002$ and 35.2% vs. 11.1%; $P = 0.001$, respectively) and reached those criteria significantly more rapidly ($P = 0.003$ and $P = 0.002$, respectively) relative to those who received placebo. The incidence of treatment-emergent weight gain $\geq 7\%$ (41.9% vs. 1.9%; $P < 0.001$) and hyperprolactinemia were significantly greater for olanzapine-treated relative to placebo-treated patients. The incidence of treatment-emergent abnormal levels of glucose, cholesterol, triglycerides or uric acid did not differ significantly between treatment groups.

Conclusions: Olanzapine was effective in the treatment of adolescents with bipolar mania. The types of adverse events appeared to be similar to those in adults, but may have differed in magnitude.

P7

Self-evaluation of real-life functioning and life satisfaction in bipolar patients

D. Lecompte ¹, J. Hulselmans ², W. Pitchot ³, S. Wyckaert ⁴, K. De Bruyckere ⁵, S. Reiter ⁵. ¹ Brugmann University Hospital Brussels, Institute of Psychiatry, Brussels ² AZ Stuyvenberg, Antwerp ³ Chu, Liège ⁴UPC St. Jozef, KUL ⁵ Medical Department, Eli Lilly, Belgium

Objective: To describe the outcome of manic patients treated with olanzapine in a naturalistic setting and to compare the physician's clinical evaluation and treatment satisfaction with the patient's self-evaluation. In this analysis we present the evaluation of the patient's life satisfaction and its relationship with demographic and clinical variables.

Methods: Data were collected at hospital discharge (≥ 2 weeks of treatment) or in ambulatory patients (≥ 4 weeks of treatment). Satisfaction of life was evaluated with the self-reported life satisfaction scale (LSS). Three questions from the treatment attitude scale (TAS) were used. Patients and physicians were asked if, respectively, treatment fulfilled their expectations and they were satisfied with treatment results.

Results: The mean LSS score was 11.1 ($n = 310$; S.D. 3.64); 44% of the patients were satisfied with life. Our results showed an association between life satisfaction and overall clinical improvement (CGI-I) evaluated by physician ($P < 0.001$), as well as patient ($P < 0.001$), and satisfaction with treatment by physician ($P = 0.004$), as well as patient ($P < 0.001$). There was a trend for a higher life satisfaction in first episode patients, patients not previously treated, and patients with euphoric mania (versus dysphoric or mixed). The TAS results indicated that patients dissatisfied with life, had higher probability not to feel happy or better with their medication ($P < 0.001$). A relationship between disease insight and life satisfaction was not established.

Conclusions: Our results suggest that low life satisfaction in manic patients is associated with lower clinical improvement and disappointing treatment expectations from both physician and patient.

P8

Efficacy of quetiapine in improving quality of life in bipolar depression

J. Endicott ¹, K. Rajagopalan ², W. Macfadden ², M. Minkwitz ², J. Gaddy ². ¹ Columbia University, New York, NY ² AstraZeneca Pharmaceuticals LP, Wilmington, DE, USA

Objective: To evaluate quality of life (QoL) in patients with bipolar depression treated with quetiapine monotherapy.

Methods: Patients with bipolar I or II disorder were randomized to receive quetiapine monotherapy 600 mg/d ($n = 180$), quetiapine 300 mg/d ($n = 181$), or placebo ($n = 181$) in an 8-week, double-blind, placebo-controlled trial. QoL was evaluated using the 16-item short form of the Q-LES-Q at baseline, Week 4, and Week 8. The overall Q-LES-Q scale score ranged from 0 to 100, obtained through transformation of the linear average of the first 14 Q-LES-Q items. A higher Q-LES-Q score was indicative of greater QoL.

Results: Baseline Q-LES-Q % maximum scores were low (quetiapine 600 mg/d group: 35.9 [$n = 157$]; quetiapine 300 mg/d group: 39.5 [$n = 156$]; placebo group: 36.0 [$n = 158$]), which are consistent with poor QoL. At final assessment, the improvement in Q-LES-Q score was significantly greater in both quetiapine treatment groups (20.9 in the 600 mg/d group and 19.3 in the 300 mg/d group) than in the placebo group (11.5, $P < 0.001$). Significant improvement was noted at first assessment (Week 4) and continued to the final assessment in both quetiapine treatment groups versus placebo ($P < 0.001$). Quetiapine was generally well tolerated.

Conclusions: Quetiapine monotherapy is effective in improving QoL in patients with bipolar depression.

References

- [1] Cooke RG, Robb JC, Young LT, Joffe RT. *J Affect Disord.* 1996;39:93–97.
- [2] Endicott J, Nee J, Harrison W, Blumenthal R. *Psychopharmacol Bull.* 1993;29:321–26.

P9

Relationship between menstrual cycle phase and mood—a clinical case

F. Madeira, C. Saraiva, A. Craveiro, O. Torres, M. Roque. *Psychiatry, Coimbra University Hospitals, Coimbra, Portugal*

Background: Although bipolar disorder is equally prevalent in women and men women are overrepresented in samples of patients with rapid cycling bipolar disorder (RCBD). The reason for this gender difference remains obscure. Little is known about the impact of female reproductive hormones on the course of bipolar disorder although some data suggest that hormonal fluctuations are associated with increased risk of affective deregulation and mood episodes in women with RCBD.

Objective: The author's aim to present a clinical case of RCBD apparently synchronized with menstrual cycle.

Methods: We've studied a female patient diagnosed with bipolar disorder using DSM-IV-TR diagnostic criteria. In addition, despite treatment with medication, the patient had more than four mood episodes during the past year (including major depression and mania).

During hospitalization the patient was asked daily to rate her mood on a visual analogue scale (0, most depressed ever felt; 100, most

euphoric ever felt). In addition she was asked to place an “X” in a designated box on days when she was menstruating.

Conclusions: We conclude that in this particular case mood cycling was apparently correlated with hormonal fluctuations with obvious implications in clinical treatment.

P10

Molecular genetic challenges for Kraepelin’s dichotomy: association between the DAOA(G72) gene and bipolar disorder

D.J. Müller^{1,2}, T. Sicard², N. King², V. De Luca², J.L. Kennedy².
¹ *Department of Psychiatry, University Clinic of Berlin, Campus Charité Mitte, Berlin, Germany* ² *Neurogenetics Section, Centre for Addiction and Mental Health, University of Toronto, ON, Canada*

Background and Aims: The D-amino acid oxidase activator (DAOA, or G72) gene is involved in the oxidation of D-serine, an endogenous modulator of NMDA receptors. Numerous studies reported DAOA polymorphisms to be associated with schizophrenia (e.g. Chumakov et al., 2002; Zou et al., 2005). Interestingly, polymorphisms of the DAOA gene have as well been found to be associated with bipolar disorder (BD) (e.g., Hattori et al., 2003; Chen et al., 2004). This study attempts to replicate these findings in BD stratified for the presence of psychotic symptoms.

Methods: Five polymorphisms of the DAOA/G72 gene and BD in 317 core families including 1061 individuals were analyzed (rs1341402, rs1935062, rs2391191, 778294, rs947267).

Results: E-TDT analysis revealed that marker rs1935062 was significantly associated with BD (132 vs. 98 transmissions for the G-allele, LRS = 5.045, DF = 1, $P = 0.02$, RR = 1.34). No association could be detected for the remaining four markers. Marker rs1935062 has also been found significantly associated with BD in previous studies by Hattori et al. and Chen et al. but in none of the schizophrenia studies. When examining the subset of patients with psychotic symptoms separately (157 core families, 519 individuals) no significant results were obtained.

Conclusions: Our results support previous findings between the DAOA(G72) gene and BD. Marker rs1935062 seems to be specifically associated with BD, while marker rs2391191 appear to be associated exclusively with schizophrenia but not with BD. These findings indicate that the DAOA gene confers susceptibility to both BD and schizophrenia but that operating intragenic mechanisms may differ for each other.

P11

Ziprasidone’s long-term efficacy in subpopulations with bipolar mania

L. Warrington¹, S.G. Potkin², K. Ice³, C. Siu⁴, B. Parsons¹.
¹ *Pfizer Inc, New York, NY* ² *University of California, Irvine, CA* ³ *Pfizer Global Research & Development, Department of Neuroscience, Groton, CT* ⁴ *Data Powers Inc, Ringoes, NJ, USA*

Background: We evaluated Ziprasidone’s long-term efficacy in clinically relevant subpopulations with acute bipolar mania.

Methods: Ziprasidone-treated completers of a 21-day placebo-controlled trial of acute bipolar mania ($N = 62$) were enrolled in a 52-week open-label extension of flexibly dosed ziprasidone 40–160 mg/day. Efficacy measures included change from core baseline in mania rating scale (MRS) and clinical global impression–severity (CGI–S), as well as MRS responder rates ($\geq 50\%$ change from core baseline), in subpopulations with manic ($n = 43$) or mixed ($n = 19$) episodes, with ($n = 37$) or without ($n = 25$) psychotic symptoms.

Results: Mean change in MRS at last visit (LOCF) was -24.7 ($P < 0.0001$) for manic and -20.8 ($P < 0.0001$) for mixed subjects (baseline, 30.5 and 25.6, respectively). Respective changes in CGI–S change scores were -2.5 ($P < 0.0001$) and -1.8 ($P < 0.005$) (baseline, 4.7 and 5.2, respectively). MRS and CGI–S changes were comparable for subjects with and without baseline psychotic symptoms. Responder rates were 88% in manic, 79% in mixed, 85% in psychotic, and 88% in nonpsychotic subjects. Long-term improvement observed within subpopulations was comparable to that observed in the overall study population. Overall median ziprasidone dosage was 130 mg/day.

Conclusion: For patients with acute bipolar mania, ziprasidone demonstrated significant and sustained improvements in symptoms and global illness severity whether the baseline episode was manic, mixed, or involved psychotic symptoms.

P12

Dopamine d4 receptor gene c521t polymorphism and bipolar disorder

A. Rajewska-Rager, A. Leszczynska-Rodziewicz, M. Dmitrzak-Weglarz, M. Skibinska, J. Hauser.
¹ *Department of Psychiatry, University of Medical Sciences, Poznan, Poland*

Objectives: Disturbances in dopamine neurotransmission have been found in mood disorders. There are studies suggesting that dopamine D4 receptor gene (DRD4) may be a candidate genes for mood disorders. The DRD4 gene is located on chromosome 11p15.5. We examined polymorphism C/T substitution at position 521, results in alleles: allele 1 (C), allele 2 (T). The present study investigated possible association between this polymorphism and bipolar disorder.

Methods: We analyzed $n = 298$ (female $n = 172$, male $n = 126$) patients with a diagnosis of bipolar disorder (BP): type I ($n = 253$) and II ($n = 45$), according to DSM IV criteria and 336 control subjects (female $n = 206$, male $n = 130$). Study group was divided into subgroups: major depression with melancholic features ($n = 197$), bipolar disorder with psychotic symptoms ($n = 137$) and early age of onset ($n = 39$). The analysis of 521 C–T polymorphism of DRD4 gene was performed by PCR–VNTR method. Informed consent from individuals participating in the study was obtained.

Results: for the DRD4 polymorphism there was no statistically significant differences in the frequency of the genotypes ($P = 0.645$), and alleles ($P = 0.464$) between the group of patients and controls. But there was an association for the polymorphism (-521 C/T) of the DRD4 gene for allele T ($P = 0.036$) in the subgroup of bipolar type II males, but the results showed no association for genotypes ($P = 0.69$).

Conclusion: In our study we did not find the association between the polymorphism of DRD4 gene and bipolar disorder in Polish population. We found an association for allele T and bipolar disorder type II in males subgroup.

P13

Electroconvulsive therapy as prophylactic treatment in treatment-resistant bipolar disorder

P. Sienaert, J. Peuskens. *University Center Sint-Jozef, Catholic University of Leuven, Leuvenseteenweg, Kortenberg, Belgium*

Electroconvulsive therapy (ECT) is an effective treatment option in depressive, manic and mixed states of bipolar disorders. Nevertheless, its role as a mood stabilizer remains controversial.

We present the case of a medication refractory patient with bipolar I disorder, who spent 41% of time in hospital from 1991 to 2001, and responded to a course of right-unilateral ECT (RUL-ECT), after which she could be discharged from hospital. She remained

clinically stable with maintenance ECT (M-ECT) for 37 months and 85 treatments. Three months after ECT was discontinued and valproate was prescribed, the patient was readmitted with a severe manic relapse. RUL ECT was re-instated and after four weeks she was discharged from hospital, with mild depressive symptoms. C-ECT was started on a once a week schedule and she has remained well in 6 month follow-up.

At the age of 22, the patient had a WAIS-IQ of 115. Prior to her first ECT at age 51 years, the IQ was 63. The Hasegawa Dementia Screening Scale (HDSS) showed “pre-dementia”. Six months later, testing showed an IQ of 96 with minimal deficits in short term memory functions and no signs of retrograde amnesia. HDSS was normal. Eleven months later, WAIS-III-IQ was 94. Signs of deterioration had decreased, cognitive flexibility had increased.

This case provides further evidence for the prophylactic efficacy of ECT in bipolar disorder. Therefore, it should not be considered as a “last resort” treatment of bipolar disorder and should not be overlooked as a long-term treatment in refractory patients.

P14

Assessment of the quality of life in bipolar affective disorder—a preliminary report

A. Suwalska, D. Lojko, J.K. Rybakowski. *Department of Adult Psychiatry, University of Medical Sciences, Poznan, Poland*

Assessment of quality of life has been proposed as a measure of quality of services for the chronically ill psychiatric patients since the 70's. However, quality of life of patients with affective disorders especially with bipolar disorder has gained little attention. The aim of the study was to evaluate the quality of life of bipolar patients during depression and improvement of mental state and to assess the association between quality of life and clinical factors.

Methods and Patients: WHOQOL-Bref Questionnaire, Beck Depression Inventory, SII Symptom Questionnaire and State and Trait Anxiety Inventory were used. Thirty-one patients with bipolar affective disorder (19 out-patients and 12 inpatients) and 18 healthy controls were included.

Results: Bipolar patients showed significantly lower perception of quality of life and health state than healthy controls as well as lower scores in physical, psychological and social relationships domains of quality of life. Patients had also higher results in symptom questionnaire S-II. Assessment of quality of life of in-patients and out-patients differed only in environmental domain. Out-patients had higher intensity of somatic and depressive symptoms than controls.

Conclusions: Quality of life of bipolar out-patients is lower than in controls. The presence of affective and anxiety subthreshold symptomatology affects quality of life of bipolar out-patients in remission.

P15

European mania in bipolar longitudinal evaluation of medication (EMBLEM) study: Greek baseline results of a two year European, observational health outcomes study in bipolar disorder

C. Touloumis³, V. Drossinos², M. Kyra², D. Massaras², I. Goetz¹, P. Wright¹. ¹ *Eli Lilly and Company, Erl Wood, UK* ² *Medical Department of Clinical Research, Pharmaserve-Lilly* ³ *Psychiatric Hospital of Attica, Athens, Greece*

Objectives: To describe baseline treatment patterns of patients from Greece included in EMBLEM.

Methods: EMBLEM is a 2-year prospective, pan-European observational study on the outcomes of pharmacological treatment for mania in the context of bipolar disorder. Adult patients are enrolled if they: present within the standard course of care as in- or outpatient; have, at the discretion of the treating psychiatrist, initiated or changed oral medication (antipsychotic, lithium or anticonvulsant) for treatment of acute mania; are not participating in an interventional study. Investigators were asked, but not required, to include 50% of patients into the study who were initiated or changed to olanzapine and 50% of patients initiated or changed to non-olanzapine treatment. 58 psychiatrists enrolled 663 patients in Greece using the same study methods including assessment of mood with CGI-BP mania and CGI-BP depression rating scales as well as the Life Chart Method.

Results: Baseline analysis has been completed with the last patient having been enrolled in June 2004. We will present baseline data of 634 patients including suicide history, treatment patterns prior to and after start of new medication as well as the reason for start of new oral medication.

Conclusions: As one of the largest naturalistic studies conducted in bipolar disorder EMBLEM will provide invaluable information to enhance the understanding of clinical, social and economic outcomes observed in patients receiving pharmacological treatment in routine clinical practice.

P16

Cognitive dysfunction in elderly patients with bipolar disorder

S.Y. Tsai¹, H.C. Lee¹, C.C. Chen^{2,1}. ¹ *Department of Psychiatry, Taipei Medical University and Hospital* ² *Taipei City Psychiatric Center, Taipei, Taiwan*

Background and aims: Bipolar disorder itself, aging, and medical comorbidity may increase the risk of cognitive dysfunction in later life of early-onset patients. We aim to assess the contribution of clinical features to cognitive dysfunction in elderly bipolar patients with onset at early age.

Method: Using the Mini-Mental State Examination (MMSE), the Clock-drawing test (CDT) and the Cognitive Abilities Screening Instrument (CASI), we examined euthymic patients with bipolar I disorder, aged over 60 years. The onset of bipolar disorder prior to the age of 40 is defined as ‘early onset’ and age 50 or over as ‘late onset’.

Results: 42.3% of the 52 early-onset patients and 56.3% of the 16 late-onset patients were identified as cognitive dysfunction, either through an abnormal CDT or by demonstrating a low education-adjusted MMSE score. Along with years of education, the age at the last manic/hypomanic episode accounted for the greatest variation in both MMSE and CASI scores. When only the psychopathology-related variables were considered, the combination of age at the last manic/hypomanic episode and the first manic episode prior to the age of 40 years accounted for 52.3 % of the variation in CASI scores, and 34.3 % of the variation in MMSE scores.

Conclusions: Though the onset of the bipolar disorder occurs at various ages, there appear to be similarly high probabilities of cognitive dysfunction for elderly patients. It is suggested that impact of affective episodes, particularly mania rather than the age negatively affects the cognition in elderly early-onset bipolar disorder.

P17

Citrulline–arginine ratio in affective disorders

R. Hoekstra¹, D. Fekkes², A. Loonen³, S. Tuinier⁴, W. Verhoeven⁴. ¹ *Delta Psychiatric Hospital, Poortugaal* ² *Erasmus University*

Medical Centre, Rotterdam, ³ Delta psychiatric Hospital, Poortugaal
⁴ Vincent Van Gogh Institute for Psychiatry, Venray, The Netherlands

Arginine is the precursor of nitric oxide (NO) of which the formation is accompanied by the production of citrulline (Cit). NO is a potent biological mediator and neurotransmitter in the central and peripheral nervous system, cardiovascular and immune systems. There is some evidence that NO is also involved in the pathophysiology of neuropsychiatric disorders. Therefore, the association between a disturbed NO metabolism and affective disorders was investigated.

In a group of 69 patients with symptomatic affective disorders, plasma levels of Cit and Arg were measured. The ratio of Cit and Arg was used as an indicator of the overall synthesis of NO. In all patients, amino acids were measured during the symptomatic phase and after recovery. The group consisted of patients with a major affective disorder with psychotic features ($n = 20$), depressive disorder with atypical features ($n = 19$), bipolar-I affective disorder, depressed episode ($n = 12$) and bipolar-I affective disorder, manic episode ($n = 20$).

The ratio of Cit and Arg was significantly decreased in all patients with a bipolar affective disorder, irrespective their symptomatic status, as compared to depressed patients and controls ($n = 19$). Differences persisted after recovery.

These findings suggest that a reduced synthesis of NO as reflected by the Cit-Arg ratio, is a biological characteristic of patients with a bipolar affective disorder.

Poster Session 3: ECT/TMS

P18

Clinical predictors of efficacy in ECT and rTMS

E-L. Brakemeier, A. Luborzewski, H. Danker-Hopfe, M. Bajbouj.
Department of Psychiatry and Psychotherapy, Charité – Universitätsmedizin Berlin, Campus Benjamin Franklin, Berlin, Germany

Background and Aims: Several variables have been suggested that can predict the efficacy of antidepressant stimulation techniques like electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS) in patients suffering from depression. However, the results of studies into these predictors of therapeutic efficacy are not consistent. Object of the study was to identify and compare predictors for antidepressant response to ECT and to rTMS in a large sample of depressive patients.

Method: In a retrospective chart review of a large sample of patients suffering from major depressive disorder and bipolar disorder according to DSM-IV criteria who have been given ECT and rTMS, predictors for efficacy were explored. Information was gathered for a broad variety of clinical, biographical, and technical predictors in 70 patients receiving rTMS and 50 patients receiving ECT. Antidepressant treatment response was defined as a 50% reduction of the initial Hamilton score (HAMD).

Results: After two weeks of rTMS treatment, 21% of the patients showed an antidepressant response. In the model, a high level of sleep disturbances and a low level of agitation were significant clinical predictors for treatment response to rTMS. Also, a low score of treatment resistance and a short duration of episode were general positive predictors. To prove the discriminant validity of this model, we will conduct the same analyses in a large sample of 50 depressive patients treated with ECT.

Conclusion: Assessment of baseline clinical parameters may be a valuable tool to predict efficacy of antidepressant stimulation techniques.

P19

Working memory in major depression patients treated with ECT

W. Datka, M. Siwek, G. Maczka, T. Zyss, A. Zieba, D. Dudek, M. Jablonski.
Department of Psychiatry, Collegium Medicum of Jagiellonian University, University Hospital, Kraków, Poland

Introduction: Electroconvulsive therapy (ECT) is the most effective treatment in a variety of psychiatric syndromes (especially mood disorders). However one of its adverse effects is neurocognitive dysfunction. Declarative memory impairment after ECT is unquestionable and well investigated. There are only few ambiguous studies focused on nondeclarative and immediate memory changes during ECT.

Method: A study of immediate (working) memory changes in depressed patients treated with ECT ($n = 25$; bitemporal ECT 3 times a week) or imipramine (mean dose 150 mg/day; $n = 25$) was conducted in patients who fulfilled DSM-IV criteria for major unipolar depression. Hamilton depression rating scale (HDRS) and Beck depression inventory (BDI) were used to assess efficacy of antidepressant therapy. Cognitive functions were assessed with neuropsychological tests: Stroop A and B, TMT (Trail Making) A and B. The patients' status was evaluated 1 day before the treatment and 1 day, 2 weeks, 1 month and 6 month after its commencement.

Results: Patient's working memory was slightly, but not statistically significant impaired 1 day after ECT treatment. There were no differences between ECT and pharmacologically treated groups at the 1 month of therapy. However there was statistically significant improvement in working memory 1 month after ECT treatment. There was a significant correlation between clinical recovery and working memory functioning.

Conclusion: ECT treatment only temporally affect working memory function. The improvement of function may be a result of clinical recovery from depressant symptomatology.

P20

Transcranial magnetic stimulation (TMS) and its use in neuropsychiatry

E.M. Gonçalves.
Department of Psychiatry and Bioengineering - University of Porto, Portugal

Non-invasive "focal" stimulation of the brain is possible, now, by means of transcranial magnetic stimulation (TMS), which is a tool to be used in the study of the functional localization and connectivity between brain regions and the pathophysiology of neuropsychiatric disorders. Also, TMS holds therapeutical interest at the field of Clinical Neuropsychiatry. In this paper, it will be reviewed the biophysical principles of TMS. The generated magnetic field (B) acts as the medium between the electrical current in the coil (CO) of the magnetic stimulator (i') and the induced electro-ionic current in the brain (i''). Underneath the CO, placed upon the head there is electroconductive tissue, at which, i'' causes neural depolarization. Unlike Electroconvulsive therapy (ECT), where skull behaves like an electrical resistor, with TMS, B isn't deflected nor attenuated by the intervening tissue (skin, muscle, bone). Also, in this communication, it will be reviewed some clinical indications of TMS other than depressive disorder.

P21

Status epilepticus, electroconvulsive therapy, and malignant melanoma

K.R. Kaufman¹, A. Olsavsky², C.E. Skotzko³. ¹ *Psychiatry and Neurology, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ* ² *Neurology, Neurological Institute, Columbia University, New York, NY* ³ *Psychiatry, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ, USA*

Introduction: Electroconvulsive therapy (ECT) treatment for affective disorders consists of premedication, controlled electrical stimulus, and induced seizures lasting approximately 60 s. Status epilepticus (SE) following ECT is an uncommon adverse event. Debate exists as to whether pre-ECT EEGs should be routine.

Method: Case analysis with literature review.

Findings: 70-year-old female was admitted for major depression by DSM-IV criteria. Her first psychiatric admission for depression was precipitated 32 years previously during treatment for cutaneous malignant melanoma. Then and during recurrent depressive episodes she had positive response to ~ 90 ECT treatments. Pre-ECT work-up included hematology studies, spine series, EKG, CXR and two-part informed consent. No pre-ECT EEG was performed. All ECT were right unilateral, the first two being uneventful. Autonomous breathing following the third treatment began at 2'15"; however, minimal generalized movement persisted with neurophysiologic SE as interpreted from the MECTA ECT EEG monitor. She responded to 20 mg of IV-diazepam with 250 mg of IV-diphenylhydantoin. Neurological examination was normal. CT summary reported: "Large area of low density with central contrast enhancing area throughout the right temporal lobe spreading posteriorly into parietal and medially into deep parietal lobe; the lesion appears to be high glioma with significant surrounding edema (3–4 mm right-to-left midline shift); central necrosis is present within an active area of lesion." Craniotomy revealed a solitary but extensive lesion. Neuropathology stains with aminoperoxidase technique were (–) keratin, (–) glioma-specific, but (+) glioma/melanoma. Electron microscopy confirmed metastatic melanoma.

Conclusion: Status epilepticus can occur following ECT. In cases with potential CNS pathology, pre-ECT EEG or neuroimaging is indicated.

P22

The effect of cerebellar rTMS on electrical brain activity detected by low resolution electromagnetic tomography

M. Kopecek^{1,2,3}, M. Brunovsky^{1,2,3}, T. Novak^{1,2,3}, J. Horacek^{1,2,3}. ¹ *Prague Psychiatric Centre* ² *3rd School of Medicine, Charles University* ³ *Centre of Neuropsychiatric Studies, Prague, Czech Republic*

Background and aims: Previous studies have detected EEG, cognitive and motor cortex modulation after cerebellar rTMS. The aim of our study was to determine the influence of cerebellar rTMS on frontal activity controlling by the neck muscle magnetic sham stimulation.

Methods: EEG recordings were obtained from six right-handed healthy volunteers before and after 1) rTMS applied over the right cerebellar hemisphere and 2) rTMS applied over the right muscle trapezius. We used 20 min of 10 Hz rTMS with 1200 impulses in one session. The spatial distribution of the rTMS-induced changes in the electrical brain activity was investigated by means of low-resolution electromagnetic tomography (LORETA).

Results: Right cerebellar rTMS increased the electric current densities in the delta, theta, alpha-1 and beta-1 frequency bands. The changes in the delta, theta and beta-1 bands were found predominantly over the frontal lobes, whereas the alpha-1 power was increased bilaterally in the cingulum. No significant changes were detected after rTMS applied over the trapezius muscle.

Conclusions: The present results suggest the feasibility to modulate prefrontal cortical activity by means of cerebellar rTMS. This could support the use of the cerebellar rTMS in patients with neuropsychiatric disorders where cortico-subcortico-cerebellar abnormalities have been detected.

Support: This study was supported by a grant by MZČR MZ0PCP2005.

P23

Effects of rTMS on auditory hallucinations

T. Novak, J. Horacek, M. Kopecek, F. Spaniel. *Prague Psychiatric Centre, Prague, Czech Republic*

Background and aims: The aim of our study was to confirm the effect of low frequency repetitive transcranial magnetic stimulation (LF-rTMS) on medication-resistant auditory hallucinations and to evaluate the changes in regional brain metabolism after this treatment.

Methods: LF-rTMS (0.9 Hz, 100% of MT, 20 min) applied to the left TPC was used for ten days in the treatment of medication-resistant auditory hallucinations in patients with schizophrenia ($n = 13$). The clinical effect was assessed by the positive and negative syndrome scale (PANSS), hallucination change scale (HCS) and the auditory hallucination rating scale (AHRS) at baseline, and after the first and second week of treatment. The regional brain metabolism was investigated by the use of 18FDG PET in the resting state within 4 days before and after rTMS. The analysis (paired *t*-test) was performed using SPM99 (P -level 0.001; uncorrected).

Results: We found a significant improvement in the total and positive symptoms (PANSS) and in hallucination scales (HCS, AHRS). These improvements were detectable for comparisons between baseline and after 2 weeks of rTMS ($P 0.05$). rTMS decreased the brain metabolism (18FDG PET) in the left superior temporal gyrus and effected increases in the contralateral temporal cortex and in the frontal lobes bilaterally.

Conclusions: Our findings confirm the effect of rTMS on auditory hallucinations and are supported by decreased metabolism in the cortex under the coil position.

P24

5 Year review of outpatient ECT at an aged person's mental health service

I.B. Presnell. *School of Psychology, Psychiatry and Psychological Medicine, Monash University, Melbourne, Victoria, Australia*

Aim: The Kingston Centre Aged Person's Mental Health Service provides comprehensive aged psychiatry services to approximately 37,000 persons over the age of 65. This review describes patients receiving outpatient (OP) ECT during the 5 years from January 2000 to December 2004.

Method: ECT records were examined and data obtained for the 30 patients who had at least one OP ECT during the above 5 year period.

Results: Most patients were female (83%) and most had a diagnosis of Major Depression (66%). 23 patients had OP ECT over less than 2 years, averaging 6–8 treatments per year. Four patients,

three with Schizophrenia, received ECT over 4–5 years, averaging 18 treatments per year.

Discussion: Most patients receiving OP ECT had a diagnosis of Major Depression and received treatment over short periods, suggesting that they were receiving continuation ECT. A small number of patients (most diagnosed with Schizophrenia) received long term (for more than 4 years) ECT at intervals of 3 weeks on average, suggesting that they were receiving maintenance ECT.

Poster Session 3: Lithium and other mood stabilisers

P25

Perception of freedom from the symptoms and coercion to the therapy with mood stabilizers

A. Berti, C. Fizzotti, G. Fornaro, E. Zanelli. *Dipartimento di Neuroscienze, Oftalmologia e Genetica, Ospedale San Martino, Genova, Italy*

Introduction: In pharmacotherapy it has progressively decayed a model “Reaction”, which shows the patients as passive addressees of a therapy, in favor of a model “Proaction”, for which the patient collaborates to the therapeutic process itself. The therapist must know the physical and cognitive effects of the drugs, and he must not ignore the symbolic damages due to a chronic treatment.

Mood stabilizers allow the “responder” patients not to be in mercy of mood switches. Indeed, because the mood stabilizers have not direct effects as other drugs, they reduce the risk that the patient modify the dosage and avoid the problem of the exhaustion of the effect.

Method: With a test given to inpatients of Clinica Psichiatrica of Ospedale San Martino (Genoa) and outpatients of the ambulatories of the Clinica itself, the Authors have valued the perception of the therapy with mood stabilizers in 75 patients, 18–70 years old, and have studied the level of compliance and the sensation of freedom from the symptoms.

Results and Conclusion: From the obtained data, 80% of the patients is satisfied of the therapy with mood stabilizers. The level of satisfaction is high in patients with Bipolar Disorder, while is lower in Depressive Disorders and Personality Disorders. Indeed, the quality of life appears to be negatively influenced by the need of periodic blood tests.

P26

An open comparative and randomized study on valproate’s effect in the long-term treatment of bipolar disorders versus lithium and carbamazepine

F. Elezi^{1,2,3}, A. Suli^{1,2,3}, A. Çomo^{1,2,3}, E. Petrela^{1,2,4}. ¹ *Neurology Neurosurgery Psychiatry Department, Psychiatric Service* ² *Department of Neurology, Neurosurgery & Psychiatry, Faculty of Medicine, University of Tirana* ³ *Psychiatric Service, University Hospital Centre “Mother Theresa”* ⁴ *Department of Public Health, Faculty of Medicine, University of Tirana, Albania*

Background: Bipolar disorders (BD) are recidivating disorders with prevalence between 1 and 3%. Lithium, carbamazepine and valproate have been used for their treatment.

Objective: Comparing the effect of valproate versus lithium and carbamazepine for long-term treatment of bipolar disorders.

Subject and Methods: 235 patients, males, females, 19–65 years old, with at least two episodes of BD-I and BD-II (DSM-IV).

After an open pre-randomized phase, 180 subjects were randomized to one of three equal parallel treatment groups: lithium, carbamazepine, and valproate, 2 years follow up. Primary outcome measure was time to recurrence/relapse of mood episodes. HAMD, MRS, CGI-S, GAF were used to determine the gravity of mood episodes. Analyzed with survival analysis, Cox proportional hazard regression.

Results: Cumulative survival of Vp was 26% higher than Cbz ($P = 0.001$) and 4.3% than Li ($P = 0.4304$). The mean survival time for Vp was $35 \pm 7\%$ higher than Cbz and $10 \pm 6\%$ higher than Li, while median time for Vp was respectively $53 \pm 7\%$ and $14 \pm 13\%$ higher than Cbz and Li groups. Hazard ratio of Cbz has been 108.5% higher than Vp ($B = 0.735$, $P = 0.001$), and for Li was 20.4% higher than Vp ($B = 0.186$). Concerning the predictors: Vp was more effective than Li in non-classic BD I ($P = 0.031$), also superior to Li in mixed, rapid cycling subtypes and in comorbidities. Vp was more effective than Cbz in classic BD-I ($P = 0.0312$).

Conclusions: Vp is significantly more effective than Cbz in long-term treatment of BD and Vp is superior than Li in non-classic form of BD.

P27

Psychopharmacological era: it started with lithium

M. Mihanovic, A. Silic, V. Grosic. *Psychiatry Hospital “Sveti Ivan”, Zagreb, Croatia*

At the late 50’s of the 20th century the psychiatric hospitals all over the world shared an identical image in one respect: numerous psychomotor restless, occasionally aggressive patients aimlessly wandering along hospital halls and premises. The psychiatrists, faced with the suffering of their patients and with their own frustrations, carried out experiments searching for “philosophers’ stone,” a substance which would help their patients remove the psychomotor restlessness; they had no idea that the discovery of such a substance would mark the beginning of a new era in psychiatry. The psychiatrist John F. Cade, was superintendent of the Repatriation Mental Hospital in the Australian town of Bundoora. Work in a psychiatric hospital far away from the university and scientific research centres did not impair his scientific curiosity, his humanness and his medical and moral responsibility to face challenges in treating his patients. He executed his experiments on guinea-pigs injecting them with lithium, and when he found out that this induced lethargy he knew that he was on the threshold of a research and therapeutic success in case the same effect of lithium was proved on humans. The hypothesis proved correct and so the mental patients and psychiatry obtained their first remedy—lithium, which was the beginning of the psychopharmacological era that will—through the discovery of new remedies in the decades to come, bring about overall positive changes in psychiatry and its status in the domain of medicine as well as in the society as a whole.

P28

Serum brain derived neurotrophic factor (BDNF) levels in lithium treated bipolar patients

A. Suwalska¹, M. Sobieska², D. Lojko¹, D. Zaremba¹, J. Rybakowski¹. ¹ *Department of Adult Psychiatry* ² *Department of Physiotherapy, Rheumatology and Rehabilitation, University of Medical Sciences, Poznan, Poland*

Brain derived neurotrophic factor (BDNF) has been implicated in the therapeutic response to antidepressant drugs and lithium carbonate in affective disorders.

The aim of the study was to assess serum BDNF level in the group of euthymic bipolar patients on long-term prophylactic lithium treatment.

Methods: Serum BDNF level was estimated by immunoassay in 43 patients (16 male, 27 female, mean age 57.9 ± 12.6) with bipolar mood disorder diagnosed according to ICD 10 criteria. Patients had received lithium carbonate for prophylactic purposes for the period of more than 5 years (mean 18.6 ± 8.0 years). All patients had been in remission for at least 4 months before BDNF assessment.

Results: Male patients showed a trend towards higher BDNF levels than female patients ($P = 0.06$). Patients who benefited from lithium treatment (decrease in number of affective episodes comparing to pre-lithium period) had higher BDNF level than lithium non-responders, but the difference was not statistically significant. No association between the age of the patients, duration of bipolar illness and length of lithium prophylactic treatment and serum BDNF concentration was found. Patients treated with lithium in combination with neuroleptics, antidepressants or other mood stabilisers ($n = 14$) and patients treated with lithium in monotherapy did not differ as regards to BDNF level.

Conclusion: The results point to male gender as a factor influencing BDNF level during lithium treatment. The putative relationship between response to lithium and BDNF concentration should be elucidated in further studies.

Poster Session 3: MEMORY AND COGNITIVE DISORDERS

P29

Computerized cognitive tests battery (CANTAB) in different psychiatric disorders

E. Bartók, R. Berecz, Á. Ferencz, T. Glaub, I. Degrell. *University of Debrecen, Medical and Health Science Center, Department of Psychiatry, Debrecen, Hungary*

Background and aims: The impairment of cognitive functions has been reported in several, diverse psychiatric disorders. Our workgroup examined the changes of cognitive functions in prepsychotic patients, in schizophrenic patients with predominantly negative symptoms and in alcohol-dependent patients who were abstinent at least 6 months prior to the cognitive testing.

Methods: Nineteen alcohol-dependent patients, 11 prepsychotic and 14 negative-symptom schizophrenic patients (according to DSM-IV criteria) took part in the studies. Cognitive measures were carried out by a computer-based test battery of 13 tests (CANTAB) covering a wide range of cognitive functions. The performances of the patients were compared to that of healthy subjects.

Results: Prepsychotic patients showed significant ($P < 0,05$) impairment in the tests of visual memory, spatial recognition memory, spatial working memory and sustained attention. In patients with negative-symptoms significant deficits were also found in the delayed matching to sample, the working memory test (spatial span), and in the intra- extradimensional shift—an analogue of Wisconsin card sorting test. In alcohol-dependent patients visual memory, spatial recognition memory, sustained attention, working memory test (spatial span) and strategy tests showed deficits.

Conclusions: The present results show that CANTAB may be a useful tool to detect the emergence of psychosis in an early phase, furthermore in schizophrenic patients with predominantly negative symptoms further areas of cognition are also affected. It was also found

that in alcohol-dependent patients even after at least 6 months of abstinence marked cognitive impairments are present.

P30

Normal and pathological aging of attention in Huntington's and Alzheimer's disease, and non-demented elderly subjects

V.A. Chouinard¹, F. Ferreri¹, C.S. Peretti¹, R. Miller², P. Martin¹, G. Chouinard¹. ¹*Service de Psychiatrie, Hôpital Saint-Antoine, Paris, France* ²*Department of Anatomy and Structural Biology, University of OtagoNew Zealand*

Background: Recent models have proposed that attention includes exogenous and endogenous attention as separate components. Exogenous attention, defined as automatic, involuntary and unaffected by memory load, is directed by external stimulation. Endogenous attention, defined as voluntary, executive and affected by memory load, is directed by voluntary acts.

Method: Three studies (2 of our own) were designed to examine if the decline in these two components of attention was similar in normal aging and neurodegenerative diseases. Standardized tests derived from Posner's model of visuospatial attention were administered to normal healthy elderly subjects ($n = 13$), patients with Huntington's disease (HD) ($n = 17$) and Alzheimer's disease (AD) ($n = 15$), and matched control subjects ($n = 57$).

Results: In healthy elderly subjects, both exogenous and endogenous attention were found to decline, within normal limits, and the decline was more pronounced in endogenous attention in situations of perceptual conflict. In AD, there was a significant decline in both attention components, whereas in HD, voluntary components were markedly impaired, but automatic components preserved.

Conclusions: The results are consistent with the hypothesis that neuronal networks for attention are differentially vulnerable to the effects of normal aging and neurodegenerative diseases, depending on their cortical or subcortical origins. Normal aging and HD are characterized by decreased attention in situations of endogenous attention where there is perceptual conflict in non-congruent situations. In contrast, AD patients show significant abnormalities in both exogenous and endogenous components. We propose a model of attention allowing for separate processes in different pathologies of attention.

P31

Influence of brain impairment centers localization on illness inner picture type (IIP) in poststroke patients

A.Y. Levina, N.G. Katayeva. *Siberian State Medical University, Tomsk, Russia*

Objective: To study influence of brain impairment centers localization on IIP formation.

Materials and methods: IIP in 96 poststroke patients with LOBI questionnaire has been examined. The first group has been entered by patients with depressive disorders, the second—without depression. In 50% of patients the presence of centers has been verified with magnet-resonance tomography.

Results: In right hemisphere impairment, neurasthenic and paranoiac types prevail. In patients without depressive disorders in 40% the euphoric IIP type is observed what is probably associated with anosognosia. In left hemisphere impairment in patients without depression ergopathic and sensitive types dominated. In rotting strokes anxious and sensitive types prevailed. Only in this localization hypochondriac IIP type was noticed.

P32

Comparison between the Spanish and English versions of screen for cognitive impairment in psychiatry

O. Pino¹, G. Guilera², J.E. Rojo¹, J. Gómez², J. Vallejo¹, S.E. Purdon³.¹ *Schizophrenia Unit, Psychiatry Service, Bellvitge University Hospital, Hospitalet del Llobregat* ² *Department of Behavioural Sciences Methods, Faculty of Psychology, University of Barcelona, Spain* ³ *Bebensee Schizophrenia Research Unit, University of Alberta, Edmonton, AB, Canada*

Screen for Cognitive Impairment in Psychiatry (SCIP). The SCIP was designed for a rapid assessment of cognitive status in psychiatric disorders. The SCIP has three alternate forms to minimize practice effects for repeated testing. Each form consists of five subscales for the assessment of immediate verbal list learning, working memory, verbal fluency, delayed list learning and visuomotor tracking.

Purpose: The aim of the present study is to compare the equivalence of alternate forms and the stability of practice effects for the English and Spanish versions of the SCIP.

Methods: A total of 66 students from the University of Alberta (Canada) and 72 students from the University of Barcelona (Spain) completed two of the three versions of the SCIP, separated by a 48-hour delay and with a counterbalanced design.

Results: Multivariate analysis of variance with the scores from the first administration of the SCIP revealed a main effects of sex and language, but no effect of form, and no interactions.

Multivariate repeated measures analysis of variance collapsed across form revealed a main effect of sex, a main effect of language, and a main effect of time, but no interactions.

Conclusions: The Spanish and English versions of the SCIP are remarkably similar, and language did not interact with form equivalence, practice effects, or sex. However, small differences in verbal learning and visuomotor tracking were observed, suggesting the value of language-specific standardization for cross-cultural comparisons of clinical samples.

P33

Reliability and validity of the Spanish version of screen for cognitive impairment in psychiatry

G. Guilera¹, O. Pino², J. Gómez¹, J.E. Rojo², J. Vallejo², S.E. Purdon³.¹ *Department of Behavioural Sciences Methods, Faculty of Psychology, University of Barcelona* ² *Schizophrenia Unit, Psychiatry Service, Bellvitge University Hospital, Hospitalet del Llobregat, Barcelona, Spain* ³ *Bebensee Schizophrenia Research Unit, University of Alberta, Edmonton, AB, Canada*

Screen for cognitive impairment in psychiatry (SCIP). The SCIP is a brief assessment tool designed for evaluation of cognitive impairment in psychiatric disorders. The SCIP requires less than 15 min and it has three alternate forms to minimize practice effects over repeated testing. Each form consists of five subscales for the assessment of immediate verbal list learning, working memory, verbal fluency, delayed list learning and visuomotor tracking.

Purpose: The aim of the present study is to describe the psychometric properties (reliability and validity) of a Spanish version of the SCIP.

Methods: A total 72 students, 36 female and 36 male, completed two of the three forms of the SCIP, separated by a 48-hour delay. Form order was counterbalanced, with six men and six women assigned to each of the six possible combinations of two forms (1-2, 1-3, 2-3, 2-1, 3-1 and 3-2).

Results: Scale reliability was confirmed by intra-class correlation coefficients that were high for immediate verbal list learning (ICC = 0.80), working memory (ICC = 0.79), delayed verbal list learning (ICC = 0.72) and visuomotor tracking (ICC = 0.79), and modest for verbal fluency (ICC = 0.61). Scale validity was supported by extraction of a verbal memory factor and a processing speed factor.

Conclusions: The Spanish version of the SCIP has good test-retest reliability and construct validity. The test provides a quick screen of verbal learning and processing speed deficits that may reflect cerebral dysfunction within psychiatric samples.

P34

Dynamic assessment of executive functions

J. Egger^{1,2}, H. De Mey², G. Janssen¹, S. Tuinier¹, W. Verhoeven^{1,3}.¹ *Vincent Van Goch Institute for Psychiatry, Venray* ² *Department of Clinical Psychology, Radboud University Nijmegen* ³ *Department of Psychiatry, Erasmus University Medical Centre, Rotterdam, The Netherlands*

The frequently used neuropsychological term executive functions (EF) refers to self-regulating, meaningful, adequate and goal-oriented behaviour in new or unusual situations.

In general, there is growing body of literature on the relation between executive dysfunctions and all kinds of psychopathology. However, little is known about the origin and development of these functions. Also, the assessment or “measurement” of these functions is a precarious enterprise. The patterns of executive dysfunctions that accompany various diagnoses of psychiatric disorders, are often showing much resemblance (poor inhibition, switching and updating).

Recently, EF has been considered a subset of rule-governed behaviour, as conceptualised within the context of relational frame theory (Hayes, 2005). This provides an approach in which inhibition, switching and updating can be assessed in greater detail by means of well-defined learning-tasks, which seem to have an advantage over “classical” EF-tasks like, for instance, the Wisconsin Card Sorting Task, Stroop Colour Word Test, and the Tower of London. The course of the learning process, as well as the detection and analysis of the learning-impediments constitute a dynamic assessment procedure in which implications for treatment can be more directly derived from the diagnostic process.

Poster Session 3: MENTAL HEALTH SERIOUS CAREGIVER

P35

Family of a child with a mental disorder

A.A. Agarkov, T.F. Skorokhodova, A.E. Loguntseva, T.V. Pogorelova. *Child and Adolescent Psychiatry Department, Mental Health Research Institute, Tomsk, Russia*

Efficacy of medical care for mentally ill children is closely associated with family circumstances. Word about a psychiatric diagnosis is a great emotional stress for the family.

Official attitude toward mental suffering of the child or diagnosis denial with negative reaction toward the treatment by psychiatrist and alternative help seeking complicate disease prognosis.

Mental disease of the child influences interpersonal relations in the family. The range of communication narrows, up to complete isolation. In some cases such a family decomposes.

One of adverse factors for the child with a neuro-mental disorder is presence of disharmonic relations in the family. Carrying out of a sterling adequate treatment and social rehabilitation for children with mental pathology is complicated if they live in socially adverse families where parents are alcoholics, drug addicts, mentally ill persons.

There is a high risk of socially orphaned, which is manifested as 1) unreasonably frequent and long-term hospitalizations of child into mental hospitals; 2) persistent wish of the parents to place the child into a specialized boarding school for children with severe pathology; 3) transferring responsibility of parents for up-bringing of ill children to grandparents; 4) withdrawal of mentally ill children outside, vagrancy associated with socially adverse circumstances in the family.

Complex professional help for the family of mentally ill child has been proposed by us as follows: family psychotherapy with the aim to correct disharmonic family relations; educational program for parents of mentally ill with the aim to increase parental medical-psychological preparedness; information and education.

P36

Comparative of maternal health of the mothers with low birth and premature infant, and term infants in hospitals of Isfahan

S. Dabirzadeh, P. Taheri. *Department of Health, Faculty of Nursing, Isfahan University, Isfahan, Iran*

The future of a society depends on children's health. Children's growth and health is directly influenced with mother's health.

Method: This descriptive analytic study was carried out on 200 mothers with low birth and premature infants selected by target focused sampling. The data were collated related to maternal health concerning weight, age, smoking, taken drugs pre delivery weight, times of pregnancy, anxiety due to crisis and maternal health care. The data were analyzed by descriptive and inferential statistics.

Results: The findings related to frequency distribution of maternal health of mothers with low birth and premature infants compared with the ones with term infants showed that there was a significant difference between mothers with low birth and premature infants in age group ($T = 1/0135$, D.F. = 198).

The findings related to mothers weigh before pregnancy showed that there was not a significant difference between most of the mothers with low birth and premature infants aged between 45 and 54 weight years and mothers with term infants of birth than 105 kg ($P < 0/01$, D.F. = 182). Regarding maternal health in both groups there was a significant difference between taken drugs and duration and dosage, maternal health and anxiety and restlessness.

Discussion and Conclusion: Since mothers play a major role in care of children and their own mental health influences their children physical and mental health,

P37

Evaluation and intervention in children with specific speech disorders

S.S. Golubovic¹, I. Jerkovic², B.T. Golubovic¹. ¹ *Teacher Training Faculty, Sombor* ² *Institute of Psychiatry KC Novi Sad, Sombor, Serbia and Montenegro*

Children with specific speech disorders or developmental dysphasia have various difficulties using expression and reception speech, even if it is below their mental age level. A most of children were brought in medical facility because of speech problems including lack of vocabulary and fluent speech, frequent agrammatism and difficulties

describing past experiences. They were exhibiting symptoms of hyperactive behavior and attention deficit.

Their general intellectual abilities were tested and then, a specificity of speech problem was examined. For the latter, Token Test and Boston Naming Test were used. Fluency of speech test was also conducted.

Results of the above mentioned examinations showed that the children have under average intellectual ability. However, a significant difference was noted between his verbal and manipulative abilities. Manipulative abilities are more developed than verbal. On all speech and vocabulary ability tests, they scored well below average. Perseverations occurred because of a rise in complexity of tasks, or perhaps because of inability of creating strategy. Also noted was gradual lessening of lexicographic ability as related to semantics.

The therapy was given in order to lower their verbal and communicational problems, and also to prevent possible future difficulties in reading and writing. Based on the tests' results, an individualized therapy program was created. This program included development of phonological rules of speech, semantics, as well as use of well-preserved mechanisms (perception, motorics), in order to counter the present verbal and vocabulary difficulties.

P38

Frequency and types of hyperactive behavior

Š.S. Golubovic¹, D.I. Rapačić², B.T. Golubović³. ¹ *Teacher Training Faculty* ² *Faculty of Defectology Belgrade* ³ *Institute of Psychiatry KC Novi Sad, Serbia and Montenegro*

Various experts study children with attention deficit disorders and hyperactive behavior. Attention, motor unrest, and impulsiveness problems are demonstrated during schooling and result in lower learning results in children.

The topic of this study are children suspected, by their educators, to suffer from ADHD. Analysis sample represent 600 children, aged 8–12, and attending elementary school. For the purpose of the analysis, Conners ADHD scale is used. Also, social status of a child's family is analyzed, as are children's elementary school grades.

Results show that the educators described 4.4% of sample children as the ones having ADHD. Also, the findings suggest that educators and parents agree in their assessment of children's behavior; that the socio-economic status of the family does not play a significant role in a development of ADHD; and that children with ADHD score lower and show slower development in carrying out school assignments.

P39

Understanding of the patient with epilepsy—analysis of the patient's emotions and behavior by professionals in health care and education

E.H. Mojs, M.D. Glowacka. *University of Medical Sciences, Poznan, Poland*

The prevalence of emotional disturbances defines as 10–30% in children and adolescents with epilepsy. Emotional dysfunctions characterize as multifactor "organic" connected with brain pathology and "environmental". Primary and secondary emotional dysfunctions are distinguished in traditional approach. The reason for epilepsy and emotional deficits is common, or emotional deficits appear as an effect of seizures and they are connected with brain impairment. Secondary emotional deficits are connected with negative social actions and negative social attitudes toward ill persons with epilepsy. It concerns overprotective attitudes or social isolation. The aim of the study was to estimate the knowledge of the teachers and doctors on the emotional

disturbances. Thirty teachers 10 doctors-neurologists and 30 nurses take part in the study. They fulfilled a special questionnaire in the estimation of own patient or pupil, which they know, which has epilepsy. The data analysis shows that every professional group overestimates some traits: Teachers show some difficulties in behavior connected with brain pathology. Nurses overestimate the role of the social rejection and role of epilepsy, doctors notice the role of epilepsy and its influence on social behavior. Emotional disturbances is estimated in 50% in patients. There are aggressiveness, lack of emotional control stated. In own examinations patients with drug resistant epilepsy presented aggressiveness and self-aggressiveness. The mode of pharmacological treatment was under control and additionally, the quality and count of seizures.

P40

Effects of self-care activity program on psychosocial status by asthmatic

M. Shahriari. *Medical Surgical Dept. Nursing, Isfahan University of Medical Sciences, Isfahan, Iran*

Background and goals: Chronic diseases such as asthma have negative pressure on health promotion specially on social and emotional status. We can apply numerous strategies such as self-care to maximize functional ability, maintain health and psychosocial well-being. Self-care is an activity that a person performs to maintain his life and health. The goal of this study was conducted to clear effects of self-care program on psychosocial situation for asthmatic patients.

Methods: This was an interventional study in one group and two stages (pre-test and post-test). Sample size was 24 subjects selected by convenience sampling method. Data were gathered using a two-part questionnaire: part one consisted of specific demographics and part two was entitled asthma quality of life questioner (AQLQ).

Researchers did manipulations 2–3 times every week for 1 month, each time for 45 min.

Results: The findings of this research showed that the mean age was 37.4 ± 12.2 years, and 66.7% of the subjects were females. Statistical tests have shown that there were significant differences between mean scores of mood function before and after self-care activity program ($P = 0/0001$). and there were significant differences in mean scores of social function of participants between before and after manipulation ($P = 0/0001$).

Conclusions: According to our findings, this self-care activity program was affected on mood function and social function in patients with asthma. We suggested handling this program with other medications psychotherapy treatments and establishing special wards for exercising the self-care activity program to enhance mood and social functions of these patients.

Poster Session 3: MISCELLANEOUS

P41

Venereophobia the pattern and profile in united Arab Emirate locals adult males

M. Almalmi. *Emirate International Poyclinic Al-Ain City UAE, Al-Ain UAE, United Arab Emirates*

Background: Since years ago most STDs were treatable. After 1980 when HIV (AIDS) discovered it is very fatal for human life and not curable till now. The fear from the venereal disease (venereophobia) is worldwide.

Objective: The objective of the study was to identify the pattern of venereophobia and primary psychiatric disorder.

Patients and Methods: One hundred of United Arab Emirate local male patients, 21–40 years old, presented with past history of sexual intercourse with girl friends to a dermatological clinic from January 2005 to August 2005. Twenty-five with acute gonococcal urethritis, five with herpes progenitalis and seventy were normal.

Results: The one hundred patients were frequent visit to the dermatological clinic more than once time and they were afraid of the venereal disease (AIDS). They suspected to have it in spite of having no new sexual intercourse. They asked many questions and wanted to do HIV test soon. I reassured them and explained the duration of HIV appearance. All of them had fear of STDs, mainly HIV (venereophobia).

Conclusion: United Arab Emirate is an open country and many prostitutes visit or stay there to earn money. The UAE local males' income is high, which enables them to perform illegal sexual intercourse, even as they are married, which leads to venereophobia.

P42

Phenomenon of antidrug stability

S.A. Altyzbekov, S.A. Katkov, Yu.A. Rossinsky. *Republic Center for Applied Research, Pavlodar, Kazakhstan*

Objective: Research of interrelationships between mental health and prevalent risks of drug addiction.

Subject of research was phenomenon of antidrug stability.

Research: First, observation (7500 persons). Second, cross-section and longitudinal research (clinical experiment).

The total number of interviews was divided between regions and cities proportionally to numbers of the population.

Results of this research:

1. There is individual-personality phenomenon of antidrug stability.
2. Constituents of the individual-personality phenomenon of antidrug stability—full personality identification or ego-identity; full development of skills of the responsible choice; inner locus-control; presence of constructive life scenario excluding drug consumption from all his/her horizons; availability of individual mental resources, necessary for realization of this scenario; full information and adequate knowledge about harm of drugs.
3. Properties of psychological health—antidrug stability of the personality, exert influence on prevalent risks, peculiarities of clinical manifestations, therapeutic dynamic of drug addiction, length of remission and processes of resocialization and personality regeneration.
4. Properties of mental health—antidrug stability can be developed for therapeutic and preventive purposes, under conditions of specialized neoabilitative programs.

P43

Attitudes toward the mentally ill in sample of employees in government and nongovernment organizations

E. Avdibegovic, M. Brkić, I. Pajević, Z. Selimbašić. *Department of Psychiatry, University Clinical Center, Tuzla, Bosnia and Herzegovina*

Attitudes toward the mental illness has always been an important area. The goal of this research is to investigate the attitude of employees in government and nongovernment institutions towards the mentally ill. In this study was analyzed a sample of 150 employees in Tuzla Canton, which from 100 investigated were in government and 50 in

nongovernment organizations. The attitudes of employees in government and nongovernment institutions were compared using the Community attitudes toward the mentally ill (CAMI). The CAMI scale consists of 40 items and contains four dimensions: authoritarianism, benevolence, social restrictiveness and community mental health ideology. The statistical analyses was performed with the computer program SPSS. The data was analyzed by descriptive statistics. Obtained data indicate that the employees in nongovernment institutions have a more liberal and positive attitude than the employees in government institutions. The factorial analysis also indicates that the employees with middle or lower level of education show a more controlled attitude toward the mentally ill patients. The ideology of community is more social restrictive.

P44

Formation of medication and psychotherapeutic correction of psychopathological disorders in patients exposed to coronary artery bypass grafting

M.F. Belokrylova¹, N.P. Garganeyeva², T.E. Glushchenko².
¹ *Mental Health Research Institute* ² *Siberian State Medical University, Tomsk, Russia*

Objective: To study clinical and psychological peculiarities of patients exposed to coronary artery bypass grafting (CABG).

Materials and Methods: In a cardiac clinic 43 IHD patients at age 44–45 years (35 male, eight female) have been examined at stage of preparation to CABG and at baseline recovery period. Twenty-six patients had history of myocardial infarction. All patients were administered with coronagraph. Clinical-psychopathological method, rating scales (HARS, MADRS, and Tailor Scale, TAS) have been used.

Three groups of patients have been distinguished according to level of alexythymia: about 74 scores “alexythymic patients” (I), ($n = 20$); from 63 to 73 scores (II), ($n = 14$); lower than 62 scores “non-alexythymic patients” (III), ($n = 9$). Patients of groups I and II had high indices of the level of personality nervousness and subjectively rated anxiety in pre-operation period. Depressive disorders were clinically more substantial in groups I and II as compared with some symptoms of depression at subsyndromal level in group III. In “non-alexythymic patients” mixed anxious-depressive reactions of adaptation predominated. In pre-surgery period in a half of “alexythymic patients” depressive disorders (depressive episode) were observed. Interrelationship of level of alexythymia and severity of psychopathological disorders predominates formation of therapeutic tactic. In participation of a cardiologist and a psychotherapist differentiated programs management have been developed envisaging administration of psychotropic preparations (antidepressants, preferentially SSRIs, tranquilizers), as well as psychotherapeutic correction. A reasonable, symptom-oriented and personality-oriented psychotherapy was applied, in which indications and preparedness of patients towards a collaboration were taken into the account.

P45

Influence of LHRH synthetic analogue (Zoladex) on psychic status of female breast cancer patients

E. Boldova. *Department of Oncology, Moscow Health Service Committee, Moscow, Russia*

With some women of premenopausal age, medical castration using Zoladex was accompanied by transitional euphoric symptomatology combined with increased sex drive. Increase in sex drive was preceded by erotic dreams. Such symptoms were seen by the end of day 10 till

day 14 from the date of 3.6 mg Zoladex administration and coincided with increase of endogenous hormone levels, caused by the effect of the drug. In the following months, against a background of the medical castration, patients noted the lack of libido, and in some cases even “disgust” at sexual contacts. However, by the end of administration of Zoladex (the average period of one year), 20% of patients noted restored libido and/or erotic dreams, although the levels of sex hormones were typical for postmenopausal period.

P46

Preventive health behavior of migrants

A. Bondar, W. Machleidt. *Sozial Psychiatrie, Medizinische Hochschule Hannover, Germany*

Although about 10% of German population are migrants, not enough knowledge exists about health status and preventive health behaviors of migrants. The largest populations of migrants in Germany are Turks and Russians. The goal of the project presented in this paper is to investigate the health status and preventive health behaviors of Russian- and Turkish-speaking migrants in Hannover, Germany. The health status is defined as the subjective evaluation of the physical and mental health. As drug abuse represents the most important health problem of migrants, the assessment of preventive health behaviors focuses primarily on alcohol and tobacco use. Additionally, the project deals with the question of possible barriers migrants experience on the way to German Health System. For example, cultural differences in understanding of health and disease concepts, language difficulties, the lack of knowledge about possible preventive measures and the lack of information in mother tongue could be possible barriers that make the access to healthy way of living more difficult for migrants. Mother tongue approach on internet and telephone coaching as well as on spreading of information on preventive behaviors in community of migrants is discussed.

P47

New history of Russia: diagnostics of the psychophysiological anomalies in top managers

I.V. Boyev¹, V.A. Shurupov², K.S. Gyulushanyan², Y.S. Basovich².
¹ *Stavropol State Medical Academy* ² *Stavropol State University, Stavropol, Russia*

Research hypothesis: the chronic social stress induces the breakdown of individual adaptation mechanisms on the regulatory level in the representatives of economic, business and other elites and resulted in anomalous personality changes and comorbid psychosomatic disorders.

Material and methods: Three hundred forty-four subjects of different professional levels working for government and departmental services. Clinicopsychopathological, psychological, pathopsychological, psychophysiological (diagnostic system AMSAT–Covert) and mathematical (discriminant and cluster analysis) methods were used.

Results: The first symptoms of cerebrovascular atherosclerosis, reduction of neuroendocrinal system activity, changes of psychophysiological personal profile special for prepathological changes or the early pathology of cardiovascular and hepatobiliary systems were registered on the psychophysiological diagnostic level, as well as the initial negative personality drift in the form of immaturity declining and flattening of the personality emotional sphere.

The data obtained testify to the presence of the chronic degenerative focuses in the central nervous system with possible necrotic changes

and also to the reduction of the individual social adaptation barrier and increased exhaustion and lability of mental processes.

Conclusions: The development of anomalous variability is objectively registered on the early prenosological stage with the help of AMSAT–Covert diagnostic system giving a chance for early prophylaxis. The AMSAT–Covert diagnostic system is seriously recommended for the professional selection to the supreme power establishments.

P48

Electronic communication in clinical work with patients

Z. Cebasek-Travnik. *Department for Education, University Psychiatric Hospital, Ljubljana, Slovenia*

Background and aims: The new technologies and computer-mediated communication may be used in psychiatric treatment for different type of contacts between patients and therapists.

Methods: Exploration and evaluation of different types of therapeutic interventions using e-mail.

Results: Two hundred forty-five e-mails were sent to the therapist from 15 patients in the period 2002–2005. They were grouped in different types of interventions: appointment setting, general questions and information, emergency situations, psychotherapeutic interventions and consultations. Each of them proved to be a very useful way of psychiatric treatment for patients who accept this type of professional help.

Conclusions: E-mail communication gives good opportunities for psychiatric treatment and represents new type of patient-therapist relationship. As a new way of communication it needs more consideration of ethical and insurance issues.

P49

A case of three persons sharing the same delusional system

E. Chourdaki¹, T-H. Miliotis¹, S. Monezis¹, E. Botzakis², N. Paritsis^{1,2}. ¹ *Department of Psychiatry* ² *Department of Child and Adolescent Psychiatry, University Hospital of Heraklion, Crete, Greece*

A 30-year-old female presented for examination accompanied by her parents, due to chronic problematic intersexual relationships. She was the only child, studying a program after high school.

Examination revealed delusions of persecution, help, and misinterpretations, of sexual content, auditory hallucinations of threatening content. Inappropriate affect. Lower than expected global functioning. History taking, revealed unshakeable belief of parents in the same delusions and misinterpretations and corresponding delusional behavior.

Onset of symptoms at age 18, two years later, parents developed corresponding psychopathology.

Father is a 67-year-old pensioner. Last few years is completely dependent on the care of his wife and daughter, due to diabetic polyneuropathy and coronary heart disease. Mother is a 59-year-old elementary school graduate, never employed. Overprotective, preoccupied caring for her husband and daughter, their relationship described as ambivalent.

The family shared a small, own apartment; none was working.

In syncitial relationship, lacked interest in social contact—except mother's sister, living in nearby town. Conflict relationships with neighbors.

Treatments interventions included a) attempts to separate A from her family, her aunt offered to host her. b) she was treated with risperidone, with noticeable reduction, of positive, especially,

symptoms. Parents are completely free of symptoms today -after short-term treatment of mother with risperidone.

In conclusion, this is a case of induced psychosis, with A (suffering from schizophrenia) as dominant and her parents as subordinate features, who, due to close relationship, developed psychotic symptoms with identical content, not fulfilling criteria for other psychotic or mood disorder and not related to general medical condition or substance effect.

P50

A case of an adolescent with MDD and alcohol abuse

E. Chourdaki¹, E. Botzakis¹, T-H. Miliotis¹, S. Monezis¹, N. Paritsis^{1,2}. ¹ *Dept. of Psychiatry* ² *Dept. of Child and Adolescent Psychiatry, University Hospital of Heraklion, Crete, Greece*

We present the case of a 17yo female patient, who was referred with major depression and alcohol abuse, related to several problems in the family and the psychopathology of the parents. Onset of symptoms is of age 15, when she gradually revealed mild mood depression, sleep disturbance, fatigue and loss of energy, irritability. Occasionally there was a sense of hopelessness, followed by suicidal thoughts; several manipulative self-harm acts. There is also reported offensive behavior, conduct disorder, alcohol abuse and verbal aggression. Her parents describe her as a difficult, bad-tempered, lazy child.

Family history revealed constant dysfunction in the family, even before parents' divorce. Mother had a new family and abandoned her daughter to her uncles and later in an institution. Father is alcoholic, sensitive, occasionally irritable and violent. Patient reported her rape by relative, use of alcohol as a means to relief symptoms and desire to live with her mother.

She was admitted in psychiatric department and administered antidepressants. Aim was to provide stable therapeutic environment with individual and family interventions. Father was also diagnosed with depression and alcohol addiction and was later admitted in the psychiatric department.

Traumatic experiences, abuse or neglect, a great loss, undiagnosed psychiatric illness of the parents can lead the adolescent to develop low self-esteem, feelings of discomfort and dysthymia, which in children and adolescents can be manifested as offensive behavior and conduct disorder.

We consider parents' alcohol abuse as a critical factor for family dysfunction and development of psychiatric illness during adolescence.

P51

Childhood trauma and aggressiveness in suicidal behaviour

P. Courtet¹, M. Sarchiapone², F. Jollant¹, I. Jausse¹, V. Carli², C. Cuomo², A. Malafosse¹. ¹ *Service de Psychologie Médicale and Psychiatrie, Hôpital Lapeyronie, Montpellier, France* ² *Department of Health Sciences, University of Molise, Campobasso, Italy*

Suicidal behaviour is a complex phenomenon and a multi-determined act that possibly relies on multiple proximal and distal factors. The relationship between suicide and psychopathological risk factors has been widely studied. We know that more than 90% of people that commit suicide are affected by a psychiatric disorder, mostly a mood disorder. Impulsivity plays a crucial role in the tendency to act a suicide attempt; violence and aggressiveness have been found to be strongly associated with suicidal behaviour and to the lethality of attempts; also the presence of childhood trauma, of both psychological and physical trauma has been reported to be associated to suicide.

Most studies analyzed the presence and prevalence of multiple risk and protective factors for suicidal behaviour comparing suicide

attempters with non-attempters matched for age, sex and diagnosis, succeeding in isolating specific risk factors for suicide. We analyzed a population comprising only suicide attempters splitting them into groups on the basis of the presence of different types of childhood trauma in their psychiatric history. We then searched for differences in the characteristics of the suicide attempt and in other psychopathological variables such as aggressiveness and impulsivity.

P52

Overcoming the depersonalisation of a relationship

A. Dangelia. *Dep. of Psychiatry, Tirana, Albania*

In the world of high tech, the man feels himself often threatened and of little importance. This situation mirrors also in the medical practice in dealing with our mentally suffering patients. It seems, in particular in the relations with our clients, that our words, the words of the professionals are losing the power of the transmission of meanings and feelings. The verbal capacity of the doctors is threatened to be substituted with the language of the apparatuses. The technologisation of the medicine and also of the psychiatry, helps the doctors at a certain point, with an early diagnosis of the pathological processes. The time spent with the clients is becoming short and the dyad of the doctor-patient is being shocked. This serves as a bell of the risk of changing attitudes of the psychiatrists toward their patients.

We know from our studies and experiences that the base of the above mentioned dyad, is the exchange of feelings and ideas between two partners. The patients are expecting in our times from their doctors much more than before. The medicine is advancing rapidly. It's the competence of the doctors to find a balance between their engagement with their patients on one side and their culture-bound attitude on the other.

References

- [1] Dyer A. Deprofessionalisation of Medicine. In: *Ethics and Psychiatry. Toward Professional Definition*; 4–8. 1987
- [2] Helmchen H. *Das Arzt-Patient-Verhältnis zwischen Individualisierung und Standardisierung. Vortrag. Akademie Vorlesungen. 2003/2004*

P53

Inpatient care in Italy: the progress-acute national survey

G. De Girolamo¹, R. Miglio², A. Picardi³, P. Rucci⁴, G. Santone⁵.
¹ *Department of Mental Health, AUSL Città Di Bologna* ² *Faculty of Statistics, University of Bologna* ³ *National Institute of Health, Rome, Italy* ⁴ *Department of Psychiatry, Western Psychiatric Institute and Clinic, University of Pittsburgh, Pittsburgh, PA, USA* ⁵ *For The PROGRES-Acute Group, Ancona, Italy*

Background: In Italy, although all mental hospitals have gradually been replaced by general hospital psychiatric units (GHPUs), detailed data on acute inpatient facilities remain scarce.

Aims: The 'PROGRES-Acute' project consists of two phases: Phase 1 aims to survey the main characteristics of all Italian (public and private) acute inpatient facilities. In Phase 2 a representative sample of facilities and inpatients will be assessed in detail.

Methods: Structured interviews were conducted with each facility's head psychiatrist. All Italian regions participated, except Sicily.

Results: Italy (except Sicily) has a total of 4108 public inpatient beds in 319 facilities, with 0.78 beds for every 10,000 inhabitants, and 4862 beds in 54 private inpatient facilities, with 0.94 beds per 10,000 inhabitants. In the year 2001, in those facilities which provided data, 139,140 acute admissions were recorded, for a total of 93,159 patients admitted, with rates of psychiatric admissions and admitted patients per 10,000

inhabitants of 26.7 and 17.8, respectively. The percentage of compulsory admissions was at 12.9%. Many facilities suffer from significant logistic and architectural limitations. Staffing showed a great variability among facilities. Facilities differ in working style, as suggested by the presence of sharp differences in patients' exclusion criteria for admission and length of stay. Public and private facilities differ in case-mix.

Conclusions: In Italy there are two parallel systems of inpatient care, a public and a private one, not interchangeable. Despite the crucial role of acute inpatient care, many features of hospital care are unsatisfactory, and many problems still await appropriate solutions.

P54

What websites say: a descriptive pilot-study of suicide and the Internet

G. Degraeve, W. Brabant, K. Audenaert, C. Van Heeringen. *Department of Psychiatry and Medical Psychology, University Hospital, Ghent, Belgium*

Aim: To assess quantitative, categorical and qualitative aspects of websites on suicide.

Method: The searchterm 'suicide' was entered in 12 (meta-)search engines. The first 100 websites of 'Google' were visited and categorised according to Degraeve and Pieters. The websites were also scored with an adapted Sandvik-score encompassing technical aspects (0–2 points), general (0–14 points) and specific (0–13 points) quality criteria (total score 0–29).

Results: The 12 (meta)searchengines yielded on average 24.227.183 results (range 53–65.500.000).

Of the first 100 visited websites, 98 were reachable of which 63 provided suicide-relevant information. Total Sandvik-scores ranged 17–27 (average 21.8).

Categorically, 62% fell in the category "Crisis Education, Prevention and/or Research Resources" (CEPRR), of which 75.8% (47/62) were professional organisations and 24.1% (15/62) private sites.

From a qualitative viewpoint, only 19% (12/63) of the sites included scientific references. About half (55.5% (35/63)) provide extensive information on suicide and all (100%) showed a serious approach to the situation. Most (77.8% (49/63)) refer to specialised crisis centres or national emergency telephone numbers. One site had a comprehensive test on suicidal ideation.

Conclusions: Information regarding suicide is plentiful on the Internet, with an overall good quality of information. The majority are CEPRR, and often related to mental health professionals.

References

- [1] Degraeve G. Pieters G. *Tijdschrift voor Psychiatrie*. 2002;44(7):505–509.
- [2] Sandvik H. *BMJ*. 1999;319:29–32.

P55

Ziprasidone dosing study in pediatric patients with bipolar disorder, schizophrenia, or schizoaffective disorder

M. DelBello¹, M. Versavel², K. Ice², J. Miceli², R. Kowatch¹, D. Keller². ¹ *Psychiatry, University of Cincinnati, Cincinnati, OH* ² *Pfizer Inc, Groton, CT, USA*

Background: We compared safety, tolerability, and effectiveness of 2 dose-titration schedules of ziprasidone in youths with bipolar or schizophrenia/schizoaffective disorder.

Methods: Subjects (10–17 years) were randomized to titration Group 1 (10 mg bid, up to 40 mg bid) or Group 2 (20 mg bid, up to 80 mg bid) in Period 1, followed by 6 months' flexible dosing in Period 2.

Subjects had bipolar I disorder (manic or mixed, YMRS \geq 17) or schizophrenia/schizoaffective disorder (BPRS \geq 35). Safety and tolerability measures included laboratory values, weight, extrapyramidal symptoms, ECGs, and adverse events (AEs).

Results: In total, 63 subjects (46 bipolar, 17 schizophrenia/schizoaffective) entered Period 1 (23, Group 1; 40, Group 2); 56 (89%) continued into Period 2. During Period 1, the most common AEs were sedation, somnolence, nausea, headache, dizziness, and vomiting; dose reduction/discontinuation due to AEs occurred in 26.1% (6/23) in Group 1 vs. 47.5% (19/40) in Group 2. Mean (S.D.) QTcF change at week 3 was 3.6 (23.2) ms (range, -30.0 – 57.0 ms) in Group 1 and 9.0 (15.4) ms (range, -17.0 – 34.6 ms) in Group 2, with no confirmed QTcF intervals >500 ms. During Period 2, only sedation and somnolence occurred in $>15\%$ of subjects. No clinically relevant changes in lipids or fasting glucose were observed; weight gain was reported as an AE in only 8.9%.

Conclusions: Ziprasidone was well tolerated in children and adolescents with bipolar mania or schizophrenia/schizoaffective disorder. Titration from 20 mg/day to 120–160 mg/day over 1–2 weeks appears optimal.

P56

Associated factors to physical restraint in a hospitalization unit

A. Doll¹, F. Garcia², A. Calcedo³. ¹ *Psychiatry Department* ² *Psychiatry Department* ³ *Gender Violence Unit, Psychiatry Department, Gregorio Marañón Hospital, Madrid, Spain*

Background: The physical restraint is a usual method of contention for the psychiatric units, the prevalence is between 7 and 29%. But for the patients this is a humiliating experience, so it's seems necessary identify factors that help reducing the frequency of physical restraint in the hospitalizations units.

Objectives: Identify associated factors to physical restraint in our inpatient unit

Method: We register all the episodes of physical restraint for a year: duration of the contention, moment of the day, and reasons that motivate the contention. Also we register: sex, age, duration of the stay in the unit, nurse shift, and diagnoses.

Results: we register 453 episodes of physical restraint, in 136 patients, the mean duration of the contention was: 10.3 hours and the prevalence: 7.6%. The 60% of the patients had a diagnoses of drugs abuse or dependence (dual diagnoses), 41.7% had a schizophrenia diagnoses, and 18% had a personality disorder, the rest of them had several diagnoses. The reasons that motivate the contention were: aggressive behaviour 49%, autoinjuries 20%, disorganised behaviour 35.9%, others 12.9%. The distribution of episodes in the nurse shifts were: morning 15%, afternoon and evening 50% and at night 35%. There was a significance difference between them. The risk of a physical restraint is higher in the afternoon and at night than in the morning ($P < 0.05$).

Conclusions: It seems that the consume of drugs and the afternoon and at night shifts, increase the probability of a contention.

P57

Non-compliance psychotherapeutic in a service of mental health

J.A. Dorado Primo¹, C. Balmon Cruz¹. ¹ *Equipo Salud Mental Andújar. Complejo Hospitalario De Jaén. Spain* ² *Centro De Salud Levante Sur. Distrito Sanitario De Córdoba, Córdoba, Spain*

With this work we pretended to detect, to analyse and to investigate the prevalence of the non-compliance psychopharmacological through

self-information in 337 ambulatory patients who come along to revision in a Mental Health Service. For it we have revised the psychofarmacological groups and the diagnostics of the non-adherence patients and the adduce reasons putting in relationship with differents variables sociodemographics and clinics, through a transverse and descriptive study.

The non-compliance people have been the 32.05%, of them the 66.66% were women, but the men have unfulfilled more psychodrug. The 46.2% of the diagnose patients of Neurotics Disorders have been non-compliance, of them the 37.21% for Adaptative Disorders and the psychofarmacological group with main percent of non-compliance in relationship with the totality of the prescriptions, have been Ansiolitics.

We need make s more profound study of the knowledge of the therapeutic non-adherence, that have constituted a sociohealth trouble.

P58

Consent and capacity in patients with psychiatric illness in a national forensic service

J. Dorman, M. Kennedy, H. Kennedy. *National Forensic Service, Central Mental Hospital, Dundrum, Ireland*

Aims: The measurement of capacity is a complex process, which is only partially addressed by current legal and medical models. Legal constructs regard capacities as independent of each other and specific to the task in hand.

Methods: Patients admitted (over 100) to the acute unit of a national forensic service were screened using the McArthur Competence Assessment tools for Fitness to Plead and for Treatment, the Positive and Negative Symptoms Schizophrenia Scale, General Assessment of Functioning Scale. The effect of additional information on treatment options was measured.

Results: In determining capacity understanding, reasoning, appreciation and the ability to make a choice are considered important, with variations across jurisdictions with regard to relative importance. Clinically, various structured rating instruments have been well validated. Tests of functional capacity correlate with measures of general psychopathology but only accounting for 30–40% of the variance. The elements of functional capacity correlate with each other and are not function-specific. Additional information significantly affected capacity to consent to treatment as measured by the McCat.

Conclusions: Measurements of mental state and functional capacity are only partly independent. Information load in consent to treatment appears to be a factor which needs to be taken into account clinically. Context and situational factors, may all have an influence on actual outcome. Best practice approaches are discussed.

P59

Clinical–dynamic characteristic of psychogenias in crisis situations

E.M. Epanchintseva. *Borderline States Department, Mental Health Research Institute, Tomsk, Russia*

Broadening of scales of natural disasters, technogenic catastrophes and military conflicts conditions interest to problem of PTSD. Pathogenetic study of mental health of combatants has been conducted. The basis of dysfunctional states under extreme conditions of military setting were mental disorders of borderline level. Three typological variants of PTSD: neurotic (59.1%), peculiarity—distinct association of clinical picture with combat stress with reflection in the picture of actual state of psychotraumatic circumstances; pathocharacterological (27.9%), complication of psychopathological symptoms with severity of pathocharacterological radicals has been noticed, observed as a rule in

persons with severe accentuation of the character and in more adverse clinical dynamic; neurosis-psychopatholike (13.0%)—was characterized by polymorphous psychovegetative, psychosomatic and psycho-organic states which emerged under impact of psychogenic and had in their basis massive somatogenic and exogenous-organic factors and took chronic status of the illness.

On the basis of received materials complex of differentiated psychopreventive and rehabilitative programs directed at treatment and prevention of PTSD in combatants has been developed. Expediency of three-stage assistance (at outpatient, day-hospital and hospital level) has been shown that is carried out with account for multi-axial systematic and typological and dynamic evaluations. Characteristics of efficacy of used sociomedical activities has been given.

P60

Arthrosis and depression: a common association?

M.I. Tévar¹, M.L. Barrigón², A. Fontalba², P. Ros¹, M. Anguita².
¹ *Servicio de Reumatología* ² *Servicio de Psiquiatría, Hospital Clínico San Cecilio, Granada, Spain*

Background and aims: Arthrosis is osteoarticular degenerative illness more frequently among rheumatology outpatients. We study if osteoarthritis (OA) crisis appear in relation with anxious-depressive syndrome (ADS).

Method: We selected 107 rheumatology outpatients (75 women and 32 men) diagnosed of OA in different body-locating with an increase in the intensity of pain in the moment of the evaluation.

Everybody was interrogated for the locating of the arthrosis, and the presence of anxious or depressive symptoms (Hamilton's scales).

Patients with psychiatric symptoms were clasified into three groups: Those diagnoses and treated by a psychiatry, those in Primary Health Services and those with symptoms but without treatment.

Results: 49 patients (45.79%) were diagnosed of anxious-depressive syndrome (36.5% by Mental Health and 63.5% in Primary Health Services). The other patients, presented anxious or depressive symptoms in an important percentage (19.62%). In 29.2% of patients, symptoms were related with life events, while in the rest was due to the incapacity caused by its rheumatologic disease.

Antidepressant more commonly used in our patients was paroxetine (31.03%), hypnotic was zolpidem (27.09%) and anxiolytic diazepam (23.25%). of all the possible body-locating, the frequently was espondiloartrosis in lumbar zone, followed by the cervicoartrosis.

Conclusions: Pain increase in OA are associated often with an ADS as the result of limitation and incapacity produced by the degenerative illness. Antidepressants are medicines that often use patients with arthrosis. It is important to become an integrated treatment including specialists in Mental Health for an adequate management of the patient.

P61

The perception on the role of the psychiatrist's identity in the urban area of Genoa

E.L. Fiscella, M. Fornaro, P. Fornaro, E. Rasore. *Department of Neurology, Ophthalmology and Genetics - Section of Psychiatry, Padiglione, Italy*

Objective: To evaluate and compare the different perceptions people have of the identity and professional role of the psychiatrist in the urban area of Genoa in order to consider the effects of the prejudices against psychiatry and psychiatric patients among different groups of subjects.

Methods: Heterogeneous groups of subjects—consisting of psychiatric patients, their relatives, non-psychiatric nurses, non-psychiatric post-graduate student doctors, medical students and subjects from the general population—have been interviewed using a purpose-made questionnaire.

Results: The preliminary results on the first 300 evaluated subjects of our on-going study suggest there is a trend to distinguish between the psychopharmacological psychiatrist's identity and the psychological and psychotherapeutic one's.

Two different and opposite kinds of perceived psychiatrists seem to exist: the clinical-scientific one and the psychological one.

Even among physicians it often happens that there is a lack of knowledge of the differences between the role of the psychiatrist, the neurologist, and the psychotherapist. Especially in the depression treatment it seems that general practitioners tend to choose the neurologist instead of the psychiatrist as a result of various prejudices against psychiatry and psychiatrist; in the same way psychotherapy is considered as an alternative to psychotropic drugs, not as an integration.

Conclusions: The mythical believes and emotional problems may interfere with, modify, or deny scientific knowledge and may cause even physicians to have problems in understanding and using the new scientific data; they also may influence the maintenance of these erroneous perceptions of the psychiatrist's identity.

P62

Psychosocial stress factors and psychopathological disorders in development and prognosis of somatic diseases: an integrative approach to diagnosis and treatment

N.P. Garganeyeva¹, V.Y. Semke², M.F. Belokrylova², S.Y. Shtarik¹, I.G. Kartashova¹. ¹ *Primary Care Chair, Siberian State Medical University* ² *Mental Health Research Institute, Tomsk, Russia*

Objective: To study interrelationship of somatic, mental and psychosocial risk factors (RF) in development and prognosis of arterial hypertension (AH), ischemic heart disease (IHD), type 2 of diabetes mellitus (DM 2), ulcerous-erosive gastroduodenal diseases (UEGDD) in patients with anxiety and depressive disorders.

Material and methods: In Borderline States Department 1350 patients were examined (428 male and 922 female, middle age 41.78 ± 10.42 years) with neurotic, affective disorders and somatic diseases: AH ($n = 700$), IHD ($n = 132$), DM 2 ($n = 203$), UEGDD ($n = 315$). With method of logistic regression, spectrum of clinical predictors has been identified to which, along with known and proven RF for each disease (AH, IHD, DM 2, UEGDD), stepwise algorithm has included mental, psychological, psychosocial factors providing correct prognosis in 75–97% of cases at achieved levels of statistical significance (Concordant; Somers'D), Hosmer and Lemeshow test (0.7–0.9). Constant predictors were: age of mental disorder onset ($P = 0.0001$); correlation of age of onset, duration of mental and somatic disease ($P = 0.0001$); neurotic ($P = 0.0001$); affective disorders ($P = 0.0001$); leading psychopathological syndrome ($P = 0.0001$); psychosocial stressor factors (life events) ($P = 0.0001$), being a cause of development of reactions toward a hard stress, adjustment disorders with prevailing depressive ($P = 0.0001$), anxiety ($P = 0.0001$) disorders, depressive episode ($P = 0.0001$), which manifestation preceded baseline diagnosis of somatic disease ($P = 0.0001$). Studied predictors should be considered as additional criteria for assessment of degree of risk-stratification of clinical course and prognosis of psychosomatic diseases as well as choice of tactic of treatment of patients with account for RF of various genesis during joint actions of a therapist and a psychiatrist.

P63

The trainers view on the teaching psychiatry for general practitioners

D.V. Gazizova¹, A.V. Mazgutov², N.A. Nurmukhamedova³.
¹ *Charing Cross Psychiatric Training Scheme/Edgware Community Hospital, London, UK* ² *General Practice, Postgraduate Medical Education* ³ *General Practice, Medical Academy, Tashkent, Uzbekistan*

Objective: To explore the attitude of GP trainers towards the adequacy of teaching psychiatry for general practitioners (GPs).

Material and Methods: A questionnaire which consist of wide range of questions about teaching facilities, curriculum, clinical arrangements and needs for further training in psychiatry were distributed among 21 GP trainers. All trainers have received special training for teaching of psychiatry for GPs. This training was a part of the program of re-training the doctors of a GP from other specialists.

Results: Nineteen of the 21 trainers were dissatisfied with the skills and knowledge they have got at the moment for teaching psychiatry. According to trainers' answers about curriculum 17 people said that current programme needs a change. These responders suggested an extension of duration, review of the content and proportion of lectures, workshops, word rounds. All 21 trainers found out that there is a lack of training materials and limited access to modern teaching resources which exists mainly in English language. Every respondent wished to receive refresh training on regular basis.

Conclusion: The present study reveals that GP trainers are dissatisfied with current situation on the teaching of psychiatry for general practitioners. We suggest that current program should be reviewed. Also, to develop a good standards of teaching psychiatry for GPs which is based on continued medical education principles.

P64

Attitudes, satisfaction and health of a public psychiatric hospital's staff just before its closing down

G.D. Giaglis, B. Michailidou, G.F. Angelidis. *Psychiatric Hospital of Petra Olympus, Katerini, Greece*

Objective: To evaluate the levels of, and correlation between various staff parameters and characteristics of the first Greek Public Psychiatric Hospital that closed down.

Methods: 206 out of 286 of the hospital's employees completed an extensive questionnaire concerning attitudes towards the hospital's closure and psychiatric patients, their perceptions of conflicts and justice in their work, job satisfaction, physical and mental health, stress, future expectations, and Zung's depression self-rating scale.

Results: All 9 scales showed high internal consistency (Cronbach's alpha > 0.70) and by Principal Component Analysis were shown to group around three major clusters: Depression correlated to stress and health, job satisfaction to conflicts and justice, while expectations about future were influenced only by attitudes towards deinstitutionalisation and psychiatric patients. Various scales' scores were affected by sex and job type but not by age or years in service.

Conclusions: The staff's hopes and worries regarding the ongoing Greek psychiatric reform project don't seem to affect their health or job satisfaction. Future post-effects remain to be assessed.

References

- [1] Mesch DJ et al. (1999): The Effects of Hospital Closure on Mental Health Workers: An Overview of Employment, Mental and Physical Health, and Attitudinal Outcomes. *Journal of Behavioural Health Services and Research*, 26(3): 305–317.

- [2] Dencker K (1989): The closure of a major psychiatric hospital: Reactions of the psychogeriatric nursing staff. *Social Psychiatry & Psychiatric Epidemiology*, 24: 156–164.

P65

New challenges for young psychiatrists in Lithuania

K. Gintalaite-Bieliauskiene. *Department of Psychotherapy, Mental Health Center (Inpatient Clinic), Vilnius, Lithuania*

Introduction: Ten years ago many young physicians including psychiatrists joined pharmaceuticals and of late years, some of young psychiatrists emigrated from Lithuania. There are some reasons explaining decreasing number of young psychiatrists in Lithuania. After Lithuania joined EU, possibilities for emigration increased as Lithuanian education in medicine and psychiatry is acceptable in all European countries.

Objective: Identify the reasons why the number of young psychiatrists is decreasing in Lithuania

Method: Testing young psychiatrists and those who joined pharmaceuticals also questionnaire for 736 different professionals in mental health.

Results: Using both above-mentioned methods some results have been defined. Very low salary, lack of confidence in government and mental health services leaders, extended residency studies with not prepared enough additional basis, increasing need for psychotherapeutically education and restricted material possibilities for that, too much negative point stand to psychotherapeutically treatment, limited possibilities for scientific degree studies induce the new decisions - to leave Lithuania or psychiatry at all. Also there have been defined some surprising results of questionnaire which showed that specialists younger than 30 years were less hopeful than mature specialists regarding possibilities of severely mentally ill to have a meaningful life in society.

Conclusions: There have been identified several main reasons explaining decreasing number of young psychiatrists in Lithuania: 1. very low salary. 2. Incomplete residency program and restricted possibilities to improve in psychiatry and psychotherapy. 3. Expectation for better possibilities in foreign countries for mentally ill in integration in society, better effectiveness of psychiatric services.

P66

Dissemination of psychological knowledge as a part of society education

M.D. Glowacka, E. Mojs, A. Glowacka-Rebala. *Akademia Medyczna Im. Karola Marcinkowskiego W, Poznan, Poland*

The basal life skills build by specific and non-specific skills. Good level of these allows for fulfillment of life needs, life tasks and is a factor of the enhancement of the life satisfaction. The aim of the work is the presentation of the meaning of the society education in area of psychological life skills: communication, solution of difficult problems, recognition of the reasons of stress and coping with stress.

The work presents the broad spectrum of forms of education of the society in Poland: press, TV, school education. The second part of the work is the proposition of changes in forms and level of education in society. The program of changes based on data from the questionnaire fulfilled by group of 30 specialists of health promotion, psychologists and pedagogies. The data from the examination show that there is significant need of the improvement the quality of psychological knowledge presented in press, the need of enlargement of forms education, change of the language of education toward better understanding, and finally introduction of practical tasks—psychological courses, trainings which could be financed by Polish Health Fund.

P67

Developmental and (social) attachment functions of melancholia in the subject

E.M. Gonçalves^{1,2}. ¹ *Department of Psychiatry, Faro, Portugal*
² *Bioengineering, University of Porto, Portugal*

In this paper, a reflexive act on the relevant role played by ambivalence and melancholia, during the psychogenetic development, in personality organization process, in particular, related with social environment (internal) re-(a)presentation to the Subject, is proposed. The Ego's states of evolution will be analyzed and, also, will be reviewed the modes which the Superegoic critical agency generates (moral), Conscience (and its "Voice"). Theory of Catastrophes (Renè Thom), Freudian theory and a model related with the Core Conflitual Relationship Theme (CCRT) method of Brief Dynamic Psychotherapy (designed, among others, by Howard Book) will be used as instrumental supports.

P68

Quality of life and sense of coherence (SOC) in parents of children with childhood autism and asperger syndrome (AS)

P.W. Gorczyca, A. Kapinos-Gorczyca, K. Badura-Brzoza, R.T. Hese.
Department of Psychiatry, Silesian Medical University, Tarnowski Góry, Poland

Functioning of parents raising children with developmental disabilities appears in a lot of papers. They report among others higher quality of life in parents of children with Down syndrome in comparison with parents of children with childhood autism.

Objective: Comparing quality of life and SOC in parents of children with childhood autism and AS.

Material: 66 parents: 30 persons (mean age 37.20) raising a child with childhood autism; 36 persons (mean age 40.61) raising a child with AS. The control group consists of 20 persons (mean age 37.40) with a nondisabled child.

Methods: The following questionnaires were used:

1. SF-36 (by Ware).
2. SOC-29 (by Antonowsky).
3. CARS (by Schopler).

Results: We found no significant differences among two comparing groups and control group as for SF-36 (and its PCS and MCS) and SOC-29. Among parents of children with Asperger syndrome we noticed positive correlations among sense of coherence and all quality of life domains. Among parents of children with childhood autism there were only positive correlations among sense of coherence and VT, MH, MCS (domains connected with "sense of well-being").

Conclusions: Lack of differences in quality of life between parents of children with childhood autism and AS may suggest that there are no real differences between these children as for educational and therapeutic requirements. Lack of differences among two comparing groups and control group may suggest also that parents of children with childhood autism and AS understand their situation in the similar way and can cope with it without resignation.

P69

Gender identity disorders

T.N. Grigorieva. *Department of Sexual Pathology, Moscow Research Institute of Psychiatry, Moscow, Russia*

Clinical version

This research contains analysis of clinical–psychopathological study patients with GID with different psychopathological structures

of their disturbances, different clinical pictures, evolving and prognoses and basic sexological syndrome, sexual activity.

In case of transsexuals (40.3% of men and women examined) one can observe the dynamics of SID manifestations, which is synchronous to periods of individual psychosexual development, starting with infancy with two variants of its course: progressive and retarding with basic and derivative symptoms with homosexual libido in 87% of case and heterosexual and bisexual libido in another case.

Clinical presentations of sexual identification disorders by double-role transvestitism (4.8% of examined men with heterosexual libido) are distinguished by cyclic changes of sense of belonging to female sex and presence of heterosexual drive.

By unspecified SID in the context of fetishistic transvestitism (4.8% of examined men with heterosexual libido), transsexual-similar symptomatology develops during puberty period against the background of heterosexual drive-type formation with the presence of three stages: premonitory, pathosexual tolerance and the stage of formation of transsexual-similar purpose to change sex.

By unspecified SID in the context of puberty disorder (6.4% of examined men and women) transsexual-similar symptomatology during puberty period develops against the background of not yet formed heterosexual platonic and erotic libido component, when there is uncertainty as to person's belonging to a definite sex.

Clinical presentations of SID in the context of processual diseases (43.7% of examined men and women) develop during puberty or maturity. The signs of psychosocial disontogenesis with autistic state.

P70

Association between parental bonds memories and current attachments - related variables assessed by a semi-structured interview in a sample of 95 adult women applying for social assistance in a primary care setting

N. Guedeney¹, A. Bifulco², J. Fermandian³. ¹ *Institut Mutualiste Montsouris, Paris, France* ² *Lifespan Research Group, Royal Holloway, University of London, London, UK* ³ *Hospital Necker, AP-HP, University of Paris 5, Paris, France*

Background: Association between attachment memories (usually assessed by the Parental Bonding Interview) and actual support in sample of subjects recruited in a psychotherapeutic or counselling setting are usually assessed by self reports and without controlling psychological morbidity.

Goal: To study associations between parental bonds memories and quality of current social support and attachment related attitudes and degree of insecurity of attachment assessed by a semi-structured interview the Attachment Style Interview, after controlling the level of depression and anxiety of a sample of women applying for social assistance

Procedure: 95 women were recruited in a primary care setting providing social assistance. The assessment consisted in PBI maternal and paternal, GHQ28, socio demographic variables and a semi-structured interview the ASI which assesses quality of social network, attachment-related attitudes and the degree of insecurity of attachment

Results: Univariate analysis showed moderate associations between quality of parental bonds memories and quality of social generalized network, attachment-related attitudes about availability and proximity of others and the degree of insecurity of attachment. Linear and logistic regression controlling the level of anxiety and depression showed that associations stayed significant.

Conclusion: Some moderate links exist between the perceptions of the attachment to parents and the actual generalized attachment related working models.

P71

Blended learning in teaching psychiatry

A.A.M. Guerandel¹, G.M. O'Neill², P. Felle³, K. Malone⁴.
¹ *Department of Psychiatry and Mental Health Research, St. Vincents University Hospital* ² *School of Education and Lifelong Learning* ³ *School of Medicine and Medical Science, University College* ⁴ *Department of Psychiatry and Mental Health Research / St. Vincents University Hospital, Dublin, Ireland*

Background and aims: Blending e-learning opportunities into higher education is an exciting but challenging task. The life-long learning skills needed for working in psychiatry could be developed by the combination of e-learning and more traditional teaching methods.

The aim of the study was to evaluate the design and implementation of this blended approach to teaching Depression to medical students in their final medical year.

Method: A questionnaire was used to explore the views of a group of students, supported by pedagogically informed principles and using established tools.

Results: The results highlighted that students valued the on-line patient interviews and subsequent formative assessment on the MCQ's, which could be revisited at will. Students however did not engage with the on-line discussions or reflective writing activities.

Conclusion: The students received this teaching approach very well. The insights from this study on a new blended approach to learning about depression were useful in further reflecting and developing this innovative venture. Further development and evaluation of this teaching approach is needed and its potential for Continuing Professional Development in psychiatry needs exploring.

P72

Services for problem behaviours in intellectual disabilities

A. Hassiotis¹, C. Parkes³, B. Fitzgerlad², L. Jones¹. ¹ *Department of Mental Health Sciences, Royal Free & University College Medical School, London* ² *Enfield PCT NHS Trust, Enfield* ³ *Camden Learning Disabilities Service, London, UK*

Background and aims: To investigate the services and needs of adults with intellectual disabilities and problem behaviours in five London boroughs following recent government guidance in the UK (England and Wales).

Methods: A combination of quantitative and qualitative methodology were employed in order to gather information about current and future service requirements.

Results and conclusions: Data suggest that costs of placements for problem behaviours are about a quarter of the service budget of each borough. High costs are associated with autism and level of dependence. Information about future service configuration and service user and carer perspectives will be available at a later stage (study finishes in Jan 06).

This study is relevant to current policy developments in the UK.

P73

Adult ADHD: the prevalence in medical students of Iran University

R. Hedayati¹, E. Shirazi². ¹ *General Medicine* ² *Psychiatrist, Ental Health Research Center, Tehran, Iran*

Objective: The aim of this study was to assess the prevalence of adult attention-deficit hyperactivity disorder (ADHD) in students of Iran University of Medical Science (IUMS).

Methods: In a cross-sectional study and with convenience sampling the prevalence of adult ADHD was studied in 250 IUMS

students (46.4% males, 53.6% females) by means of the diagnostic and statistical manual of mental disorder, 4th edition (DSM-IV) criteria for childhood ADHD, adapted DSM-IV criteria for adult ADHD and Utah criteria for adult ADHD during second half of 2004. The exclusion criteria were a history of any neurologic or chronic somatic disorder.

Results: A history of childhood ADHD was found in 20% (50/250) and it was continued into adulthood in 66% (33/50) of them. Thirteen percent of the students (20/115 male, 13/133 female) had adult ADHD and there was a negative relationship between the prevalence of adult ADHD and the academic grade of the students. Adult ADHD was of the combined type in 87.9% (29/33). None of the students with childhood or adult ADHD was aware of the pathologic nature of their symptoms and the available treatments.

Conclusions: Adult ADHD is a common disorder and it may be necessary to have psychoeducational programs for general populations and physicians about the diagnosis and treatment of childhood and adult ADHD.

P74

Group therapy for insomnia in schizophrenia

C-A. Juvin-Lurat, F-S. Kohl, D. Pringuey. *Clinique de Psychiatrie et de Psychologie Médicale. Abbaye de Saint Pons, CHU Pasteur, Nice, France*

Insomnia is the most frequent sleep disorder and present in most of psychiatric diseases. Nevertheless insomnia is still under treated and its pharmacological treatment still a problem. Non-pharmacological interventions in chronic primary insomnia exist and have a proven efficacy. Few studies deal with non-pharmacological treatments of insomnia in schizophrenia. We hypothesized that schizophrenic patients with chronic insomnia can benefit from non-pharmacological treatment of insomnia.

Method: 18 patients with schizophrenia and chronic insomnia were evaluated before and after a cognitive behavioral group therapy (at 2 weeks and at 1 month) consisting in two sessions centered in the management of insomnia (including sleep hygiene and stimulus control).

Results: 61% of patients complained of difficulties in sleep initiation, 66% in sleep maintenance and 39% in early awakening. Sleep efficiency improved significantly (74.28% versus 78.53%) and sleep onset latency decreased (52.5 min versus 39.7 min).

Conclusions: this study shows the interest of non-pharmacological therapy in chronic insomnia for patients with schizophrenia even if none of the patients became "good sleepers". Using this kind of techniques can help reducing the use of hypnotic and thus the adverse effects of such drugs.

P75

New approaches to the problem of violence against women in Russia

T. Dmitrieva, M. Kachaeva, T. Chichenkov. *Serbysky National Center for Social and Forensic Psychiatry, Moscow, Russia*

An increasing number of human beings are likely to be subjected to various kinds of violence during their lifetime. Violence against women is a troubling phenomenon in Russia. Violence against women takes many forms: battery, sexual assault, psychological abuse and harassment. This problem must be analyzed within a social and cultural context. The problem reflects culturally determined mentality of Russian women who are very patient. Besides cultural norms media too often portray violence against women as acceptable. Research reveals a high prevalence of acute and chronic physical and mental health consequences of violence against women. Women who are victims of violence suffer from depression, anxiety, posttraumatic

stress disorder, substance abuse, personality disorder. The data shows the necessity of domestic violence prevention by legal provisions and multidisciplinary research with the participation of psychiatrists, psychologists, sociologists, human rights advocates.

P76

Treatment satisfaction in patients voluntarily and involuntarily admitted in psychiatric wards. Results from Czech Republic

L. Kalisova¹, J. Raboch¹, E. Kitzlerova¹, A. Howardova¹, T. Kallert³.
¹ *Psychiatric Clinic, 1st Medical School, Charles University, Prague, Czech Republic* ² *Department of Psychiatry and Psychotherapy, University Clinic Carl Gustav Carus, Technical University, Dresden, Germany*

Background: This presentation assesses the treatment satisfaction in the group of voluntarily and involuntarily admitted patients. The data stem from the results of the international project EUMONIA—European Evaluation of Coercion in Psychiatry and Harmonisation of Best Clinical Practice (involuntarily admitted patients) and EDEN—European Day Hospital Evaluation (voluntarily admitted patients). Psychiatric Clinic, 1st Medical Faculty Charles University was involved in both projects.

Aims: Presentation of the results of the treatment satisfaction assessment by means of the CAT (Client's Assessment Treatment) Questionnaire. Comparison of the group of involuntarily admitted patients and the group of voluntarily admitted patients.

Method: The Questionnaire CAT consists of seven questions concerning treatment satisfaction, satisfaction with medication, patients' relations with doctors and other medical staff. The data from the two groups were compared and statistically processed.

Results: Voluntarily hospitalised patients showed a higher degree of treatment satisfaction.

Involuntarily hospitalised patients were often dissatisfied with medication and rarely took part in consequent therapeutic activities, which consequently affected their overall treatment satisfaction.

Conclusion: Involuntary admitted patients show lower treatment satisfaction according to CAT questionnaire in comparison with voluntarily admitted patients. The treatment satisfaction definitely reflects also the insight of illness and the need for treatment. A role might be played by a fact that voluntarily admitted patients were mostly treated in open psychiatric wards offering a wide range of therapeutic and rehabilitative activities.

Grant EU č. QL4-CT-2002-01036

P77

Psychopathology in women seeking medical support in order to quit smoking

A. Karkanias¹, G. Moussas¹, K. Giotakis¹, A. Tselebis¹, D. Bratis¹, M. Toubis², K. Perissaki¹. ¹ *Psychiatric Department, General Hospital of Chest Diseases "Sotiria", Athens, Greece* ² *Antismoking Center, General Hospital of Chest Diseases "Sotiria", Athens, Greece*

Backgrounds/aim: Smoking habit in Greece is continuously increasing in the general population and especially among women. The contribution of the psychological factor in smoking is considered to be important. The aim of this review is to investigate the psychopathology in women seeking medical support in order to quit smoking.

Method: We asked 64 randomly chosen female subjects to complete the widely used SCL-90-R, in which the findings are being distributed in 9 scales. For statistical analysis we used SPSS in order to access the data. The average sample age was 44.94 (±10.01).

Results: The two dominant subscales in the total sample were the "depression" and "obsession-compulsion", which did not exceed the normal limits in an overall estimation, but did show a percentage of 23.4% exceeding value 2 in the "obsession-compulsion" subscale and a percentage of 26.6% in the "depression" subscale. As far as the "somatization" and "psychotism" subscales are concerned, the percentages were 17.20% and 5%, respectively. The sample age presented negative correlation (Pearson's r : -0.275 ; $P < 0.05$) with the "interpersonal sensitivity" subscale whereas it did not present any correlation with the rest of the subscales.

Conclusions: Whereas attention has been drawn in the correlation between smoking and depression, the obsessive-compulsive character of smoking has been overlooked among the smokers of the sample. Therefore, the previous investigation for the presence existence of any psychopathological symptoms is considered to be necessary in order to prescribe any psychiatric medication for the purpose of quitting smoking.

P78

Patients diakinesis in a psychiatric clinic during the 2004 Olympic Games

A. Karkanias, G. Gournas, G. Moussas, D. Bratis, A. Karagianni, A. Tselebis, K. Perissaki. *Psychiatric Department, General Hospital of Chest Diseases "Sotiria", Athens, Greece*

Backgrounds/aims: During the Olympic Games Athens 2004, the mental health services of certain hospitals increased their alertness in anticipation of any type of needs resulting from diakinesis of psychiatric patients in that particular period of time. Relevant reports in international bibliography were not found.

The aim of this review is filling this gap in bibliography as well as conveying the Greek experience of the Olympic Games.

Method: From the archives of a general hospital's psychiatric clinic, we recorded all patients that were hospitalized during the Athens Olympic and Paralympic Games. We specifically recorded sex, age, psychopathology spectrum and duration of hospitalization. Successively we compared these data to those of the years 2002 and 2003.

Results: During the two-month period of the Games 65 patients were admitted. The difference from the number of patients admitted during the respective period of the two previous years was not statistically significant (χ^2 $P < 0.05$). Furthermore, no difference regarding to the patient age and the duration of hospitalization was evident. Concerning patient sex, there was a statistically significant decrease in the number of women hospitalized. This decrease was observed in women with psychotic disorders. Nevertheless, no difference in psychopathology was noted overall.

Conclusions: During the Olympic Games period there was no change to the number of hospitalized patients or the psychopathology spectrum. Obviously the fact that the Games were carried out successfully contributed to that. The increase in psychiatric services demand seems to be irrelevant to the increase in an area's population unless emergency facts intervene.

P79

Peculiarities of social adjustment of women in epilepsy

T.V. Kazennykh. *Mental Health Research Institute, Tomsk, Russia*

Currently, problems of social and biological adjustment of epileptics remain very relevant. Appropriate rehabilitative programs are directed at resolution of social problems of epileptics: interpersonal,

professional, financial ones. Especially these problems are significant for women suffering from epilepsy because besides burden of the illness they experience additional difficulties in personal life, maintenance of the family, bearing a child, social functioning as a whole. We have examined level of adjustment of 53 women with epilepsy under observation in an Epileptological Room with various duration of disease—from 1 year to 15 years and various severity of mental disorders. In most cases they had families of their own (28 persons, 52.2%), number of divorced (three cases, 5.6%) did not exceed average statistical indices in healthy population what is associated with predominance in patients of mild and moderate personality disorders, minor progredientness of disease, predominance of benign course of forms of the illness. Women strove to maintain the family what was repeatedly stressed in interview with the epileptologist. Female patients of the Epileptological Room reliably more often continued to study in high schools, colleges what mostly often was associated with the wish “to have a better life”, “to obtain a good job”. Individually developed rehabilitative programs including antiepileptic drug at an optimal dose and psychotherapeutic correction promoted seldom seizures, correction of mental disorder and as a whole of family adjustment of women with epilepsy.

P80

Philosophy or physiology? Capacity to consent to treatment

M. Kennedy, H. Kennedy. *Old Age Psychiatry, Waterford, Ireland and National Forensic Service, Dundrum, Ireland*

A person is deemed to be competent to consent to treatment and the burden of proving otherwise resides in the person who would seek to overturn the person's decision. The historical development of what constitutes informed consent drives the legal, political and clinical research interest in capacity to consent and its assessment. Modern European Philosophy from Descartes onward has sought out a rationalist ethic seeking a basis for reality and behaviour. This supremacy of thinking led philosophy along a subjectivist line. A scepticism ensued and Kant sought to see science as being much surer. The mind works on subjective ‘categories’ whose content is provided by information which comes in from the senses. In this paper the main tenets of these philosophies will be outlined and compared and contrasted with the clinical cases where lack of capacity is judged to be present. The clinician is faced with the reality of how to restore the capacity for individual choice where it is absent or seriously impaired. The balance of autonomy and protection (from harm) is constantly being weighed. From a physiological point of view, cognitive deficits have direct bearing on decision making capacities. The appropriateness of our attempts to quantify or categorise functional capacities will be discussed. Empirical evidence on functional capacity to consent to treatment in patients in a national forensic will be presented.

P81

Quality of life study in children and adolescents—a comparison by reporter, subject age and sex

E. Kiss¹, I. Baji², L. Mayer¹, Á. Vetró¹. ¹ *Child Psychiatry Unit, Medical University of Szeged* ² *Vadaskart Hospital, Budapest, Hungary*

Objective: The aim was to implement the Inventory of Life Quality in Children and Adolescents (ILC) questionnaire (Mattejat, 1998) in Hungary and collect data on community-based Hungarian child population concerning subjective well-being in six areas of life (school, family, relation to other children, aloneness, physical health, mental health) and overall.

Methods: 2622 elementary school students and their parents completed the questionnaires (mean age: 10.5 years, sd: 2.2 years) about the child's quality of life. Demographic data was collected from the parent.

Results: Children and adolescents were less satisfied with their lives than parents indicated. Subjective quality of life decreased, as children grew older. Boys had more problems in school while preadolescent girls were less satisfied with being alone. Adolescent boys had more difficulties with peer relationships than girls. The most problematic areas for children were school and alone activities, for teenagers, school and mental health. Among the subjective feelings for all areas of life, mental health well being influenced most strongly the overall quality of life. Objective factors such as financial situation of parent showed weak correlation with quality of life according to children, stronger influence was seen on adolescents and parents.

Conclusion: The ILC proved to be useful in assessing the quality of life of children in Hungary. Since overall well being is strongly influenced by mental health, further investigations are planned among psychiatric patients.

P82

Psychosomatic interactions in person with stomach and duodenal ulcer

A.K. Kostin. *Borderline States Department, Mental Health Research Institute, Tomsk, Russia*

Now the total of psychological diseases, including, connected with pathology of gastrointestinal path is enlarged. We investigated 50 patients with a stomach or duodenal ulcer in our clinic. The tentative estimation of results of research allows to speak about presence of defects of family education at the majority of patients (early emotional deprivation or conservation of emotional symbiotic connection with the parent), presence individually significant nonspecific stress situations. Dominance in clinic neurotic, connected to a stress and somatoform disturbances, on the second place organic boundary disturbances, on the third affective disturbances. The mental condition at a syndromal level was qualified by sets of symptoms: depressive, dysthymic, disturbing - depressive, hypochondriac ones. Presence of dysthymic, cycloid, psychasthenic, erethitic, demonstrative traits was typical. The majority of patients informed, that these features were characteristic for them during life. Treating of coping-mechanisms has revealed the following vulnerability of strategy in emotional and mental spheres. On the basis of the received data complex programs of treatment of the patients, including a psychotherapy, a psychopharmacotherapy were made, aspects of prevention were developed.

P83

Delusional parasitosis: about a case report

E.L. Leite, A.M. Peixinho, P. Varandas. *Hospital Miguel Bombarda, Lisbon, Portugal*

Background: First reported by Thibierge in 1894, Psychodermatoses are regarded as uncommon diseases.

However there is no strict evidence of their frequency, the most common psychodermatosis is delusional parasitosis.

The patients have false belief of infestation by parasites, such mites, lice or insects and tactile hallucinations are experienced, which are interpreted as a feeling of parasites in or on the skin.

Methods: In this presentation we describe a patient suffering from delusional parasitosis and review the disease, its diagnosis, therapeutic

and importance as a multifactor disease on the boundary between psychiatry and dermatology.

Results and conclusions: At present there are several directions in which nosological qualification of delusional parasitosis (DP) is discussed. DP has been described in the context of monosymptomatic hypochondriacal psychoses, organic psychoses, manic-depressive disorders, schizophrenic psychoses, chronic hallucinoses, and as a symptom due to many medical condition.

Delusional parasitosis is quite frequently observed by dermatologists; however the knowledge on the therapy is not sufficient as it requires neuroleptic therapy.

P84

Psychopathology on the Lujan–Fryns Syndrome

I. Lerma, M.T. Cuevas, J.M. Espejo-Saavedra, C. Julve, E. Vadillo, M. Climent, M. Leonor, M. Cuartero, F. Mora, F. Pascual. *Psychiatry, Dr. R. Lafora Hospital, Madrid, Spain*

Introduction: Lujan–Fryns Syndrome is a X-related syndrome, it was described on 1984, characterised by mild to medium mental retardation, marfanoid habit, hypernasal voice, normal testicle size and craneofacial alterations such as: macrocephalia, long narrow face, malar hypoplasia, long nose with narrow nasal bridge, short and deep philtrum, thin upper lip and high-arched palate.

Objective: To know the prevalence of psychopathology and other disorders on this syndrome.

Method: A review of articles published on high impact magazines using the following key words: mental retardation, X-linked. Syndromology, psychiatric disorders, Lujan–Fryns Syndrome.

Results: There are a total of 32 articles published between 1984 and 2003. On two of these articles there is no reference to presence or absence of psychiatric disorders. Out of the 30 cases that had psychiatric research: 90% show at least one psychiatric symptom, 67% autistic-like behavior, 26.7% emotional instability, 16.7% hyperactivity, 10% aggressive behaviour, 10% psychotic alterations and 3.3% childlike behaviour.

Conclusion: Due to the high prevalence of psychiatric symptoms shown on this patients we consider that a psychiatrist evaluation must be done from the moment of diagnosis of Lujan–Fryns Syndrome.

P85

Job anxiety and job phobia

M. Linden, B. Muschalla. *Charité and Rehabilitation Center Seehof, Teltow, Berlin*

Background: Long periods of sick leave are not only due to illness parameters but also job avoidance, which even can take the form of job phobia (Haines, 2002; Linden et. al., 2003; Linden and Muschalla, 2005). This clinically very important phenomenon has so far not been studied sufficiently.

Method: 132 inpatients of a psychosomatic rehabilitation center were assessed with the standardized SCID interview in respect to the presence of general mental disorders and also in respect to job related anxieties.

Results: 67% of patients complained about job-related anxieties. This was more frequent in women (71%) than men (54%). Most frequent were “job-phobia” (54%), “job-GA” (39%), and “general job-social phobia” (34%).

Only 54% of patients report general anxiety disorders and job anxiety, 14% report anxiety only at the work place.

Discussion: Job-related anxieties are frequent. They can be found independent of general anxiety disorders. As they can have severe negative consequences for participation, they should get more attention by researchers and therapists. The revised SCID is an instrument that can be used for the diagnosis of anxiety disorders in general and job related anxieties in particular.

P86

Induced psychosis

M. Lutovac¹, M. Petrovic². ¹ *Neuropsychiatric Ward, Military Hospital* ² *‘Gornja Toponica’ Psychiatric Hospital, Nis, Serbia and Montenegro*

Induced psychosis is insanity shared by two persons, the theme of which is persecution. Psychosis can affect three subjects, entire families, even entire social groups. Regis (1880) differentiated real induced psychosis (insanity in two) from insane mental disease of two psychotic personalities and the onset of insanity epidemics. Real induced psychosis is marked by simultaneous insanity as both persons are predisposed to the onset of psychosis. These persons are in close or perpetual contact, exposed to influences affecting them at the same time and acting as determinant causes of their psychic condition. In other cases, insane ideas of the person with indisputable intellectual and moral authority are induced into the other person. These two live in close union. The active subject, after developing psychic disorder, induces part of his/her insanity into the passive subject. There is a demarcation line between the two: one is mentally ill, while the other is not. The passive subject releases the active subject from insane ideas after separation. The terms ‘induced insanity’ and ‘simultaneous insanity’ can be differently accounted for, given induced psychosis is discussed from the psychoanalytic view, as in this case, in the dynamics of insanity, the significance of anxiety, archaic objective relationship, primarily desire, are taken into account. The notion of desire, defined by Lacan as born out of the gap between needs and requirements, represents a relation to phantasm and strives to be imposed onto the other, despite the unconscious and speech. The paper discusses two cases from everyday clinical practice.

P87

Neurosyphilis in the modern era—an overview of five years in the general hospital

F. Madeira, C. Saraiva, M. Quartilho. *Psychiatry Unit, Coimbra University Hospitals, Coimbra, Portugal*

Background: Syphilis, a potential fatal sexual disease caused by the spirochaete *Treponema pallidum* once caused widespread epidemics and continues to remain a major cause of morbidity and mortality worldwide. Tertiary syphilis is the most destructive stage of disease. Generalized involvement of the brain leads to impaired motor function, loss of integrative function and personality changes. Symptomatic neurosyphilis accounts for about 1% of all patients admitted to short-term psychiatric facilities.

Objective: The author’s aim to evaluate the prevalence of neurosyphilis in the general hospital during a period of 5 years.

Methods: We’ve collected all patients diagnosed with neurosyphilis (positive CSF VDRL) within a period of 5 years and we evaluate them as to demographic characteristics, diagnostic features, treatment and evolution of disease.

Conclusions: We’ve found data consistent with the literature although some differences were found in our clinical sample.

P88

SSRIs reduce the risk of preeclampsia in pregnant, depressed patients

S. Malek-khosravi¹, F. Tatari², M. Kaboudi³, B. Kaboudi⁴, N. Naderali⁵.¹ *Department of Ob Gyn. Motazedi Hos* ² *Department of Psychiatry, Farabi Hos* ³ *Mewifery Dept.* ⁴ *Health Dept., Med University* ⁵ *Med School, Kermanshah, Iran*

Introduction: SSRIs have been shown to reduce the progression of coronary artery disease, independent of improvement in mood.

Materials and methods: The 30 preeclamptic women with history of medications for depression before pregnancy were compared with 60 normotensive pregnant women with similar history. Two groups were matched according to gestational age (1 week), and maternal age (3 year).

Results: Two groups were similar according to age, gestational age, parity, and duration of antidepressant usage. The 40% (12) of preeclamptic women and 63.3% (38) of controls had history of SSRIs usage (OR = .34; $P < 0.036$).

Conclusion: SSRIs can reduce risk of preeclampsia. This is an important area for further research.

P89

Is brain computerized tomography useful in clinical psychiatry?

M. Maroufi¹, F. Kianvash².¹ *Psychiatry Department, Isfahan University of Medical Sciences* ² *Oil Company Health Service, Isfahan, Iran*

Introduction: Computerized tomography (CT) continues to be extensively utilized to exclude intracranial pathology in psychiatric patient, but little is known about its usefulness in this area.

Method: In this report, the authors reviewed 142 cases of psychiatric inpatients that admitted in a psychiatry emergency ward and received brain CT scans to exclude intracranial pathology.

Results: Only one patient, in this study, had an abnormal CT scan. She was a 35-year-old woman with “cyclothymic” disorder and no change made in her diagnosis or treatment as a result of the scan findings.

Conclusion: It seems that brain CT scan has limited value in psychiatric practice and to evaluate mental patients, there is need for more sensitive techniques of imaging.

P90

A comparison between German and Swiss hospitals concerning the use of coercive measures

V. Martin¹, T. Steinert¹, R. Bernhardsgrütter².¹ *Abteilung Versorgungsforschung, ZfP Weissenau, Ravensburg, Germany* ² *Sankt Gallische Kantonale Dienste - Sektor Nord, Psychiatrische Klinik Wil, Wil, Switzerland*

Two independent working groups in Germany and Switzerland compared the frequency and duration of mechanical restraints and seclusions of the year 2004 in standard psychiatric care across seven German and seven Swiss psychiatric hospitals. Hospital characteristics and guidelines were determined and associations with the incidence of coercive measures calculated. To compare the data, we generated indicators by using a programme “DoComP” (Documentation of Coercive measures in Psychiatry) developed specifically for this purpose. This programme evaluates four hospital-based indicators on the frequency and duration of mechanical restraints and seclusions in the respective ICD 10 F principal groups.

The results showed, that more schizophrenic patients were exposed to mechanical restraint than to seclusion in the German hospitals, whereas in

Swiss hospitals more patients were secluded than restrained. The results also showed, that restraints as well as seclusions of schizophrenic patients were repeated more often in the German than in the Swiss hospitals. The cumulative duration of seclusions and restraints per affected case and the mean duration of one restraint and one seclusion were higher in Swiss than in German hospitals.

The results clearly showed different patterns in the use of seclusion and mechanical restraint across Swiss and German hospitals. Hospital structure characteristics as well as the use of guidelines on coercive measures were associated with the frequency and duration of coercive measures. The power of international comparisons lies in the opportunity to critically reflect national traditions and to achieve transparency on an international level.

P91

Quality of life, gender and Crohn disease

A. Matos-Pires¹, D. Pires-Barreira², I. Mourinho², H. Flor², L. Tavares², M.L. Figueira¹, E. Monteiro².¹ *Department of Psychiatry* ² *Department of Gastroenterology, Hospital de Santa Maria, Lisbon, Portugal*

Aims: The aim of the present study is to compare the gender effect in quality of life in patients with Crohn disease.

Methods: In order to fulfil our aims we constituted two groups of patients—female ($n = 25$) and male ($n = 13$) group. All of them were ambulatory patients assisted at the Department of Gastroenterology of Hospital Santa Maria, in Lisbon.

All subjects were evaluated with a socio-demographic questionnaire and with a measure of Quality of Life, the SF-36 (version 2). For statistical purposes we used the study of frequencies, media and standard deviation, as well as the Mann–Whitney test for comparative study. Results: Concerning the results obtained in the two groups we found statistical significant differences in the following dimensions of SF-36: “General health”, “Mental health”, “Social function” and “Physical function”. Men presents better results in all items.

Conclusions: Our results show that gender as real effect in Quality of Life of these patients. The better perception of general and physical health that men presents probably explain the better social function and mental health in the male group.

P92

Short psychiatric hospitalization following self-harm: a one-year follow up study

J. Mayoral-van Son¹, A. Herrán¹, F. Novo², D. García-Sánchez², R. Tejido², J.L. Vázquez-Barquero¹.¹ *Liason Psychiatry* ² *Uarh Department, University Hospital Marqués de Valdecilla, Santander, Spain*

Background and aims: To describe the outcome of patients with suicide attempt admitted in a Short Hospitalization Unit.

Methods: One hundred and thirteen patients were assessed during a 2-year period meeting three diagnoses: 1. Self harm, 2. Organic psychoses, 3. Delirium. Recorded variables included socio-demographics, clinical and treatment characteristics at intake, and evolution, diagnoses, changes of treatment, and CGI-Change scale at discharge. Emergency consultations figures at 12 months after discharge were explored.

Results: The most common reason for consultation was suicide attempt (54.5%), followed by delirium (34.5%), and organic psychoses (10.7%).

Sixty-one patients were referred with suicide attempt, being overdose the most common method (77%). The sample, which was composed of 59% women, had a mean age of 43 years old. The length of stay were significantly less in suicide attempt than in the others diagnoses ($P < 0.001$). The median length of stay was 2 days (IC 95%: 1.7–2.4). At 1-year follow-up, 38.6% of patients presenting with an overdose consulted at least once to the emergency department, but only 7.1% of those presenting with other self-harming methods ($P = 0.03$). Family history of mental illness also was associated with more Emergency consultations at 1 year, with 58.3% of those with familiar antecedents consulting at least once, but only 12.1% of those without familiar antecedents ($P = 0.001$).

Conclusions: Short Hospitalization Units may be a cost-effective and useful measure for patients presenting with self-harm behaviours at Emergency Departments. Self-harming methods and family history of mental disorders are predictive of new consultations at one year follow-up.

P93

Effects of migration on mental health

I Micluta¹, V Junjan², C Popescu³, S Tigan⁴. ¹ Dept. Psychiatry, University of Medicine & Pharmacy, Cluj-Napoca ² Dept. Administrative Sciences, Babes Bolyai University, Cluj-Napoca ³ Second Psychiatric Clinic Cluj, Cluj-Napoca ⁴ Dept. Informatics, University of Medicine & Pharmacy, Cluj-Napoca, Romania

Background: External legal and illegal circulatory migration from Romania took huge proportions after 2000. However, the impact of migration on health received so far scarce attention from Romanian authorities.

Aims of the study: The present study aims to identify a possible socio-demographic profile of the migrant who developed mental illness, to discuss the possible implications of migration on the mental health status and to estimate the impact that treatment costs incurred by these patients has upon the Romanian health system.

Methods: A semi-structured interview, designed by the authors, has been administered to 50 subjects admitted to the Second Psychiatric Clinic Cluj-Napoca, Romania, investigating several areas. The average cost/day/patient, the total costs and the personal contribution to the health insurance system were estimated.

Results: Most of the patients were young, single, had no previous experience abroad, with no or scarce social ties in the host country. The level of education entitled them for better jobs, but due to the fact that most of them were illegal immigrants with poor language skills, had to accept lower paid, unqualified and insecure jobs. The most frequent diagnosis indicated the schizophrenia spectrum.

Conclusions: The patients included in the present study respected the general profile of the emigrant. Discrimination, social isolation, insecurity may increase the risk for mental illness. More accurate and careful screening for mental illness could be applied at least for legal emigrants. Cultural adjustment programs should be organized prior to departure as well.

P94

Neurosyphilis presenting as an axis in psychiatric disorder: a significant diagnostic problem

C Mitsonis¹, E Kararizou², N Dimopoulos¹, N Andriotis¹, F Tsakiris¹, N Katsanou¹ ¹ Psychiatric Hospital of Athens ² Dpt. of Neurology, University of Athens, Athens, Greece

Background: The widespread use of antibiotics in recent years has caused a significant reduction in the incidence of neurosyphilis and

changes in its clinical features. Neurosyphilis can present a variety of behavioral symptoms, including mania, depression, and psychosis.

Clinical case: We present the case of a 33-year-old male, with no prior psychiatric history, who developed psychotic symptomatology. Serological tests for syphilis were negative. Patient received antipsychotic medication with no significant subsequent improvement. After 6 months patient present persistent headache and exacerbation of psychosis. The results of physical examination, routine laboratory tests, HIV test and brain CT scan were normal. Blood serum analyses for syphilis were remarkable for positive RPR and FTA-Abs. A lumbar puncture was performed and after cerebrospinal fluid analysis a diagnosis of neurosyphilis was made. The patient completed a 2-week treatment with penicillin with subsequent improvement.

Conclusions: This case emphasizes the importance of considering neurosyphilis in the differential diagnosis of psychosis and particularly in treatment resistant cases.

P95

The patient centeredness and influencing variables in medical faculties, residents and medical students

S.W. Moon, B.W. Nam, J.S. Seo. Dept. of Psychiatry, Kon-Kuk University Hospital, Chungju-Si, South Korea

Introduction: The nature of doctor-patient relationship has changed. We performed this study to investigate the patient centeredness and influencing variables in medical faculties, residents and medical students.

Method: The subjects were 56 medical students, 62 residents and 102 faculties in university and general hospitals. The socio-demographic data, frequency of receiving doctor-patient relationship lectures. The job satisfaction scale (JS), the patient practitioner orientation scale (PPOS), the authoritarian personality scale (AP) were items assessed.

Result: The AP were inversely correlated with total scores of the PPOS in medical students, residents, and faculties. The score of JS were correlated with total scores, and the subscale of the PPOS in medical students. The group received doctor-patient relationship lecture showed higher scores of the PPOS than unexposed group. Female faculties showed higher scores of the care subscale of the PPOS than male counterparts. The scores of care subscale of the PPOS of the women doctors who have children were higher than those who do not have children.

Conclusion: The authoritarian personality trait is correlated with the doctor/disease centeredness in medical students and doctors. The experience of learning about doctor-patient relationship is positively related to the patient-centeredness. The job satisfaction, sex, and children bearing may be correlated with the patient centeredness under the certain circumstances.

P96

Psychiatric disorders in a palliative care unit

P.S. Muniz¹, F.C. Campos², A.E. Nardi². ¹ Palliative Care Center, National Cancer Institute ² Psychiatric Institute, Brazilian Federeal University at Rio de Janeiro, Brazil

Objective: To evaluate the frequency of psychiatric disorders in 50 subjects from Inpatients the Palliative Care Unit (HC-IV) of the National Cancer Institute (INCA). Method: Psychiatric diagnoses were assessed with the Mini-International Neuropsychiatric Interview (MINI) Version 4.4.

Results: Thirty-eight cancer patients (46.0 %) reported at the current psychiatric disorder. The frequency of major depressive

disorder was 32.0%, manic episode 2.0%, panic disorder 6.0%, agoraphobia 6.0%, obsessive compulsive disorders 2.0%, generalized anxiety 14%; alcohol abuse 4%; bulimia 4%; suicidal ideation 4%; somatization 2%; psychotic syndromes 2%; 14% of patients fulfill more than one diagnosis.

Conclusion: Comorbid psychiatric disorders are clinically significant in advanced cancer patients and may alter symptom control strategies. Clinical staff should be prepared for psychiatric diagnosis in their daily practice, given that such comorbidity may significantly alter the patient's quality of life.

P97

Prescribing practice: are clinicians protecting themselves?

S.P. Natarajan, K.S. Naidoo. *Mersey Care NHS Trust, Warrington, Cheshire, UK*

Aim: To assess the quality of documentation in patient case notes and to determine if standards of good clinical practice are being met.

Method: Case notes and prescription cards of 75 inpatients in an acute adult psychiatric unit were analysed.

We looked for entries in the case notes relating to the prescription of medication and compared this to a list of standards of recommended practice.

Results: Of 75 patients 55% were male and 45% were female.

73% (55/75) were on antipsychotic medication and 67% (37/55) of these had clear documentation relating to the reasons for prescribing the drug.

41% (31/75) were on antidepressants or mood stabilisers and 48% (15/31) of these indicated reasons for commencing the medication.

64% (48/75) were on benzodiazepines and hypnotics and 50% (24/48) in this group did not have any documentation in the case notes indicating reasons for initiating the medication.

17% (13/75) patients were on an injectable antipsychotic and 54% (7/13) of these demonstrated reasons why the drug was started as well as why the injectable route was chosen.

Discussion: The outcome of this study has wide implications from a medico legal perspective. Benzodiazepines and hypnotics are used in the majority of patients and we suggest that this usage be reviewed. There is emerging evidence implicating atypical antipsychotics in the development of a metabolic syndrome as well as severe withdrawal reactions associated with some antidepressants.

It is recommended that when prescribing medications there should be clear and accessible records of prescribing.

P98

Affective disorders and somatic pathology in the population of Teleuts

L.D. Rakhmazova, T.E. Evdokimova. *Social Psychiatry Department, MHRI, Tomsk, Russia*

This report presents the results of the study of relatedness of affective disorders with somatic pathology among Bachat Teleuts representing Turkic-language group of mongoloids compactly living in Kemerovo District. Representatives of the ethnopsychosomatic elements of traditional-everyday culture are experiencing for last decades rough violations of ecological equilibrium occurring on the territory of their primordial living, phenomena of acculturation, metisation.

450 persons were examined with pathology of respiratory organs, digestion and cardiovascular disorder.

Depressive disturbances manifesting in the kind of decrease of the mood with length of more than two weeks were observed in 37.2% of

cases, pessimistic imagination of their future has been noticed in 47.5%; practically 17% of Teleuts perform production tasks and home work "without wish, due to necessity, against the power". In addition, high specific weight of sleep disturbances, loss of appetite (52.3%) has been noticed. Thus, to the moment of investigation in 21.8% of somatic patients depressive disorders have been noticed who in most cases reached the level of mild and sometimes moderately depressive episode (F 2.0; F 32.1) what decreased essentially the quality of life of patients, complicated treatment of somatic pathology.

P99

A comparison of the effectiveness, satisfaction and adherence, between three times a day methylphenidate IR vs. once daily OROS methylphenidate in adults with ADHD

J.A. Ramos-Quiroga^{1, 3}, X. Catells^{1, 2}, S. Valero¹, R. Bosch¹, M. Nogueira¹, M.V. Trasovares³, E. García¹, S. Yelmo¹, I. Martínez¹, M. Casas^{1, 3}. *Programa Integral Del Dèficit D'Atenció En L'Adult (PIDAA). Servei De Psiquiatria, Hospital Universitari Vall D'Hebron*² *Fundació Institut Català De Farmacologia, Servei De Farmacologia Clínica, Hospital Universitari Vall D'Hebron*³ *Universitat Autònoma De Barcelona, Barcelona, Spain*

Background and aims: Once daily (q.d.) osmotic release oral system (OROS) methylphenidate has demonstrated to be as efficacious as three times a day (t.i.d.) immediate release (IR) methylphenidate in children with attention deficit hyperactivity disorder (ADHD) but with superior adherence. However, although ADHD continues into adulthood, data in adults are lacking. Effectiveness, adherence to treatment and patient's satisfaction were studied in adults with ADHD before and after switching from methylphenidate IR to OROS presentation.

Methods: Seventy newly diagnosed adults with ADHD were treated with t.i.d. methylphenidate IR and, after 3 months, were switched to q.d. OROS formulation and were followed up during 3 additional months. Effectiveness was evaluated with the ADHD Rating Scale (ADHD-RS) and the Clinical Global Impression Improvement (CGI-I) Scale, adherence to treatment with the Simplified Medication Adherence Questionnaire (SMAQ) and patient satisfaction with the treatment with a five item questionnaire. Effectiveness, satisfaction and adherence were compared before and after treatment switch.

Results: ADHD-RS score changed from 34.6 (10.9) at baseline to 25.1 (9.1) while receiving IR methylphenidate and to 15.1 (7.2) while on OROS formulation. Furthermore, methylphenidate switch was associated with an increase of the rate of patients scoring CGI-I ≤ 3 , from 85.7% to 100%. The administration of methylphenidate OROS was associated with better scores in all items of the SMAQ. Methylphenidate OROS was preferred by 97% of patients. All differences were statistically significant.

Conclusions: Switch from t.i.d. IR to q.d. OROS methylphenidate was associated with an improvement in effectiveness, patient satisfaction, and adherence.

P100

Borderline neuro-mental disorders in patients exposed to radiation small doses impact

V.A. Rudnitsky, V.Ya Semke. *Mental Health Research Institute, Tomsk, Russia*

Currently a significant growth of neuro-mental disorders associated with adverse ecological and, in combination with them, psychotraumatic impacts is noticed. for 15 years we have examined more than 500

liquidators of the accident on the ChAPS. Revealed diseases possessed a broad spectrum of clinical manifestations, are conditioned by impact of various combined factors—radiation, psychogenic, somatogenic, exogenous-organic, constitutional-biological ones. Many patients during stay in Chernobyl had experiences typical for participants of traumatic events—military actions, catastrophes, all basic criteria necessary for diagnosis “psychotraumatic stress disorders” are met. Data of a complex examination result in conclusion about organic (or somatic-organic) nature of diseases with involvement into the pathogenesis of a progredient vascular process and a specific complex of immunological disturbances. In most patients substantial psycho-organic and pathocharacterological disorders prevailed. Similar trends were observed regarding social adjustment disturbances as well.

On the basis of obtained data we have developed differential programs of rehabilitation allowing to increase the quality of health care for these patients. The programs included along with traditional psychopharmacological ones, psychotherapeutic, socio-therapeutic and immune-rehabilitative activities.

P101

Cardiovascular risk in psychiatric patients treated with antipsychotics agents

M. Sarchiapone¹, G. Camardese², V. Carli¹, C. Cuomo¹, L. Penna³.
¹ Department of Health Sciences, University of Molise, Campobasso ² Institute of Psychiatry, Catholic University, Rome ³ Institute of Psychiatry, University of Chieti Italy

Objective: The introduction of atypical antipsychotic agents represents an advance in the treatment of psychoses, compared to conventional antipsychotics. However, metabolic and cardiovascular adverse effects may mitigate the beneficial outcome of novel antipsychotics. The aim of our study is to assess the coronary artery risk by calculating the Framingham Coronary Risk Score of patients taking conventional or atypical antipsychotics.

Method: We analyzed the data regarding 46 outpatients, mean age 43.4 ± 14.2 years, whose diagnosis were schizophrenia or mood disorder with psychotic features. Patient underwent treatment either with typical ($N = 41$) or atypical antipsychotic agents ($N = 66$). On T0 and T180 a clinical interview and collection of blood sample for determination of glucose, tryglicerids, total cholesterol, HDL-cholesterol and LDL-cholesterol were performed.

Results: After 6 month in treatment with conventional antipsychotics, mean coronary risk score according to Framingham was $5.73\% \pm 7.25\%$ compared to $3.64\% \pm 6.87$ on T0. Mean coronary risk score for atypical antipsychotics was $2.30 \pm 4.52\%$ on T180 compared to $2.38 \pm 4.55\%$ on T0. Differences between the two groups were statistically significant ($P < 0.05$).

Conclusion: A significant difference in the Framingham Score was found, with the conventional antipsychotics group having a higher coronary risk after 6 months of treatment.

P102

Evoked potentials in a patient with Charles Bonnet Syndrome

D.A. Schmid^{1, 3}, M. Berkhoff^{1, 3}, L. Jäncke², V. Marcar².
¹ Department of Psychiatry, University Hospital Zürich ² Department of Neuropsychology, University of Zürich ³ Hospital of Psychiatry and Psychotherapy, Oetwil, Zürich, Switzerland

Background: Charles Bonnet Syndrome (CBS) is characterized by visual pseudohallucinations, favoured by visual impairment and sensory deprivation, in the absence of psychiatric disorders. Current concepts suggest that deafferentiation of particular visual brain

structures or principle afferents to these structures leads to increased excitability and thus spontaneous activity of involved neurons, depending on the affected locus. No data is available concerning changes in the visual pathway during hallucinations.

Methods: We recorded visual evoked potentials (VEP) without and during pseudohallucinations in a 83-year-old woman with bilateral macular degeneration; treatment with and cessation of neither neuroleptic nor antiepileptic medication influenced her symptoms. Hallucinations occurred during two VEP sequences and were compared to VEPs of a healthy age and gender matched control subject. To imitate loss of central vision, central part was masked.

Results: VEP in our patient 1) did not significantly differ between condition with and without hallucinations; 2) masked “central seeing” in the control subject caused a change of VEP patterns and 3) “masked” pattern in the control person did not resemble VEP results in CBS.

Conclusions: Central vision seems not to be major cause of the change of VEP pattern in CBS, suggesting visual pseudohallucinations in CBS not to be the result of processing in the lower visual areas (no changes in the VEP pattern during hallucinations). Our findings support the concept of spontaneous activity in higher cortical areas, supported by the variety and complexity of the imagery in our and other reported patients.

P103

Best practices in anti-stigma programming: using qualitative methods to assess programmatic needs

B. Schulze. *Public Mental Health Research Group, Psychiatric University Hospital Zurich, Zurich, Switzerland*

While knowledge on public attitudes and media reporting on mental health issues provides important insights concerning targets for interventions to reduce stigma and discrimination because of mental illness, relying solely on this source of information implies the danger of losing sight of the perspectives of those to whose benefit anti-stigma intervention should ultimately be designed: those living with a mental illness and their families. In addition, successful anti-stigma efforts require the involvement of relevant stakeholders.

Further, there is undoubtedly agreement on the overarching goals of anti-stigma programmes. However, depending on the local context or the group of stakeholders dealt with, these may be interpreted differently, or particular aspects will assume paramount importance while others appear less relevant.

In social research, qualitative methods are used to explore social issues such as stigma from the subjective perspectives of those with first-hand experiences of the situation. They aim at finding out specific, detailed information on a particular aspect rather than a generalisable picture of the population. This makes them a useful tool in pursuing a stakeholder approach in designing effective anti-stigma efforts.

Based on experiences from the WPA Global Programme against Stigma and Discrimination because of schizophrenia, this talk will give an overview of relevant methods such as focus groups and in-depth interviews, introduce methods for qualitative data analysis and provide examples from different countries of how results were translated into practice. Evidence will be presented on how qualitative needs assessment methods proved a valuable strategy in defining programme goals.

P104

Integrated genetic counselling for late onset genetic diseases: a polycentric Italian study

S. Astori¹, G. Foresti², C. Danesino³, L. Obici³, E. Daina⁴, E. Bresin⁴, M.S. Spada⁴, E. Di Maria⁵, G. Ferrandes⁵, L. Valentini⁵, C. Gelleri⁶,

C. Mariotti⁶, P. Soliveri⁶, G. Merlini³, E. Caverzasi^{1, 1}, ¹ *Department of Health Sciences-Section of Psychiatry, University of Pavia, School of Medicine/General Hospital San Matteo IRCCS, Pavia* ² *Fatebenefratelli Association for Research AFaR, Istituto Sacro Cuore Di Gesù/Fatebenefratelli Hospital, San Colombano al Lambro* ³ *Biotechnologies Laboratory, University of Pavia, School of Medicine/General Hospital San Matteo IRCCS, Pavia* ⁴ *Clinical Research Center for Rare Diseases Mario Negri Institute, Bergamo* ⁵ *Department of Neurosciences, Ophthalmology and Genetics, Section of Medical Genetics, University of Genova* ⁶ *National Neurological Institute Carlo Besta, Milano, Italy*

Late-onset diseases (LOD) are genetic determined pathologies characterized by dominant autosomic transmission and by clinical symptoms that emerge only in adulthood, even if genetical defect is present since the age of birth. An healthy subject who has a relative with a LOD is at risk of developing the same pathology. This individual could desire to know if he will develop this disease and if he will pass it to his descendants. The communication of a genetic test result imply the transmission of informations that bring a big existential problem to the person who receive the counselling. During the last 3 years, the members of centres for study of Huntington Disease, Fabry Disease and Amiloidosis, contributed, inside a research supported by Health Ministry (2002), to develop a model of genetic counselling for LOD based on a multidisciplinary integrated approach. Material collected, clinical charts (containing clinical, social and private informations), psychological scales (about personality, social adaptation and clinical working alliance), and some clinical interviews taped and transcribed, allows 1) to identify features and factors that are connected to risk of psychiatric illness (severe depressions, suicidal ideas and impulses, both shortly after counselling, both during a follow up period of one year), 2) to study the aspects of the new therapeutic relationship between clinicians and subject that spontaneously request genetic counselling and 3) to value the efficacy of cooperation between clinicians and psychiatrists. The results of the first 50 cases included are reported.

P105

Self-esteem and effective factors on it in students of Kashan University of Medical Sciences (KUMS)

K.H. Sharifi¹, Z. Sooky², Z. Tagharrobi^{1, 1}, ¹ *Nursing Department, Nursing and Midwifery Faculty, Kashan University of Medical Sciences and Health Services, Kashan, Iran* ² *Midwifery Department, Nursing and Midwifery Faculty, Kashan University of Medical Sciences and Health Services, Kashan, Iran*

Introduction and objectives: Low self-esteem is one of man problems in recent centuries that can makes anxiety from mild to sever, also it can susceptible men in depression. beside this low self-esteem is one of sign of depression respect to importance of self-esteem in somatic and mental health in different period of life especially adolescence, this study was carried out about self-esteem and related factors in university students in Kashan, Iran 1999.

Material and methods: A descriptive and analytical study an 821 case was performed from census method. Data collection was done by using questionnaire which Include 30 questions from self-esteem test (Eysenk). In addition demographic characteristic include; age, sex; marital status, and birth order were appraised.

Results: Low self-esteem was observed among 13.3%; 37.5% individuals had fair self-esteem, and 49.2% had high self-esteem. χ^2 test indicated significant statistical relationship between self-esteem and age, marital status and birth order.

Conclusions: High self-esteem was observed in man, married, first child in family and elderly age people. Due to low self-esteem out come, we proposed farther analytical research to find the under laying causes of self-esteem and ways of increasing of it.

P106

Social inclusion through employment support for adults with mental ill health

J. Slade¹, J. Schneider², M. Boyce³, M. Floyd⁴, B. Grove⁵, R. Johnson⁴, J. Secker^{3, 1}, ¹ *School of Applied Social Studies, University of Durham* ² *Department of Sociology & Social Policy, University of Nottingham* ³ *Institute of Health and Social Care, Anglia Ruskin University, Essex* ⁴ *Healthcare Research Unit, City University* ⁵ *Sainsbury Centre for Mental Health, London, UK*

Background: The SESAMI study explores models of supported employment for people with mental health issues. It focuses on people with severe and enduring problems, who are much less likely to be employed than other disability groups. Supported employment is provided by a range of agencies in England: the National Health Service, the Department of Work and Pensions (DWP), private firms and voluntary organisations. The partner agencies participating in the study are: Remploy, Mental Health Matters, Shaw Trust, Richmond Fellowship, DWP and South West London and St. George's Mental Health Trust. SESAMI will evaluate the effectiveness of different approaches to service delivery, and measure costs to the individual, the provider, the employer and the taxpayer.

Method: The research design is a case study approach aiming to generate insights into what works for whom in what circumstances. Over 200 clients have been interviewed and are being followed up after 12 months. Outcome measures at the individual level include: Rosenberg's self-esteem scale, the Herth hope index and the Minnesota job satisfaction scale.

Results: Preliminary findings from the first round of interviews demonstrate that people being supported in work had higher self esteem scores than those who receive support, but were not yet working ($P = 0.001$). This group also had higher hope and optimism scores ($P = 0.001$). These initial results suggest that ongoing employment support for people with mental health problems is vital, as indicators for those being supported into work were higher than for those who were discharged, as well as those still seeking work.

P107

Psychiatric morbidity in surgical patients—one-year retrospective study

Z.B. Stankovic, I.D. Ilic, J.R. Jojic, M.B. Latas. *Institute of Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia and Montenegro*

Somatic disorders increase the incidence of psychiatric disorders, interfere with the diagnosis, course and outcome, and have effect to the selection of psychopharmacological therapy.

The objective of the study was the following:

1. To identify the most frequent reasons for psychiatric consultation in surgical patients before and after the surgical intervention
2. To define major psychiatric disorders
3. To establish the most common modalities of treatment prescribed by psychiatrists, consultants.

Material and method: One-year retrospective study included a total of 152 patients of both sexes (F-79, M-73), who were treated in

surgical departments. The instrument of evaluation: Psychiatric interview (examination).

Conclusions: 1. The most frequent causes for psychiatric consultation in surgically treated patients were as follows: agitation, confusion, attempt of suicide and surgery-related fear before the operation, as well as the agitation, confusion and anxiety-depressive symptoms after the operation; 2. The major psychiatric disorders were the following: pre-existing psychiatric disorders before the operation (60% vs. 40%), and the initial psychiatric disorders in postoperative period (71% vs. 29%). The structure of psychiatric morbidity included: delirium tremens in the alcoholics, psychoorganic syndrome, anxiety-depressive syndrome and psychotic disorder before the surgery, and postoperative delirium, anxiety-depressive syndrome and psychoorganic syndrome after the operation; 3. The most frequent modalities of treatment was psychotropic therapy (benzodiazepines; antipsychotics and antidepressants in cotherapy with benzodiazepines).

P108

Central arrhythmogenic effects of caffeine and aminophylline: an experimental study

L. Stoica¹, B. Cuparencu². ¹ *Psychopatology, Alba University, Alba Iulia* ² *Pharmacology, Oradea University, Oradea, Romania*

In anesthetized rats, caffeine and aminophylline were administered in the third cerebral ventricle in the lateral ventricles or in cisterna magna. Both, caffeine and aminophylline, induced cardiac arrhythmias when they were microinjected in the third ventricle. Caffeine induced less expressed cardiac rhythm disorders when it was given in the other two locations. Aminophylline was arrhythmogenic only when it was administered in the third ventricle. From these results it may be concluded that caffeine act as an arrhythmogenic agent, predominantly by a central action. Also, the most sensitive structures to the arrhythmogenic effects of both drugs are the structures surrounding the third ventricle.

P109

Dopaminergic D1 antagonism impairs and D1 stimulation enhances acquisition of a novel spatial cognition task, active allothetic place avoidance

A. Stuchlik¹, K. Vales¹, L. Rambousek¹, V. Bubenikova². ¹ *Dept. Of Neurophysiology of Memory, Institute of Psychology, Institute of Physiology, Academy of Sciences of Czech Republic* ² *Prague Psychiatric Center, Prague, Czech Republic*

Place navigation requires a brain representation of the environment in the form of a cognitive map. Role of dopaminergic neurotransmission in spatial behavior was studied with various results.

The aim of our study was to investigate role of D1 receptors in active allothetic place avoidance (AAPA), requiring animals to actively avoid a room-frame-defined sector on a rotating arena. A unique feature of this task is that rats must solve a conflict between two discordant subsets of spatial stimuli (defined in arena and room frames) and select the room frame as the relevant one for AAPA solution.

We studied the effect of D1 antagonist SCH23390 (0.05 mg/kg i.p.) and D1 agonist A77636 (1 mg/kg i.p.) injected 20 min prior to training on the acquisition of AAPA. There were four daily sessions, each lasting 20 min.

SCH 23390 decreased slightly locomotion and increased number of errors in the AAPA, it also decreased the maximum time of successful avoidance. A77636 did not change the locomotion, and it decreased

significantly the number of errors in sessions 2–4. It is concluded that D1 receptors exert a modulatory activity on the neural circuits underlying the behavior in the AAPA. This study was supported by grants GACR 309/03/P126 and MSMT CR 1M0002375201.

P110

Young doctors' attitude towards mental illness in Finland

T.P. Svirskis^{1, 2}, J. Korkeila^{1, 3}, T. Vahlberg⁴. ¹ *Department of Psychiatry, University of Turku* ² *Psychiatric Clinic, Turku University Central Hospital* ³ *Department of Psychiatry, Turku City Hospital* ⁴ *Biostatistics, University of Turku, Finland*

Background: Anti-stigma campaigns are usually aimed at general population, but there is evidence that psychiatrists' attitude to mentally ill people does not differ from that of the general public [1].

Objective: To study young doctors' attitudes towards mental illness in Finland.

Methods: Trainees in psychiatry (PSY), gynecology and obstetrics (GYN) and the 3rd and the 4th year medical students (STUD) were given a questionnaire that included statements about mental illness. A five-point scale (from strongly disagree to strongly agree) was used for rating.

Results: Response rates for PSY, GYN and STUD were 134/320 (41.9 %), 72/103 (70.0 %) and 190/206 (92.2 %), respectively. GYN and STUD differed from PSY in general statements like "People with severe mental illness are untrustworthy and unpredictable" (16.0 % of PSY, 56.3 % of GYN and 67.4 % of STUD agreed, $P < 0.0001$). However, in statements concerning a possible personal mental disorder, there were no differences between the groups. For example, with a statement "A personal mental disorder would raise worry about losing appreciation and value in the eyes of my colleagues" 59.4 % of PSY, 66.2 % of GYN and 67.2 % of STUD agreed ($P = 0.651$). Older respondents had less stigmatizing attitudes compared with younger subjects.

Conclusion: Mental illness stigma should be focused on in the undergraduate and the specialist training in psychiatry to improve young doctors' knowledge about stigma and discrimination.

Reference

- [1] Lauber C et al. What about psychiatrists' attitude to mentally ill people? *European Psychiatry* 19:423–427, 2004.

P111

Effect of cycled light on weight gain of preterm infants in Isfahan

P. Taheri, D. Dehghan, Z. Ghazavi, I. Hagh Shenasi. *Pediatric Nursing Department, Faculty of Nursing and Midwifery, Isfahan, Iran*

Introduction: Nowadays prematurity is the major cause of death among infants during the first year of life and is responsible for most of admissions to NICU. Having multiple neurodevelopmental problems, preterm infants are low birth weight because of staying in uterus for a shorter time. So the survival of preterm infants would be depended on their birth weight. The stressful environment of NICU exposes preterm infants to inappropriate stimuli such as continuous light in day-night period and also susceptibility of these infants, managed us to use alternative methods to promote their growth and health. The aim of study was to determine the effect of cycled light on weight gain in preterm infants.

Methods and Materials: This study is a quasi-experimental clinical trial study that was carried out on 66 hospitalized preterm

infants in NICU in Al-zahra Hospital in Isfahan. Subjects were selected by convenience sampling.

Data was gathered by interview and inspection. Weight of infants was measured by special infants scale and a DX2 luxmeter was used to measure light intensity. In intervention group, light intensity of NICU was reduced from 180–200 lux to 5–10 lux by turning the lights off from 7.5 pm to 7.5 am. At the beginning and at the end of study infant's weight was measured. The length of intervention was matched in two groups. Descriptive and analytic statistical methods were used for the data analysis.

Results: The results showed significant difference between weight gain (weight changes) of preterm infants in two groups ($P = 0.041$) but there was no significant difference between weight of preterm infants before and after study in cycled group ($P = 0.058$) and in control group ($P = 0.183$).

Discussion: According to the results, applying cycled light in NICU could improve growth and weight gain in preterm infants. The possibility of applying cycled light in clinical centers would be achieved if facilities were provided. Then developmental interventions such as arranging environmental light are suggested to promote infants' health.

P112

Best practices in anti-stigma programming: the active ingredients in effective anti-stigma interventions

G. Thornicroft¹, V. Pinfold². ¹ *Health Service Research, Institute of Psychiatry/King's College, London* ² *Rethink, Surrey, UK*

Mental Health Awareness in Action (MHAA) programme in England to discuss the current evidence base on the active ingredients in effective anti-stigma interventions in mental health.

Method: The MHAA Programme delivered educational interventions to 109 police officers, 78 adults from different community groups whose work lives involved supporting people with mental health problems but who had received no mental health training and 472 schools students aged 14–15. Each target adult group received two intervention sessions lasting 2 hours. The two school lessons were 50 min each. Knowledge, attitudes and behavioural intent were assessed at baseline and follow-up. In addition focus groups were held with mental health service users to explore the impact of stigma on their lives and facilitators of educational workshops were interviewed to provide expert opinion on 'what works' to reduce psychiatric stigma.

Results: Personal contact was predictive of positive changes in knowledge and attitudes for the school students but not the police officers or community adult group. The key active ingredient identified by all intervention groups and workshop facilitators were the testimonies of service users.

Discussion: The statements of service users (consumers) about their experience of mental health problems and of their contact with a range of services had the greatest and most lasting impact on the target audiences in terms of reducing mental health stigma.

P113

Consultation-liaison psychiatry in the management of suicidal behaviour and risk factors for repeated suicide

D. Trampuž. *University Psychiatric Hospital, Ljubljana, Slovenia*

The outpatient psychiatric unit of the University Psychiatric hospital Ljubljana has incorporated the organisational and work principles of consultation liaison psychiatry in the management of patients that are at risk of suicide and those following a suicide attempt. The

multidisciplinary model connects practitioners in primary care services and the medical staff on the outpatient and inpatient emergency units with experts in the field of psychiatry, psychology and psychotherapy at the outpatient psychiatric unit that is located in the close vicinity of the University Medical Centre and its emergency unit.

The presentation draws attention to the organisational aspects as well as treatment options that consultation liaison psychiatry offers, from physical treatment on the medical ward, psychiatric evaluation, work with medical staff and families, psychiatric treatment, social evaluation and consultation, individual and family psychotherapy. It underlies the role of liaison psychiatry in introducing the systemic paradigm into the medico-psychiatric context. The benefits of this multidisciplinary, systemic model that offers prompt and efficient management of risk factors for repeated suicidal behaviour are presented through case examples.

P114

Hereditary haemorrhagic teleangiectasia and psychoses

H Kuijpers, F. Van der Heijden, S. Tuinier, W. Verhoeven. *Vincent Van Gogh Institute for Psychiatry, Venray, The Netherlands*

Hereditary haemorrhagic teleangiectasia (HTT) or Rendu–Osler–Weber disease is an autosomal dominant multisystemic vascular dysplasia, caused by mutations in the genes encoding for endoglin (HTT1) and activin A receptor type-like kinase 1 (HTT2). HTT1 originates from a mutation on chromosome 9q34 and HTT2 from a mutation on chromosome 12q13. The clinical diagnosis depends on family history, visceral lesions, teleangiectasias and epistaxis. An association with psychopathology is rarely reported.

Patient A is a 58-year-old female who was referred for a relapse of a manic psychosis. Her first episode occurred at the age of 23. At admission, she presented with incoherence of speech, disinhibited behaviour, euphoric mood, poor social judgement and religious delusions. Her somatic history included epistaxis and multiple teleangiectasias. MRI scanning of the brain revealed no abnormalities. Genetic evaluation revealed an ALK1 mutation (HTT2).

Patient B is a 21-year-old male who was referred for long lasting aggressive behaviour and recurrent psychotic symptoms. There were multiple teleangiectasias in his mouth and nose. At the age of 14 he underwent an embolization of a pulmonary arteriovenous malformation. Psychiatric examination revealed perseverations, stereotypies and ritualistic behaviour and a lack of social and emotional reciprocity. A diagnosis of autistic disorder with secondary psychotic symptoms in the past was established. Genetic evaluation showed an ENG mutation (HTT1). The patient suddenly died from a massive pulmonary bleeding.

These case reports demonstrate that HTT is associated with various psychiatric symptoms and a variety of psychiatric diagnoses.

P115

Dynamics of mental disorders of hostages subjected to gas intoxication

A.I. Tyuneva¹, B.D. Tsygankov¹, D.F. Chritinin². ¹ *Moscow State University of Medicine and Dentistry, Department of Psychiatry, Moscow, Russia* ² *Moscow Medical Academiya, Department of Psychiatry, Moscow, Russia*

The Neurosis of Moscow examined and treated thirty eight hostages from North-East play, including 17 men and 21 women aged 15–56 years. In the beginning of October 2002, during this play, the theatre was occupied by Chechen fighters. The theatre audience, actor and personnel were arrested for three days in the hall. The hostages were

released by the special police subdivisions, which used special gases. In the course of this operation, eight patients lost their relatives. After treatment at the intense therapy wards of the city hospitals, the patients were transferred to our clinic.

The condition of these patients showed the certain dynamics: after release from coma, the condition of euphoria was developed and retained from several hours to several days, and then replaced by expressed asthenic disorders. The major complaints upon hospitalization included fast fatigue, weakness, decreasing attention, difficult concentration, emotional lability, sense of anxiety. Along with realization to the full extent of the past and switching intrapsychic processing of the experienced events, patients had the arising complaints of anxious depressive nature. These depressive disorders were expressed to a greater extent for the people, who lost their relatives, with prevailing sense of fault and loss of life sense. Later on, we observed a quick (less than 6 months) development of PTSD, with the majority of patients with anxious and prolonged depressive reactions.

P116

First ethnopsychiatry experience in Israel

A.M. Ulman^{1,2}, N. Zajde³. ¹ *Psychiatry, Beer-Yaacov Mental Health Center, Beer-Yaacov* ² *Sackler Faculty of Medicine Tel-Aviv University, Tel-Aviv, Israel* ³ *Paris 8 University, Paris, France*

For a long time prior to its establishment and certainly since 1948, Israel has been a country of immigration. Populations from Europe and North Africa have come to live in the country. In addition, since the 1970s many from Asia and East Africa have also chosen Israel as a place of immigration. Hence, communities from very different origins and cultural backgrounds have migrated with their language, their tradition but also their ways of being mentally sick and their therapeutics and healers. When these immigrants suffer from mental illness and seek help in the hospital they meet with psychiatrists, psychologists, the DSM and the Western psychiatry devices, which are the ones chosen by the Israeli society. Frequently, these patients from Africa, central Europe and Asia don't respond positively or logically to Western psychiatry management. In order to understand and treat these patients, an ethnopsychiatric approach has been established for the first time in Israel in a psychiatric hospital. The staff in charge of these patients pay attention to their cultural background, develop a deep and serious interest in their healing traditions and study their diagnostics and technical propositions. The lecture will explain the functioning, data and the results of this first ethnopsychiatric experience in Israel.

P117

Migraine and psychopathology

K. D'Hoine, S. Tuinier¹ W. Verhoeven. *Vincent Van Gogh Institute for Psychiatry, Venray, The Netherlands*

Migraine is known for many centuries. The prevalence of this condition for female and male is estimated to be 15% and 5%, respectively. The pathophysiology implies the so called "cortical spreading depression" which consists of a wave of neuronal and glial depolarization moving slowly over the cortex. This phenomenon is accompanied by a brief and dramatic increase of regional cerebral blood perfusion, followed by hypoperfusion. These events lead to a stimulation of the ipsilateral trigeminal nerve.

Substantial evidence shows an association between migraine and psychopathology, especially anxiety- and mood disorders, including panic disorder, depressive states and bipolar affective disorder.

A pilot study was performed into the prevalence of migraine in psychiatric outpatients. Migraine was diagnosed according to the guidelines of the International Headache Society.

In a group of consecutively recruited outpatients ($n = 95$), 27 (female: 8; male: 9) met the diagnostic criteria. From these, 16 had a mood disorder and four an anxiety disorder. In the remaining seven patients, various psychiatric diagnoses were established.

These findings corroborate the comorbidity of migraine in psychiatric disorders. Moreover, they stress the importance of structured collaboration between neurologists and psychiatrists and of complete neuropsychiatric examination. Finally, the comorbidity of psychiatric disorders and migraine warrants a well tailored pharmacological strategy.

P118

Prader-Willi syndrome and Klinefelter syndrome: a rare combination

W. Verhoeven¹, S. Tuinier¹, S. Duffels², J. Egger¹, L. De Vries³, C. Noordam⁴, C. Van Ravenswaay-Arts⁵. ¹ *Vincent Van Gogh Institute for Psychiatry* ² *Vizier Institute for Mental Retardation* ³ *Department of Clinical Genetics* ⁴ *Department of Endocrinology* ⁵ *Department of Clinical Genetics UMCN, Venray, The Netherlands*

The Klinefelter syndrome (KS; XXY karyotype) is a frequent genetic disorder with a prevalence of 1:500–1000. The prevalence rate of Prader-Willi Syndrome (PWS) is estimated to be 1:10,000–15,000. The genetic etiology of PWS is a lack of the paternal contribution to chromosome 15q11.3–q13, caused by a deletion in 70% of the patients or an uniparental disomy (UPD) 20%. Five percent is caused by an imprinting disorder in the specific region. The combination of the two genetic conditions, by chance alone, would be expected to occur in 1 in 5–20 million live births. So far, four cases with the combination KS and PWS have been reported in whom three had a PWS due to a deletion and one because of a UPD.

A 24-year-old patient with a mild mental retardation was referred for neuropsychiatric evaluation because of mood instability and weight gain. At the age of 10 months, the diagnosis of KS was established. An insulin dependent diabetes was diagnosed two years before. His developmental history was characterized by a behavioural profile suspect for PWS: neonatal hypotonia, early emergence of obsessive-compulsive-like symptoms, food seeking behaviour, mood instability and episodic behavioural dyscontrol. Re-evaluation of the genetics, confirmed the diagnosis of KS and demonstrated a PWS due to UPD.

Neuropsychiatric and neuropsychological examination revealed an atypical bipolar affective disorder and a total IQ of 52 with slow information processing respectively. Subsequent maintenance therapy with valproic acid resulted in an stabilisation of mood and behaviour.

P119

Drug-induced psychiatric disorders

S.M. Vitorovic, I. Velikonja. *Addmance Department, University Psychiatric Hospital, Ljubljana, Slovenia*

We are becoming more aware of drug induced psychiatric disorders since we use so many different drugs. This kind of side effects can occur due to intoxication, withdrawal or at usual doses. Predominantly occurring psychiatric symptoms are depressive, anxious and psychotic reactions.

This lecture deals with the psychotic disorders caused by medication used in internal medicine and rare case of disorder following overdose of antiarrhythmic drug.

As a result of visual and auditory hallucinations, an 83-year-old female patient was brought to the psychiatric hospital. The patient who had no prior history of psychiatric decompensation, was treated for arterial hypertension and paroxysmal atrial fibrillation. In addition, she had a cataract as a result of which she had been almost entirely blind for several years.

Upon admittance, the patient was lucid, critical about her condition, and her temporal and spatial orientation was intact, further to which she displayed no impairment of cognition. She related that she had been suffering the visual and auditory hallucinations in the evening and at night about a week.

A few days prior to the onset of the hallucinations, the patient's physician had changed her medication, and the patient had unintentionally taken the new drug in overdose (1.800 mg of propafenone hydrochloride per day). After short-term treatment with low doses of neuroleptics (olanzapine) and the introduction of a therapeutic dose of propafenone, the symptoms of perception impairment remitted completely.

P120

Incomplete resuscitation equipment on psychiatric wards

S. Woerwag-Mehta, M. Isaac. *Ladywell Unit, University Hospital Lewisham/ South London and Maudsley Trust, London, UK*

Introduction: Core competencies of mental health teams as they deal with physical health problems has been suggested as factors for premature death, increased standardised mortality ratio, mainly due to cardiovascular and respiratory failure in psychiatric patients.

Objectives: To compare resuscitation equipment available on psychiatric and general medical wards.

Method: We used standardised weekly checklists for resuscitation trolleys and a customised novel questionnaire checking for accessibility of the equipment, availability and visibility of emergency numbers, readiness of oxygen and defibrillator and cleanliness.

Results: Important equipment was missing on all trolleys in the psychiatric department. Key concerns were the missing equipment to maintain airway, breathing and circulation, a lack of cleanliness and disorganised and impractical layout of the trolleys.

Examples were: empty oxygen cylinder, missing face-mask and bags, and faulty laryngoscopes. Unavailability of all standard sizes for endotracheal tubes, suction catheters, gloves and cannulas. There was an unnecessary duplication of some equipment, and trolleys were kept in locked areas, uncovered, unsealed and dusty.

Conclusion: Trolleys are probably unsuitable for the provision of resuscitation equipment on psychiatric wards, and alternative provision of resuscitation equipment should be considered.

P121

Diagnostic and treatment difficulties in Tourette's syndrome and tics

M. Zarowski¹, J. Młodzikowska-Albrecht¹, B. Steinborn¹, E. Mojs².
¹ *Department of Developmental Neurology* ² *Poznan University of Medical Sciences, Poznan, Poland*

Aims: The aim of the study was to analyse the clinical symptoms of tic (including the Tourette's syndrome) in children, and verify the diagnosis and assess the methods of treatment.

Methods: The analysis was conducted on a group of about one hundred children in school age, admitted to the Chair and Department of Developmental Neurology to diagnose and treatment of tic disorder. The researchers analysed the symptomatology of tics disorder and the methods of treatment and verified the made diagnoses using DSM-IV criteria.

Results: Simple motor tics occurred in more than 95% of patients, complex motor tics in about 10%, and vocal tics in almost 50% of the group. The dominant symptoms were blinking and head movements. The dominant vocal tics were throat cleaning. Variable tics symptomatology was observed in almost half of this group.

The co-existence of tics disorder with ADHD symptoms and the obsessive-compulsive disorders was observed in some of patients.

The few children were directed to hospital with the suspicion of the Tourette's syndrome, while the diagnostic criteria according to DSM-IV were met by about 40% of patients. About 1/3 of patients did not require pharmacological treatment. Other children were most frequently treated with haloperidol. Clonidine was used very seldom.

Conclusions: The Tourette's syndrome is still too seldom recognised as the reason of tics in children, despite the patients meeting the diagnostic criteria. The pharmacological treatment of tics is dominated by typical neuroleptics, attention should be brought by relatively seldom use of clonidine.

Poster Session 3: NEUROLEPTICS and ANTIPSYCHOTICS

P122

Incidence of glucose dysregulation induced by atypical antipsychotics

A.S. Amaladoss¹, C. Balram², A. Wang². ¹ *Department of Psychiatry, River Valley Health* ² *Department of Health & Wellness, Fredericton, NB, Canada*

Background: Atypical antipsychotics (AAPS) have been found effective in various psychiatric conditions, however, recent evidence of treatment emergent glucose dysregulation limit their clinical benefits.

Objective: To determine the treatment effects of AAPS on glucose homeostasis.

Method: Patients with schizophrenic and non-schizophrenic conditions were randomly started on AAPS. Weight, BMI, FBS, and HbA1C were measured every 3 months from baseline for one year. 121 enrolled 119 completed 1 year followup male 69 females 50 Olanzapine 51 Risperidone 59 Quetiapine 8 and Clozapine 1. Data Analysis: Descriptive and inferential analysis were carried except clozapine to examine effects on glucose homeostasis weight and BMI.

Limitation: Polypharmacy and Ethnicity were not considered.

Results: Mean weight gain:

Male Risperidone (7.57 kg) > Olanzapine (5.35 kg) > Quetiapine (4.43 kg).

Female Olanzapine (4.71 kg) > Quetiapine (3.85 kg) > Risperidone (3.14 kg).

Weight gain > 7%:

Male Risperidone (46%) > Quetiapine (33%) > Olanzapine (16%).

Female Quetiapine (40%) > Olanzapine (35%) > Risperidone (9%)

BMI.

Overweight:

Male Quetiapine 100% > Olanzapine 58.06% > Risperidone 51.35%,

Female Quetiapine 80% > Risperidone 50% > Olanzapine 45%

Obesity.

Male Quetiapine 33.33% > Olanzapine 32.26% Risperidone 16.22%,

Female Risperidone 50% > Olanzapine 20% > Quetiapine 20%

Alterations seen in FBS.

Glucose dysregulation 6.1–6.9 mmol.

Male Risperidone 24.32% > Olanzapine 19.35% > Quetiapine 0%,

Female Risperidone 31.82% > Olanzapine 10% > Quetiapine 0%.

Diabetic range > 7 mmol.

Male Olanzapine 16.13% >Risperidone 10.81% >Quetiapine 0%,

Female Olanzapine 10% >Risperidone 4.55% >Quetiapine 0%.

Higher mean FBS observed in 61+ age Olanzapine 7.38 kg > Risperidone 6.13kg.

Higher obesity 42.42% and diabetic range 58.33% in schizophrenia.

Conclusion: Results show that AAPS do affect weight BMI and fasting blood sugar in varying degree to age gender and disease having significant clinical implications that warrant close monitoring with ongoing education on lifestyle diet and exercise in a heuristic manner.

P123

Incidence of hyperprolactinemia with atypical antipsychotics

A.S. Amaladoss ¹, C. Balram ², A. Wang ³. ¹ Fredericton Mental Health Centre, Fredericton ² Provincial Epidemiology Service, Department of Health & Wellness ³ Provincial Epidemiology Service, Department of Health & Wellness, Fredericton, NB, Canada

Background: Evidence support that atypical antipsychotics (AAPS) are effective in various psychiatric conditions yet evidence that hyperprolactinemia induced atypical antipsychotics alter their benefit and risk ratio.

Objective: Prospective study was undertaken in a community setting to determine the incidence of Hyperprolactinemia with atypical antipsychotics treatment.

Method: Patients were started on atypical antipsychotic for both schizophrenic and nonschizophrenic conditions.

Serum Prolactin monitored periodically from the baseline for one year duration.

Total of 121 enrolled in the study only 119 completed the 1 year follow up

Male 69, female 50.

Olanzapine 50 Risperidone 59 Quetiapine 8 and Clozapine 1.

One patient on Olanzapine was detected with Pituitary Adenoma hence ommitted.

Data analysis: Descriptive and inferential analyses were done except for Clozapine to ascertain the incidence of hyperprolactinemia and the relationship to age gender and disease.

Results: %Hyperprolactinemia Risperidone 69.49% > Olanzapine 32% > Quetiapine 12.5%.

Male Risperidone 64.86% > Olanzapine 23.33% > Quetiapine 0%.

Female Risperidone 77.27% > Olanzapine 45% > Quetiapine 20%.

Differences are all statistically significant at 0.01 level.

Male 31.25% > Female 7.4% in Attention Deficit Disorder

Male 31.25% > Female 22% > in schizophrenia.

Mean Prolactin.

Male Risperidone (21.33) > Olanzapine(14.81),

Female Risperidone (50.63) > Olanzapine (25.46).

Male Risperidone (22.31) > Olanzapine(15.47) in 3 months,

Female Risperidone (46.36) > Olanzapine (24.13).

Highest level in 41–60 years of age with Risperidone 52.03.

In 61+ age with Risperidone 40.33.

OR Olanzapine vs. Risperidone 0.21.

Male OR 0.16, female OR 0.24.

Conclusion: Hyperprolactinemia may have significant health consequences both emotionally and physically and it is prudent to check prolactin level periodically.

P124

Comparison of incidence of diabetes mellitus in patients (Iran–Iraq war veterans) undertaken atypical vs. typical antipsychotics

S. Mansoori, M. Amini, A. Attari, R. Bagherian. ¹ Behavioural Sciences Research Centre, Isfahan, Iran

Introduction: The objective of this study was the comparison of incidence of diabetes mellitus in patients (Iran–Iraq war veterans) undertaken typical with atypical antipsychotics.

Material and Methods: In this study the incidence of new onset DM were assessed in 200 subjects referred to Clinic. New onset DM was defined based on 126 for FBS after 1 year being treated by the drugs. GTT also was used for diagnosis of DM.

Results: The patients found to have developed DM following treatment in three groups were respectively 12.8%, 6.7% and 3.8%. There was no significant differences between three groups regarding the incidence of new onset DM.

Discussion: Findings showed that, generally, patients treated with antipsychotic drugs had a moderately increased risk of DM especially with atypical antipsychotics.

P125

Metabolic side effects of second generations antipsychotics: a prospective non-controlled study in a Community Mental Health Centre (CMHC)

D. Berardi, I. Tarricone, M. Casoria, D. Grieco, B. Ferrari Gozzi, E. Rossi, S. Biagini, B. Berti, L. Mellini. *Istituto di Psichiatria “P.Otonello”, Bologna, Italy*

Background and aims: Metabolic disorders due to Second Generation Antipsychotics (SGA) have been documented in few prospective studies. We aimed to investigate metabolic SGA effects in clinical practice.

Methods: All patients who started a new treatment with SGA (January 2003–December 2004) in the Community Mental Health Centre “Nani”-Bologna were recruited. Planned assessments included BMI, fasting plasma glucose, cholesterol, triglycerides (baseline, 4th week, 24th week and 48th week).

Results: Thirty-seven patients (54% of those examined at baseline) completed 12 months examination; they did not differ from baseline sample regarding sociodemographic and clinical variables. Fifty-four % were male; mean age was 43.46 ± 17.5. At 48th week we found: statistical significant increase in mean BMI, particularly in clozapine treated patients and a trend for a cholesterol increase. Different SGAs, sociodemographic and other clinical variables did not determinate significant different time course of mean metabolic values and mean BMI.

Conclusion: Clozapine, olanzapine, risperidone and quetiapine were all associated with an increase of BMI and plasma cholesterol level. More attention should be paid at the metabolic conditions of psychiatric patients. Weight, glycaemia and lipaemia should be monitored routinely in psychiatric clinical practice.

	baseline	1 month	6 months	12 months	f	df	p*
BMI	28.2±4.8	28.6±4.3	29.5±5.4	29.6±5.5	5.7	3(78)	0.001
Glucose ¹ mg/dl	91.3±15.9	91.1±17.7	92.5±13.4	93.2±28.3	0.2	3(84)	0.860
Cholesterol mg/dl	205.3±40.1	209.3±44.2	219.9±46.3	210.9±42.2	2.2	3(86)	0.080
Triglycerides ² mg/dl	150.6±71.3	161.9±59.1	153.5±82.5	160.0±115.3	0.2	3(87)	0.860

P126

Pharmacokinetic profile of long-acting injectable risperidone at steady-state, comparison with oral administration

P. Bouhours¹, E. Mannaert², J.C. Levron¹. ¹ *Medical Affairs Neurosciences, Janssen Cilag, Issy-les-Moulineaux, France* ² *Pharmaceutical Research and Development, Johnson & Johnson, Beerse, Belgium*

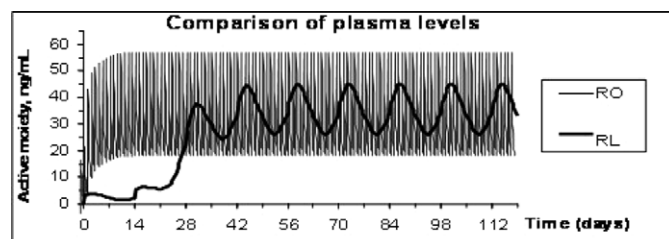
Introduction: The pharmacokinetic profile of Risperidone long-acting (RL), the first atypical antipsychotic available in an injectable long-acting formulation, (microspheres technology) was compared to the oral formulation (RO), by simulating repeated administrations from single dose data.

Methods: Plasma concentrations of the active antipsychotic moiety (risperidone + 9-OH-risperidone) were measured by radioimmunoassay, up to 72 h after single dose of RO (1 mg) in healthy volunteers ($n = 12$), and up to 84 days after single IM injection of 50 mg RL in schizophrenic patients ($n = 26$). The data for the 1 mg RO were projected to a 2- or 4-mg dose (linear pK). Simulated levels were depicted (building up of steady-state) using titration (first two days 2 mg, thereafter 4 mg daily). Data obtained from single doses with RL were simulated to steady-state 50 mg IM/2 weeks dose, using non-parametric superposition in WinNonlin.

Results: After single doses: $T_{max} = 1.3 \pm 0.6$ h and 33 ± 7 d; $t_{1/2\beta} = 20 \pm 2.4$ h and 95 ± 76 h, respectively for RO and RL formulations.

After repeated doses: $C_{max} = 57$ ng/ml and 46 ng/ml, respectively for RO (4 mg/day) and RL (50 mg/2 weeks) formulations.

Conclusion: The pharmacokinetic profile of long-acting risperidone administered every 2 weeks ensures a predictable steady-state plasma level within the intervals observed with equivalent daily oral dose, but with much lower fluctuations of C_{min} and C_{max} .

**P127**

Sequential IM/oral ziprasidone vs. haloperidol for acute psychotic agitation

L. Citrome¹, S. Brook², A. Loebel³, F. Mandel³. ¹ *Nathan S. Kline Institute for Psychiatric Research, Orangeburg, NY, USA* ² *Department of Psychiatry, Sterkfontein Hospital, Krugersdorp, South Africa* ³ *Pfizer Inc, New York, NY, USA*

Background: We compared the efficacy of sequential intramuscular (IM)-to-oral ziprasidone versus haloperidol in the treatment of agitation and hostility in patients with an acute psychotic disorder.

Methods: Post-hoc analyses of pooled data were performed from 2 randomized, double blind studies (pooled $N = 519$) of sequential IM-to-oral treatment with ziprasidone or haloperidol among patients with an acute psychotic disorder. Compared were mean reductions in the Brief Psychiatric Rating Scale hostility item score and agitation factor score (sum of item scores for anxiety, tension, hostility, and excitement) over the first 3 and 7 days. Efficacy was assessed by mixed-model repeated-measures analysis of variance; repeated assessments of an item or factor over time served as the dependent

variable. The two independent variables were “treatment group” (between-subject factor) and “time” (within-subject factor). Interaction between treatment group and time was included in the model.

Results: In the first 1–3 days of treatment, ziprasidone was more efficacious than haloperidol on the agitation factor ($P = 0.03$) and hostility item ($P = 0.004$). After 3 days, efficacy measures for each of the two treatments converged, and further improvement was likely due to a time effect. Statistically significant specific antihostility effects ($P < 0.0001$) were seen for both drugs by the end of the study.

Conclusions: Although sequential IM-to-oral treatment can be accomplished safely and effectively using ziprasidone or haloperidol, post hoc analyses indicated that ziprasidone may provide earlier efficacy than haloperidol for the treatment of agitation. Further clinical efficacy trials are needed to confirm these findings.

P128

Interaction among dopamine system genes: analysis in antipsychotic response

V. De Luca¹, R. Hwang¹, C. Zai¹, S.G. Potkin², H.Y. Meltzer³, J.L. Kennedy¹. ¹ *Neurogenetics Section, CAMH, University of Toronto, Toronto, QC, Canada* ² *University of California, Irvine, CA* ³ *Psychiatric Hospital At Vanderbilt University, Nashville, TN, USA*

Dopamine receptor blockade is the major basis for the antipsychotic action of typical antipsychotic drugs (AP) and a necessary but not sufficient basis for the antipsychotic action of atypical APs such as clozapine and other multireceptor antagonists. Genetic factors affecting the density and/or function of dopaminergic receptors and enzymes may therefore affect AP response.

This exploratory study investigates the effect of 20 single nucleotide polymorphisms (SNPs) from DRD1, DRD2, DRD3, DRD4, MOAA, COMT genes on antipsychotics response in two distinct schizophrenic populations (Caucasian and African-American) refractory or intolerant to conventional APs.

This study included 97 Caucasian and 35 African-American DSM-III-R or DSM-IV schizophrenics. Genotyping was determined by 5'-exonuclease fluorescence assays. Within each population, distributions of response measures were compared between genotype, allele +/- and haplotype groups using analysis of Chi square. The two-locus interaction analysis was also performed using the Helix Tree software.

In the Caucasian sample, no significant associations were found for any individual SNP or haplotype analyses. In the interaction analysis we found a strong effect of between DRD4 and DRD3 ($P < 0.000$). This exploratory analysis suggests that DRD3 and DRD4 genes may have epistatic effect on antipsychotic response.

P129

Clozapine-induced agranulocytosis, case report

B.T. Golubovic, S. Drezgic/Vukic. *Institute of Psychiatry, Novi Sad, Serbia and Montenegro*

This study examines a 31-year-old patient with a schizophrenic disorder. The disorder was first treated in an institution, followed by a continuous observation of the patient's behavior when released. After the patient exhibited oversensitivity when taking conventional antipsychotic drugs during the hospital treatment, clozapine was introduced. Clozapine doses were gradually increased and the patient's behavior positively progressed.

Blood samples were taken from the patient during and after hospitalization, every week for 16 weeks. Other parameters were analyzed too ? tension, pulse, EKG, liver function, glaucoma. After this period ended, blood samples continued to be taken every month.

Examination of the samples shown that 8 months after the clozapine was introduced in the treatment, agranulocytosis occurred and leukocyte levels dropped to 1.1×10^9 . As a result, clozapine was eliminated from the therapy and the patient was treated institutionally on hematology. This led to normalization of leukocyte levels. Subsequently, the patient was treated for a schizophrenic disorder with risperidone. There were no significant movements in patients condition resulting from that treatment.

P130

The influence of amisulpride on reduction of positive and negative symptoms of schizophrenia

V. Janjic¹, S. Djukic Dejanovic¹, Z. Bukumiric².¹ *Psychiatric Clinic, Clinical Center, Kragujevac* ² *Department of Pharmacology, Medical Faculty Pristina, Kosovska Mitrovica, Serbia and Montenegro*

Amisulpride is an antipsychotic which in smaller doses primarily blocks presynaptic dopaminergic D2 and D3 autoreceptors, which achieves therapy efficiency in negative syndrome of schizophrenia, while at larger doses it antagonizes postsynaptic dopaminergic D2 and D3 receptors, and in that way it decreases productive symptomatology.

In our study we have monitored 20 patients, with schizophrenia, who have been treated with amisulpride. Average daily doses of medicine that we used were in range from 200 to 800 mg depending on dominating, positive or negative symptomatology. We conducted clinical evaluation in a period of three months by using psychometric scales: CGI (illness severity and general improvement subscales) and PANSS and marked adverse effects of amisulpride.

After we have analyzed and statistically processed data, the results we got showed highly statistically significant difference, when it comes to scale of positive symptoms ($P < 0.001$), scale of negative symptoms ($P < 0.001$), general psychopathological scale ($P < 0.001$) and altogether PANSS ($P < 0.001$), in scores before and after three-month treatment. We also got results that show highly statistically significant difference in CGI-illness severity ($P = 0.003$) and CGI-general improvement ($P = 0.015$) scale scores. More significant adverse effects were noticed in four patients (hyperprolactinemia and amenorea in three female patients and impotence in one male patient).

Based on results gained we can conclude that amisulpride has shown significant efficiency in treating both positive and negative symptoms of schizophrenia, with well tolerance and weak evince of adverse effects.

P131

Clozapine–fluvoxamine combination therapy: how much fluvoxamine? Results from a case series

B. Knezevic, F. Ramseier, E. Jaquenoud Siro. *Psychiatrische Dienste Des Kantons Aargau, Brugg, Switzerland*

Background and aims: Clozapine–fluvoxamine combination therapy is successfully used in patients with a highly inducible CYP1A2 (e.g. with a CYP1A2 induction polymorphism) in order to avoid very high clozapine doses to reach therapeutic response, or to change the ratio between clozapine and the metabolite norclozapine in cases where ADRs are suspected to be triggered by norclozapine.

Fluvoxamine very potently inhibits the main metabolic pathway (CYP1A2) of clozapine. The extent of this effect depends on the personal base line activity of CYP1A2 and on the dose of the inhibitor fluvoxamine. The aim of this case series was to compare the effect of 300 mg with 150 mg fluvoxamine on clozapine stable doses.

Methods: Five patients on stable clozapine dose combined with 300 mg fluvoxamine and stable comedication, were changed to same

clozapine dose with 150 mg fluvoxamine and same comedication. Trough plasma levels of clozapine and fluvoxamine were taken in steady-state conditions, under both combination regimens.

Results: In four out of five patients plasma levels of combination treatment with 300 or 150 mg did not differ. In one patient we found a difference of 30%. In this patient fluvoxamine plasma levels were lower than expected and malcompliance was found out.

Conclusions: In our case series 150 and 300 mg fluvoxamine blocked clozapine equally potently.

P132

Amisulpride treatment of clozapine-induced hypersalivation in schizophrenia patients: a randomized, double-blind, placebo-controlled crossover study

A. Kreinin¹, D. Novitski¹, A. Weizman².¹ *Tirat HaCarmel Mental Health Center, Tirat HaCarmel* ² *Laboratory of Biological Psychiatry, Felsenstein Medical Research Center, Geha Psychiatric Hospital, Petah Tiqva and Sackler Faculty of Medicine, Tel-Aviv, Israel*

Background: The beneficial effect of sulpiride augmentation of clozapine therapy for treatment resistant schizophrenia patients is enhanced by its antisalivatory effect on clozapine-induced hypersalivation (CIH). Amisulpride, like sulpiride, is a substitute benzamide derivative with higher selective binding to the D2/D3 dopamine receptor. We hypothesized that add-on amisulpride would also be beneficial in controlling CIH.

Methods: In a randomized, double-blind, placebo-controlled crossover study 20 clozapine-treated schizophrenia (DSM-IV criteria) inpatients with CIH were randomly initially assigned to add-on amisulpride (nine patients; 400 mg/day up-titrated from 100 mg/day over 1 week) or placebo (11 patients). Primary outcome was change in the 5-point Nocturnal Hypersalivation Rating Scale (NHRS). Other measures included the Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression scale (CGI) and Simpson Angus Scale (SAS).

Results: Mean NHRS indices were considerably lower with amisulpride (1.79 + 1.25) than with placebo (2.63 + 1.33) [$F(1, 38) = 5.36, P < 0.05$]. With amisulpride treatment there was a significant improvement on the negative symptoms subscale of the PANSS [$F(3, 57) = 3.76, P < 0.05$], but not on the SAS, CGI or other subscales of the PANSS (F 's < 1).

Conclusions: Short-term amisulpride augmentation has a strong ameliorating effect on CIH. A long-term, large-scale study with a broader dose range is warranted in order to evaluate the stability of this effect across time.

P133

Safety profile of risperidone (risset) in patients with acute or chronic schizophrenia or other related psychotic disorders

A. Kucukalic¹, A. Bravo-Mehmedbasic¹, A. Dzibur-Kulenovic¹, E. Mehmedika-Suljic².¹ *Department of Psychiatry* ² *Department of Neurology, University Medical Center, Sarajevo, Bosnia Herzegovina*

Objective: The aim of this study was to establish safety parameters and weight gain during the study of risperidone (Risset) in patients with schizophrenic or other related psychoses. Study was designed for a 4-week, observational study.

Subjects and methods: 30 patients, both genders, aged 18-70, with diagnosed schizophrenic psychosis were enrolled. The Primary safety parameter of risperidone was evaluated on the basis of reported adverse events that were recorded in simplified Case Report Form. Secondary

safety parameter was subjective clinical assessment of safety, with four answers. It was measured at the end of week four. We measured weight for all 30 patients at the baseline and at week 4.

Results: The adverse events distribution recorded during the study of risperidone were: mild 3/30 patients (10%), moderate 5/30 patients (16.66%), severe 0(0%), serious 0 (0%). Secondary safety parameter: Very good safety profile was recorded in 19 of 30 (63.33%) patients, 8 (26.67%) patients had Good safety profile, 3(10.00 %) patients had Moderate safety profile. During four weeks of treatment with Risset average weight gain was 0.64 kg.

Conclusions:

- Risperidone (Risset) seems to be effective and safe medication in treatment of psychotic illness.
- Safety profile was very good, there were no severe and serious adverse events reported.
- The results of weight gain are not different from other studies with risperidone. This weight gain is smaller than in some other atypical antipsychotics.
- Limitations of the study: non-comparative design, non-homogeneity of the population, small group of patients, and short period of study duration.

P134

Rapid initiation of quetiapine in acute psychosis

M. Ladea, M.R. Tincu. *Clinical Psychiatric Hospital "Professor Dr. Al. Obregia", Bucharest, Romania*

Objective: Based on published findings we tried to assess a rapid and safe titration of quetiapine in patients with a first psychotic episode or acute exacerbation of schizophrenia.

Methods: This observational, uncontrolled non-blinded study, evaluated 38 hospitalized adult patients, using PANSS, PANSS Supplemental Aggression Risk Subscale and CGI. We applied a more rapid initiation schedule, than the 5-day protocol, using two schemes. The first, started with 200 mg increasing by 200 mg/day, up to 800 mg/day on Day 4 and even 1200 mg on Day 6. The second, for more severe cases, started with 300 mg and increased by 300 mg/day up to 1200 mg on Day 4.

Safety and tolerability, including adverse effects, were assessed using: interviews, physical examination, laboratory tests, daily recordings of vital signs, BARS and SAS scales for extrapyramidal symptoms.

Results: 32 patients completed this one month study. PANSS Supplemental Aggression Risk Subscale scores improved as early as Day 1, the improvement increasing to Day 3, 5 and 7 ($\geq 20\%$). Global improvement (CGI scores very much improved/ very improved) and reduction $\geq 50\%$ from baseline total PANSS score was observed at endpoint. The overall frequency of side effects was low, most frequent somnolence. No EPS were recorded.

Conclusions: The results suggest that a more rapid dose initiation of quetiapine, with a higher target dose, may be more appropriate in acute psychotic hospitalized adult patients in order to ensure a rapid control of symptoms in conditions of safety and good tolerability.

P135

Cannabidiol as an antipsychotic. A new approach in the treatment of schizophrenia

F.M. Leweke¹, D. Koethe¹, C.W. Gerth¹, B.M. Nolden¹, D. Schreiber¹, S. Gross¹, F. Schultze-Lutter¹, M. Hellmich², E. Schömig³, J. Klosterkötter¹. ¹ Dept. of Psychiatry and Psychotherapy ² Inst. for Med. Statistics, Informatics & Epidemiology

³ Dept. of Pharmacology and Toxicology, University of Cologne Germany

Background: The endocannabinoid system has been shown of particular importance in acute schizophrenia (Leweke et al., 1999; Guffrida et al., 2004). It interacts with various neurotransmitter systems including the dopaminergic, glutamatergic and GABAergic system. Cannabidiol, the major cannabinoid compound of herbal cannabis, has shown antipsychotic-like effects in animal models and is regarded as a re-uptake/degradation inhibitor of the endocannabinoid anandamide.

Methods: We performed an explorative, 4-week, double-blind, controlled clinical trial on the effects of purified cannabidiol in acute schizophrenia compared to the antipsychotic amisulpride. The antipsychotic properties of both drugs were the primary target. Furthermore, side-effects and cognitive effects were investigated.

Results: 42 patients fulfilling DSM-IV criteria of acute paranoid schizophrenia or schizophreniform disorder were included in the study. Both treatment strategies were associated with a significant decrease of psychotic symptoms after 2 and 4 weeks of treatment as assessed by the BPRS and the PANSS. However, there was no statistical difference between both treatment groups. In contrast, cannabidiol induced significantly less EPS and no increase in prolactin when compared to amisulpride.

Conclusions: This controlled clinical trial indicates for the first time that strengthening the endocannabinoid system by elevation of anandamide levels may exert antipsychotic effects. This is in line with negative results on the cannabinoid CB1-receptor antagonist rimonabant in acute schizophrenia (Meltzer et al., 2004) and further supports an adaptive and counterbalancing role of anandamide to dopamine functions in schizophrenia.

Acknowledgements: Funding was provided by the Stanley Medical Research Institute (00-093 to FML) and the Koeln Fortune Program.

P136

Improved efficacy and safety in psychotic patients treated with risperidone long-acting injectable: experience in French patients

P-M. Llorca¹, P. Dumont², J. Palazzolo³, P. Raymondet⁴, V. Moreau-Mallet⁵, P. Bouhours⁵. ¹ Centre Hospitalier Universitaire, Clermont-Ferrand ² Centre Médico Psychologique, Roubaix ³ Centre Hospitalier Ste Marie, Nice ⁴ Centre Hospitalier Intercommunal, Toulon ⁵ Janssen-Cilag, Issy-les-Moulineaux, France

Objective: To investigate the maintained efficacy and safety of risperidone long-acting injectable (RLAI) in French psychotic patients changed directly from other antipsychotic agents without an oral risperidone run-in.

Methods: Adult patients clinically stable on their previous antipsychotic regimen for ≥ 1 month received intramuscular injections of RLAI (25 mg, increased to 37.5 or 50 mg, if necessary) every 14 days for 6 months.

Results: The study included 202 patients (86% with schizophrenia, mean age of 38 ± 12 years) who had previously received atypical antipsychotics (64%) and conventional depots (34%). The total mean PANSS score was reduced significantly from baseline to treatment endpoint (79.4 vs. 68.3; $P < 0.001$), as were all PANSS subscales ($P < 0.001$). At endpoint, there were significant improvements ($P < 0.001$) in CGI-Disease Severity, GAF scores and in patient satisfaction with treatment. All health-related quality of life (SF-36) scores (except Bodily Pain) improved significantly from baseline to endpoint ($P < 0.05$) Movement disorders (rated by ESRS) improved significantly

from baseline to endpoint ($P < 0.001$) with no unexpected adverse events reported.

Conclusion: Direct transition to RLAI led to improvements in symptom control, functioning, tolerability, quality of life and treatment satisfaction of patients who had been stable on their previous antipsychotic medication.

P137

Influence of atypical neuroleptics on indices of the immunity system of schizophrenics

O.A. Lobacheva, T.P. Vetlugina, E.G. Kornetova. Mental Health Research Institute RAMCi, Tomsk, Russia

Objective: Research of atypical neuroleptics effects on immunity indices of schizophrenics.

Methods: We examined 21 schizophrenics (10 patients: olanzapin treatment; six patients: rispolept; five patients: solian) in dynamic therapy: before administration of atypical neuroleptics and at week 6 of treatment. Clinical examination was conducted with CGI and PANSS. There were identified indices of cellular link of immunity (CD2+, CD3+, CD4+, CD8+, CD16+, CD20+, aHLADR+ cells), humoral link (IgG, IgA, IgM concentration and level of circulating immunocomplexes CIC in blood serum of patients) and phagocyte activity of leucocytes. Control: 36 mentally and somatically healthy persons.

Results: In schizophrenics before therapy with atypical neuroleptics T-cell immunodeficiency has been established that remained for 6 weeks of treatment; of most significance was decrease as compared with norm of CD2+ and CD4+ cells. Also, increase of CIC level and IgM concentration have been revealed.

Normalization of some disturbed indices: T-lymphocytes, an absolute number of aHLADR+ cells decreased; increase of IgA and IgM concentration with IgG normalization and decrease of level of circulating immune complexes practically up to control was observed after 6 weeks of Olanzapin treatment. Normalizing action on total number of lymphocytes, helpers/inducers, natural killers was observed after 6 weeks of Rispolept treatment. Decrease of a row of parameters of the cellular immunity, increase of the level of circulating immune complexes, normalization of number of natural killers was observed after 6 weeks of Solian treatment.

Results have confirmed data about efficacy and safety of atypical antipsychotics.

P138

Switch from atypical aps to long-acting risperidone: patient perspective

E-R Lombertie¹, A Viala², P Durst³, V Moreau-Mallet⁴, P Bouhours⁴.
¹ Centre hospitalier Esquirol, Limoges ² Centre hospitalier Sainte-Anne, Paris ³ Clinique Lyon-Lumière, Mezieu ⁴ Janssen-Cilag, Issy-Les-Moulineaux, France

Objective: To investigate the effects on patient satisfaction and health-related quality of life (QoL), of a direct transition from oral atypical antipsychotics to risperidone long-acting injectable (RLAI) in patients with schizophrenia or other psychotic disorders.

Methods: Adult patients who were clinically stable on their medication but required a change of treatment were given RLAI 25 mg (increased to 37.5 or 50 mg, if necessary) every 2 weeks for 6 months. Satisfaction with treatment was assessed at baseline and 6 months using a 5-point scale: very good, good, moderate, poor or very poor. QoL was assessed by the SF-36 questionnaire at baseline, 3 and 6 months.

Results: A subgroup analysis was performed with 130 French patients (69% male, mean age 36 ± 12 years). Patient satisfaction was improved after treatment with RLAI, and increases from baseline to endpoint occurred in the proportion of patients rating it as 'very good' (12% vs. 30%). There were also significant increases from baseline to endpoint ($P < 0.05$) in scores for almost all SF-36 domains.

Conclusion: The transition from oral atypical antipsychotics to RLAI was well accepted by patients in France. Patients showed significant improvements in their health-related quality of life and increased satisfaction with treatment.

P139

Tardive dyskinesia triggered by neuroleptics

M. Lutovac¹, M. Petrovic². ¹ Neuropsychiatric Ward, Military Hospital ² "Gornja Toponica" Psychiatric Hospital, Nis, Serbia and Montenegro

After a long-term, several-year-long usage of specific neuroleptics, tardive/late/delayed dyskinesias can occur that are most frequently triggered by polyvalent, highly potent and incisive neuroleptics. Dyskinesias can be rather discrete and limited to the mouth and tongue; they can sometimes affect the limbs and other body muscles, leading to the clinical image of rhythmic balancing and swinging of the body; or they can manifest as involuntary movements. The first detailed description of relatively persistent facial-bucco-lingual-masticatory dyskinesias, different from acute and subacute involuntary movements during neuroleptic therapy, is related to Sigwald et al. (1959). The term 'tardive dyskinesia' (TD) was introduced by Faurbye et al. in 1964 to emphasize the fact that for this type of involuntary movements it is necessary to take neuroleptics for 6 months and, often, for several years. Assuming the standard theoretical approach to TD, the paper discusses the risk factors for TD onset, provides a review of the interpretation of its pathogenic mechanisms, highlights some differential diagnostic doubts, and describes syndromes of TD clinical manifestation from the point of view of everyday clinical practice. From the therapeutic aspect and possibility of treatment, the significance and methods of prevention will be pointed out. Given TD is most difficult to treat, we argue that a key to successful approach to TD should be prevention against this kind of involuntary movements.

P140

Antipsychotic drugs as a risk factor for venous thromboembolism

J. Masopust¹, R. Maly², A. Urban¹, L. Hosak¹, E. Cermakova³.
¹ Dept. of Psychiatry, Charles University In Prague, Faculty of Medicine In Hradec Králové and Dept. of Psychiatry, University Hospital Hradec Králové ² 1st Dept. of Internal Medicine ³ Dept. of Medical Biophysics, Charles University In Prague, Faculty of Medicine, Hradec Králové, Czech Republic

Objective: We assessed whether antipsychotic drugs represent a risk factor for venous thromboembolism by comparing the prevalence of antipsychotic drugs use in a population of patients with venous thromboembolism versus a group of individuals treated for hypertension.

Subjects and methods: We identified 266 patients (women $n = 141$) diagnosed as having venous thromboembolism at the average age of 43.1 ± 11 years who had been hospitalized in the University Hospital in Hradec Králové from 1.1.1996 to 31.12.2004. Two hundred and seventy-four patients (women $n = 140$) with arterial

hypertension at the average age of 48.3 ± 8.8 years represented the control population.

Results: Use of antipsychotic drugs was moderately more frequent in the group of patients with venous thromboembolism as compared with the control group subjects (4.89% vs. 1.82%; odds ratio 2.76; 95% confidence interval = 1.01–7.55).

Discussion: We discuss the possible mechanisms of venous thromboembolism induced by antipsychotic agents—hypoactivity, hypohydration, stasis of the blood, obesity, abnormal coagulation, autoimmune mechanisms, hyperprolactinemia, and hyperhomocysteinemia.

Conclusion: Our results indicate a possibility of an increased risk for venous thromboembolism in patients using antipsychotic drugs. It is necessary to consider seriously this possible adverse effect owing to its potentially fatal consequences.

P141

Mania associated with ziprasidone initiation

N. Nikolaidis, V.P. Bozikas, K. Latoudis, G. Kounenis, K. Savvidou, K. Fokas. *2nd Department of Psychiatry, Aristotle University of Thessaloniki, Thessaloniki, Greece*

Cases of mania associated with the initiation of treatment with ziprasidone have been reported. In the present study we present three cases of (hypo)mania associated with the initiation of ziprasidone administration.

Case 1: Mr. A. was a 20-year-old man with schizophrenia who received ziprasidone after unsuccessful treatment with olanzapine. After ten days, he presented hyperthymia, irritability, psychomotor agitation, pressure of speech, grandiose delusions, decreased need for sleep, and public masturbation. Ziprasidone was replaced with haloperidol with significant improvement only of his behavioural symptoms. Case 2: Mr. B. was a 47-year-old man with schizophrenia who received ziprasidone. After four days, expansive mood, delusions of grandiosity and pressure of speech were added to his psychopathology. Four weeks later haloperidol was administered, resulting in sufficient control of his symptoms. Case 3: Mr. C. was a 31-year-old man with schizophrenia in whom risperidone was replaced with ziprasidone. Three days later, he manifested elated mood accompanied by an increase in goal-directed activity, which later progressed to severe agitation, sexual indiscretions, unrestrained money waste, decreased need for sleep, and grandiose delusions. Finally, 2½ months later, ziprasidone was replaced with olanzapine, with which his symptoms were effectively controlled.

There is evidence that atypical antipsychotics induce (hypo)manic switches. Manic symptoms caused by atypical antipsychotics are probably related to their 5HT₂/D₂ receptor occupancy. Perhaps the tricyclic-like antidepressant pharmacological profile ziprasidone, which is comparable to that of amitriptyline and imipramine, might additionally explain why in some patients it precipitates mania.

P142

Rare adverse effects in a patient treated with atypical antipsychotics

V. Ntouros, V.P. Bozikas, G. Garyfalos, N. Nikolaidis, G. Lavrentiadis, J. Giouzevas, K. Fokas. *2nd Department of Psychiatry, Aristotle University of Thessaloniki, Thessaloniki, Greece*

Atypical antipsychotics are safe alternatives to classical antipsychotics in respect of adverse effects like hyperprolactinemia, extrapyramidal side effects (EPS), and akathisia. However in some cases, side effects considered not to differ significantly from placebo

might occur and complicate treatment decisions. We report the case of a patient who presented rare adverse effects in consecutive trials of different atypical antipsychotics.

G was a 30-year-old woman with psychotic disorder NOS treated with olanzapine. After 1 month, hyperprolactinemia and amenorrhea were observed. Decrease of the dose led to a relapse of psychotic symptoms. Olanzapine was replaced with ziprasidone, and shortly afterwards, prolactin levels and the menstrual cycle returned to normal. However, she gradually developed severe EPS, which did not improve much upon decreasing the daily dosage, and not after the addition of biperiden either. Despite sufficient improvement in her psychopathology, the severe EPS remained and ziprasidone was replaced with aripiprazole. A significant improvement of EPS was observed, but severe akathisia emerged. This side effect continued despite the addition of lorazepam to her regime. Consequently, aripiprazole dosing was decreased, resulting in amelioration of akathisia, while the patient remained clinically stable.

One of the main contributions of atypical antipsychotics is their reduced potential for side effects that classical antipsychotics commonly produce due to their long association time with D₂ receptors and/or the absence of 5HT_{2A} antagonism. However rare, the possibility remains that atypical antipsychotics might induce side effects like hyperprolactinemia, EPS and akathisia in patients presenting an intrinsic vulnerability for unknown reasons.

P143

Differential effects of atypical antipsychotics on metabolic syndrome

J. Newcomer¹, J. Meyer², A. Loebel³, B. Parsons³. ¹ *Washington University School of Medicine, St. Louis, MO* ² *San Diego Veterans Administration Medical Center, San Diego, CA* ³ *Pfizer Inc., New York, NY, USA*

Background: We determined rates of metabolic syndrome in subjects with schizophrenia given antipsychotics, using data abstracted from an integrated ziprasidone clinical trials database.

Methods: Data were pooled from studies examining 5348 subjects with schizophrenia or schizoaffective disorder who received ziprasidone ($N = 3778$) or comparators ($N = 1570$) in 23 trials. To best capture the incidence of metabolic syndrome, the analysis was limited to trials where triglyceride or HDL-C levels were obtained. These included 11 short-term (≤ 12 weeks) and 10 long-term (> 12 weeks) studies where relevant laboratory parameters were obtained randomly, and two short-term studies where they were collected in the fasting state. Per modified NCEP/ATP III guidelines, metabolic syndrome was defined by the presence of ≥ 3 of the following: blood pressure $\geq 130/\geq 85$ mmHg; HDL-C < 40 mg/dl (males) or < 50 mg/dl (females); triglycerides ≥ 150 mg/dl; glucose ≥ 140 mg/dl (if random) or ≥ 100 mg/dl (if fasting); and, as a surrogate for waist circumference, BMI ≥ 25 or ≥ 30 .

Results: Ziprasidone therapy was not commonly associated with the emergence of metabolic syndrome. The incidence of metabolic syndrome among patients receiving ziprasidone ranged from 1.4% in short-term studies (BMI ≥ 30) to 5.4% in long-term studies (BMI ≥ 25). Comparators, most notably olanzapine, but also risperidone and quetiapine, demonstrated higher rates of metabolic syndrome.

Conclusions: In this comprehensive review of the ziprasidone clinical trials database, a differential effect on emerging rates of metabolic syndrome at trial conclusion was observed. The observed differences at endpoint between groups were least with ziprasidone, intermediate with risperidone, and highest with olanzapine.

P144

Comparative efficacy and safety of ziprasidone and clozapine in treatment refractory schizophrenic patients: results of a randomized, double-blind, 18-week trial

E. Sacchetti¹, A. Galluzzo¹, P. Valsecchi¹, F. Romeo², B. Gorini², L. Warrington³, B. Parsons³. ¹ *University Psychiatric Unit, Brescia University School of Medicine and Brescia Spedali Civili, Brescia* ² *Medical Department, Pfizer Italia, Rome, Italy* ³ *Pfizer Inc, New York, NY, USA*

Background: The current study was designed to evaluate the efficacy and safety of ziprasidone and clozapine in refractory schizophrenic patients.

Methods: Patients were enrolled who met criteria for treatment resistance (non-response in ≥ 3 adequate trials in past 5 years) and/or inability to tolerate antipsychotic treatment; and who had a PANSS ≥ 80 . Patients completed a 3–7 day screening period before being randomized, double-blind, to 18 weeks of parallel-group treatment with either ziprasidone (80–160 mg/day; $n = 73$) or clozapine (250–600 mg/day, $n = 74$).

Results: On the primary ITT-LOCF analysis, the baseline-to-endpoint decrease in PANSS total score was similar on ziprasidone (-25.0 ± 22.0 ; 95% CI: -30.2 to -19.8) and clozapine (-24.5 ± 22.5 ; 95% CI: -29.7 to -19.2). A progressive and significant reduction from baseline in the PANSS total score was observed from day 11 on both ziprasidone ($P < 0.001$) and clozapine ($P = 0.003$). The mean baseline-to-endpoint improvement was also similar on ziprasidone and clozapine on the Calgary Depression Scale, the CGI-I, and the GAF. Ziprasidone was associated with fewer treatment-related adverse events than clozapine, and a more favorable metabolic profile in terms of absence of weight gain ($P < 0.001$), and significant ($P < 0.05$) reduction in median cholesterol (-5 vs. $+2$ mg/dl), LDL cholesterol (-6 vs. $+4$ mg/dl), triglycerides (-15 vs. $+10$ mg/dl), and fasting glucose (0 vs. $+6$ mg/dl). No QTc interval prolongation was reported on either study drug.

Conclusion: In this treatment-resistant/intolerant patient sample, treatment with ziprasidone demonstrated comparable efficacy but increased tolerability and metabolic safety when compared to clozapine.

P145

Pisa syndrome in olanzapine therapy. Report of a case

A. Peixinho, E. Leite, P. Varandas. *Hospital Miguel Bombarda, Lisbon, Portugal*

Pisa syndrome is a rare extrapyramidal side effect caused by neuroleptic treatment.

The syndrome consists of dystonic symptoms, namely, tonic flexion of the trunk to one side and its slight rotation. Long considered a side effect of prolonged exposure to conventional antipsychotics, has recently been reported as occurring with atypical antipsychotics.

The Pisa syndrome may occur not only as a subtype of acute dystonia but also as a subtype of tardive dystonia. The significant improvement caused by withdrawal of antipsychotic drugs in Pisa syndrome differentiates it from tardive dystonia.

Although there have been increasing reports on its prevalence its frequency, predisposing factors and pathophysiology mechanisms have yet to be defined.

There are putative risk factors to develop this syndrome: previous treatment with classical neuroleptics, combined pharmacologic

treatment, female gender, old age, and the presence of an organic brain disorder.

The syndrome clinical characteristics suggest that the underlying pathophysiology of drug-induced Pisa syndrome is complex. A dopaminergic-cholinergic imbalance, or serotonergic or noradrenergic dysfunction, may be implicated.

To our knowledge there have been no reports of Pisa syndrome occurring during therapy with olanzapine.

We report on a case of a 24-year-old bipolar type I women admitted with a manic episode with psychotic features, who was observed walking with a tilt toward the left after start treatment with olanzapine. She started risperidone while olanzapine was discontinued without a taper. Her dystonia and extrapyramidal symptoms resolved completely after 4 days, with no need to associate anticholinergic medication.

P146

Pharmacologic approach and function of patients with psychiatric diseases

M. Petrongona, D. Karadima, G. Doulgeraki. *3rd Psychiatric Department, Psychiatric Hospital of Attica, Athens, Greece*

Objective: The aim of the present study was the investigation of conventional antipsychotics as compared to atypical antipsychotics and the role of psychosocial treatments (individual psychotherapy, family therapy, group therapy).

Materials and methods: 90 patients (males and females) out of which 40 patients that have been treated for the first time in our hospital with atypical antipsychotics. Fifty patients were separately treated in different clinics, with conventional antipsychotics.

Results: The first generation antipsychotics (per os and injectable) have limited efficacy (on positive symptoms only) and intolerable side effects: acute movement disorders (dystonia, akathisia, dyskinesia, akinesia), tardive dystonia and dyskinesia, impairment of cognition. With patients following therapy atypical antipsychotics (per os and injectable) we observed, a decrease in dropping out antipsychotic drugs by 43%, also a decreased number of relapses 67% and finally a lower number of hospitalization days 20%, compared with conventional therapies.

Intensive, psychodynamically oriented psychotherapy is appropriate for most patients with psychiatric diseases (individual or group psychotherapy). In addition we focused in family therapy to educate and foster hopeful and realistic expectations for the future. When family interventions are added to maintenance medications, intervals between relapses becomes longer, giving patients time to re-establish social relations and to improve existing skills and develop new ones.

P147

Administration of neuroleptics in the elderly

M. Petrovic, B. Stankovic, J. Vrucinic, V. Arandjelovic. *“Gornja Toponica” Psychiatric Hospital, Nis, Serbia and Montenegro*

It is widely known that even minimal doses of neuroleptics can induce serious disorders in the extrapyramidal (EP) system in the elderly. We report two cases. Case 1: a woman, 69 years of age, treated with small doses of haloperidole (2 mg daily) for several months, was received to hospital with a severe EP syndrome (Parkinsonianism and dyskinesia). Case report 2: a woman, 66 years of age, treated with depot formulations fluphenazine of 1mg daily for 3 months, was received to hospital with pronounced medicament Parkinsonianism. After a 3-week exclusion of psycho-

pharmaceuticals, both patients were administered 12.5 mg leponex daily that was gradually increased to 50 mg daily due to psychomotor agitation and paranoid-depression syndrome. For objective evaluation of the psychic status and EP disorder, BPRS and Simpson-Angus scale were used for 4 months. In Case 1, EP symptoms maintained with unchanged intensity for 3 weeks with gradual withdrawal within the following 8 weeks. In Case 2, a mild improvement was noticed only after 7 weeks, with fluctuations during withdrawal in the next 9 weeks. In both cases, the initial BPRS improved by 50% in the 6th week of leponex treatment. Careless administration of neuroleptics to the elderly can cause a severe and long-term (several-month-long) disorder of EP system. Neuroleptic therapy in the elderly requires minimization of the initial dosage, careful treatment with continual follow-up of side effects, as well as preference to atypical neuroleptics.

P148

Combination of typical and atypical neuroleptics compared to monotherapy with atypical neuroleptics in schizophrenia treatment

M. Petrovic, I. Popovic, Z. Stevanovic, V. Popovic. "Gornja Toponica" Psychiatric Hospital, Nis, Serbia and Montenegro

The choice between monotherapy and combined neuroleptics in schizophrenia treatment is dependent on each individual case history. The aim of the study was to compare the efficacy and safety of these two therapeutic approaches. 23 patients who met the ICD-10 criterion for schizophrenia, with an evolution of the disease of 5–7 years, and previously treated exclusively with conventional neuroleptics, were divided into two groups and monitored for 4 months. The first group (12 pts.) was treated with depot haloperidole N0II (100 mg per month) and risperidone (2–4 mg daily). The second group (11 pts.) received 6–8 mg risperidone daily. For the evaluation of psychopathology and side effects, BPRS, PANSS, Simpson-Angus scale and AIMS were used. The haloperidole-risperidone group showed a significant increase in BPRS score (delta -7.3 , $P < 0.05$), the overall PANSS score (delta -15.3 , $P < 0.05$) and PANSS positive syndrome score (delta -6.1 , $P < 0.01$). In a significant number of patients under combined therapy, the overall PANSS score was increased by 20% or higher, compared to the monotherapy group. No significant changes in body weight and number of side effects were noticed in either group. Treatment with combined neuroleptics (typical and atypical) has thus proved to lead to better results at routine clinical measurements, compared to mono-therapeutic approach.

P149

Risperidone liquid in the treatment of acute phase of schizophrenia

I. Popovic, V. Popovic, M. Petrovic, V. Arandjelovic¹. *Special Psychiatric Hospital - Gornja Toponica, Nis, Serbia and Montenegro*

This prospective study was performed to investigate the clinical efficacy of risperidone liquid in ameliorating positive symptoms in the acute phase of schizophrenia. Twenty-eight male patients, age 18–55 years, meeting ICD 10 criteria for Schizophrenia or Schizoaffective disorder, were evaluated with regard to their clinical improvement (PANSS scale) and extrapyramidal side effects (KLawans scale). The evaluation lasted 4 weeks, and average dose of risperidone liquid was 8 ± 2 mg pd. There was found a clinically significant improvement (30% or greater improvement on the PANSS score) after 7 days of treatment, specially related to

excitement, hostility, and impulse control. After two weeks of treatment, there was significant improvement regard to hallucinatory behavior and uncooperativeness. Generally, after 4 weeks of treatment, 61% of patients showed significant improvement measured by PANSS scale. Side extrapyramidal effects that needed anticholinergic drug treatment were found at 19% of the patients. These suggest that risperidone liquid is effective and well tolerated in the treatment of acute phase of schizophrenia.

P150

Cost-effectiveness analysis of ziprasidone versus haloperidol in sequential IM/oral treatment in acute psychosis: a Spanish perspective

V. Pérez-Solá¹, F. Cañas², S. Díaz³, J. Rejas⁴. ¹ *Department of Psychiatry, Hospital Santa Creu I Sant Pau, Barcelona, Spain* ² *Department of Psychiatry, Hospital Rodríguez Lafora* ³ *Health Outcomes Research Unit, Euroclin Institute, Madrid, Spain* ⁴ *Health Outcomes Research Department, Medical Unit, Pfizer España, Alcobendas, Spain*

Objective: To assess the cost-effectiveness of ziprasidone vs. haloperidol in the sequential IM/oral treatment in acute psychosis in Spain.

Methods: A cost-effectiveness analysis from the hospital perspective was carried out. Length of stay, study medication and concomitant drugs were computed using data from ZIMO trial. Effectiveness was the percentage of responders (reduction of baseline BPRS negative symptoms subscale $> 30\%$). Economic assessment included estimation of mean (95%CI) total costs, cost per responder, and the incremental cost-effectiveness ratio (ICER) per additional responder. Sensitivity analysis included cost-effectiveness acceptability curves determination.

Results: Intention-to-treat analysis included 308 patients [ziprasidone ($n = 246$), haloperidol ($n = 62$)]. Ziprasidone showed a significant improvement on pretreatment BPRS scores (total, positive and negative subscales, $P < 0.001$). Compared with haloperidol, these changes were statistically different for BPRS negative-symptoms only ($P = 0.004$), yielding to a significant higher responder rate; 71% vs. 56%, $P = 0.023$. Mean total costs were €3.788 (3.430–4.146) for ziprasidone and €3.113 (2.631–3.595) for haloperidol; $P = 0.027$, mainly due to a higher ziprasidone acquisition cost. Costs per responder were slightly lower with ziprasidone; €5.335 vs. €5.589. ICER per additional responder with ziprasidone was €4.412 (–€461 to +€21.520). Acceptability curves showed an ICER cut-off value of €13.569 at the 95%-cost-effectiveness probability level.

Conclusions: Compared with haloperidol, ziprasidone was significantly better controlling psychotic negative symptoms. The extra cost was off-set by a higher effectiveness rate yielding to a lower cost per responder. Considering the expected social benefit (less family burden and productivity restoration), the incremental cost per additional responder with ziprasidone may be cost-effective.

P151

Prospective evaluation of neuromuscular dysfunction in psychiatric patients

I. Reznik¹, L. Volchek², M. Reznik³, H.Y. Meltzer⁴, A. Weizman¹. ¹ *Laboratory of Biological Psychiatry, Felsenstein Medical Research Center, Affiliated to Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel* ² *Neurology Department, Barzilai Medical Center, Affiliated to Ben Gurion University* ³ *Psychiatry Division, Barzilai Medical Center, Affiliated to Ben Gurion University, Beer-Sheva,*

Israel ⁴ Division of Psychopharmacology, Vanderbilt University Medical Center, Nashville, TN, USA

Background: Elevated serum creatine kinase (SCK) levels, serve as indicator of possible neuromuscular dysfunction. The purpose of this study was to estimate the incidence and severity of probable neuromuscular dysfunction in patients treated with typical and atypical neuroleptic agents (ANA) and to assess an involvement of muscular and peripheral nervous systems.

Methods: 590 adult psychiatric patients have been screened. Subjects suffering from any significant physical disorder or receiving parenteral medications were excluded. Blood samples for CK determinations were collected at baseline, weekly during first month and every 3 months thereafter, up to one year of follow-up. Patients with persistent hyper-CKemia were assessed for possible muscular and peripheral nervous systems involvement.

Results: Study group comprised of 244 patients receiving clozapine, olanzapine, risperidone, quetiapine, haloperidol or perphenazine. Patients, treated with clozapine ($n = 6$), olanzapine ($n = 3$), perphenazine ($n = 2$) were found having persistent hyper-CKemia 545.5 ± 230.7 IU/l, in range 250–950 IU/l. Five of these patients had complaints of some muscular weakness and in two of them clinical assessment revealed general muscular weakness.

Conclusion: This is the first large-scale systematic prospective study investigated the actual incidence and severity of neuromuscular dysfunction in neuroleptics-treated patients. The incidence of the persistent hyper-CKemia in our sample was 4.5%, which is in range reported previously (2–10%), but with smaller magnitude. Among hyper-CKemic patients the majority were treated with ANA (clozapine and olanzapine), however, only in few of them some myopathic signs were found. Further investigation of neuromuscular dysfunction, its mechanisms and pathophysiological significance in psychiatric patients is warranted.

P152

Evaluation of serum lipids in a sample of schizophrenic inpatients, medicated with atypical antipsychotic treatment—a preliminary study

E.N. Rizos ¹, K.R. Sakellaropoulos ¹, A.G. Papadopoulou ¹, E.F. Ikonomakis ², E.G. Finokaliotis ¹, K.A. Katsafourous ¹. ¹ Tarsi Department ² Information Department Dromokaition Psychiatric State Hospital, Athens, Greece

Introduction: Atypical antipsychotics have been linked to the adverse metabolic effect of hypertriglyceridaemia.

Material and methods: In order to investigate this hypothesis we measured serum lipid levels in a sample of 105 schizophrenic patients who have been admitted at Tarsi Psychiatric Department and were medication free for at least three months. The diagnosis of schizophrenic disorder was made according to DSM-IV diagnostic criteria. Serum lipids levels were measured on the first day of the admission and 4 weeks later. There were no patient medical reports for metabolic disease. Patient's medication after their admission was classified as olanzapine (group A with mean dose 12.5 mg), risperidone (group B with mean dose 7.3 mg), ziprasidone (group C with mean dose 152 mg), quetiapine (group D with mean dose 430 mg), aminosoulpride (group E with mean dose 832.5 mg) and aripiprazole (group F with mean dose 15 mg).

Results: Our results revealed a statistically significant increase of triglycerids levels in the above mentioned groups of olanzapine ($t = 2.296$, $P < 0.05$), risperidone ($t = 1.942$, $P < 0.10$), amisoulpride ($t = 2.514$, $P < 0.05$) and ziprasidone ($t = 4.74$, $P < 0.001$).

Cholesterol levels revealed a statistically significant increase in the groups of risperidone ($t = 2.021$, $P < 0.10$) and ziprasidone ($t = 1.893$, $P < 0.10$). The other groups did not reveal statistically significant differences.

Conclusions: We concluded that the risk of hyperlipidaemia especially in the levels of triglycerids should be considered when evaluating an atypical antipsychotic agent, and treating patients on a long term basis. Our study is in progress.

P153

Higher prevalence of metabolic syndrome (ms) in outpatients on antipsychotic therapy: a cross-sectional assessment of a primary health care database

A. Sicras Mainar ¹, J. Rejas Gutiérrez ², R. Navarro Artieda ¹, J. Serrat Tarrés ³, M. Blanca Tamayo ⁴. ¹ Directorate of Planning, Badalona Serveis Assistencials, Badalona ² Department of Health Outcomes Research, Medical Unit, Pfizer España, Alcobendas ³ Department of Family Medicine, Badalona Serveis Assistencials ⁴ Department of Psychiatry, Badalona Serveis Assistencials, Badalona, Spain

Objective: To determine the prevalence of MS in outpatient treated with antipsychotics in a primary health care setting in Spain.

Methods: Cross-sectional study assessing an administrative claim database of outpatients of five health areas. All patients, both sexes, on antipsychotic therapy for more than 2 month were included. Control group was formed for the resting outpatients included in the database not exposed to an antipsychotic drug. MS was defined according with NCEP ATP III-modified criteria and required fulfillment of at least three of five components: body mass index > 28.8 , tryglicerides > 150 mg/ml, HDL-cholesterol < 40 mg/ml (men)/ < 50 mg/ml (women), blood pressure $> 130/85$ mmHg, and fasting glucose > 110 mg/dl. Multiple logistic regression models were applied.

Results: A total of 482 patients (55.8% women; 57.0 ± 19.6 years, mean + S.D.) treated with antipsychotics (24.1% risperidone; 23.0% olanzapine; 12.4% haloperidol; 9.3% tioridazine; 8.5% levomepromazina; 6.0% quetiapine; 4.8% perfenazine; 1.5% ziprasidone; 3.1% clotiapina) during 26.8 ± 19.9 months were identified. Control group included 85,224 outpatients (50.5% women; 45.5 ± 17.7 years) without exposition to antipsychotic drugs. MS prevalence was higher in treated with antipsychotics; 21.8% (95%CI, 18.5–25.5%) vs. 9.2% (9.0–9.4%); age and sex adjusted OR = 1.48 (1.17–1.89, $P = 0.001$). All components of MS were higher in antipsychotic group, particularly obesity; 42.5% (38.1–46.9%) vs. 30.4% (29.9–30.8%), adjusted OR = 1.41 (1.16–1.71, $P < 0.001$), hypertension; 46.1% (41.6–50.5%) vs. 24.3% (24.1–24.6%); adjusted OR = 1.49 (1.19–1.85, $P < 0.001$), and fasting glucose; 22.8% (24.9–34.2%) vs. 9.7% (9.5–9.9%); adjusted OR = 1.53 (1.20–1.94, $P = 0.001$).

Conclusions: Compared with general outpatient population, MS prevalence was significantly higher in patients treated with antipsychotics. This support further evidence about the association of MS and antipsychotics.

P154

Evolution of inappropriate psychoactive drug use in institutionalized elderly people in a health region

A. Sicras Mainar ¹, R. Navarro Artieda ¹, J. Peláez de Loño ², A. Castellá Rosales ², J. Rejas Gutiérrez ³. ¹ Directorate of Planning, Badalona Serveis Assistencials ² Directorate of Pharmacy, Barcelona

Health Region, Badalona Headquarters, Barcelona³ Department of Health Outcomes Research, Medical Unit, Pfizer España, Alcobendas, Madrid, Spain

Objective: To evaluate inappropriate psychoactive drug (IPD) use according to the Beers criteria in an institutionalized elderly population from a health region.

Method: Before-after exploratory study including all recorded medical prescriptions (CatSalut), individualized by physician, dispensed to patients aged 64 or older in the years 2001 and 2004. A total of 107 and 132 nursing home facilities belonging to two health sectors were included, respectively. Fifteen of 72 active substances from the following therapeutic subgroups were considered IPD: antidepressants, neuroleptics, sedative-hypnotics and tranquilizers. IPD use was measured quantitatively using the daily defined dose (DDD). Data analysis was performed using an application designed by the authors and the SPSS statistical package.

Results: Samples of 4795 and 6075 patients were recruited for study years 2001 and 2004, respectively. Overall use of psychoactive drugs was 1,508,061 and 2,178,378 DDD, respectively (77,062 and 102,091 packs). The relative use of IPD decreased by -25.3% ($P = 0.419$) in number of packs and by -14.4% ($P = 0.238$) in number of DDD/resident. Increases were observed in number of DDD/resident for some IPD: perfenazine (31.6%), amitriptyline (27.2%), halazepam (34.6%), clobazam (16.6%) and diazepam (4.6%).

Conclusions: A certain trend towards a reduction in IPD use was observed in institutionalized elderly patients, although still remains high. There was excessive use of drugs with anticholinergic and sedative properties (long half-life potentially addictive drugs). Specific interventions should be implemented to improve the quality of the prescription profile and rationale use of medicines in this sensitive health area.

P155

Metabolic issues in patients treated with clozapine and haloperidol

R. Softic, A. Delic, A. Sutovic. *University Clinical Center Tuzla, Psychiatry Clinic, Tuzla, Bosnia and Hercegovina*

Background: Lately, there are more evidence of frequent metabolic abnormalities among mentally ill population. Rising frequency of these disturbances was associate with usage of second generation antipsychotics.

The aim of this paper was to define frequency of metabolic syndrome or its elements in patients treated with clozapine against haloperidol-treated patients.

Methods: Fasting glucose and lipid level, waist circumference and arterial blood pressure were measured in 20 patients taking Clozapine and 20 patients taking Haloperidol. Descriptive statistical methods were used. The levels of statical significance between parametric data of both groups were determinated by *t*-test.

Results: Metabolic syndrome elements were found in both patient groups. Between observed groups were not found any statistical significant differences. Metabolic syndrome elements were more connected with age and abdominal obesity presence then for usage of particular antipsychotics.

Conclusion: Metabolic syndrom is significant factor of health risc in mentally ill population. Presence of metabolic syndrom is more connected with age and abdominal obesity presence then for usage of particular antipsychotics. Presence of psychical and physical stess of mentally ill patients can be cause of metabolic disturbances in these patients in light of evidence of hypothalamic-pituitar-adrenal axis

hyperactivity and frequent occurrence of abdominal obesity in these patients.

P156

Mania induced by aripiprazole: a possible side effect?

A. Solida¹, C.B. Eap², P. Conus³. ¹Section Minkowski, Département Universitaire de Psychiatrie ² Unité de Biochimie et Psychopharmacologie Clinique, Département Universitaire de Psychiatrie ³ Section Minkowski, Département Universitaire de Psychiatrie, Prilly, Switzerland

Aripiprazole is a novel atypical antipsychotic, also known for its efficacy in treatment of acute mania, that acts at D2 receptors (as partial agonist) and at 5-HT2A receptors (as antagonist).

To our knowledge, no case of acute mania induced by aripiprazole has been described.

We describe a patient with chronic paranoid schizophrenia who developed mania under aripiprazole.

A 58-year-old patient, with chronic paranoid schizophrenia and with longstanding clinical stability on clozapine, presented an acute psychotic relapse after interruption of treatment.

Marked psychotic symptoms persisted despite reintroduction of clozapine, and treatment was crossed over to aripiprazole (15 mg/d then 30 mg/d), decreasing clozapine very progressively.

Over the following 3 weeks, the patient improved significantly, being discharged from hospital with residual psychotic symptoms and discrete anxiety. A few days later, he presented relapsing psychotic symptoms and then irritable mood, logorrhoea, agitation, racing thoughts and severe insomnia. He reported feeling "high" and showed sexual desinhibition. Clozapine was reintroduced, aripiprazole was maintained. In absence of improvement, aripiprazole was reduced to 15 mg/d with significant reduction of manic symptoms, which disappeared after interruption of aripiprazole.

Because of the time coincidence between introduction of aripiprazole and onset of manic symptoms, in absence of a previous history of manic episode, we hypothesize that development of this symptomatology may be related to aripiprazole treatment, possibly due to its action at the 5-HT2A receptors, a mechanism already considered to be involved in manic reactions linked to other atypical antipsychotics or SSRI.

P157

Clozapine—the best choice of therapy

B. Stankovic, M. Petrovic, V. Popovic, M. Stanojkovic. *Special Psychiatric Hospital, Gornja Toponica, Nis, Serbia and Montenegro*

The aim of this report is to show the efficiency of using clozapine for resistant appearances of schizophrenia with patients who had take two different typical antipsychotic previously, and therapy response was unsatisfying or the endurance was slight. In the department with psychosociorehabilitation patients on the clozapine therapy there were 18 patients only; total number of patients in the department was 60. The time of observation was 18 months. Daily doses are from 100 up to 300 mg. Eleven patients with clozapine take butirofenonic preparations and 7 patients have got monotherapy with clozapine. The results, which have been obtained, give evidence that clozapine improves cognitive functions. It also stimulates the possibility for social integration. A number of relapses and prolonged time of remission were decreased greatly. Total number of days during therapy weekends was increased and working motivation was improved greatly. A combination of clozapine and intramuscular depo-

preparations of butirofenon type has given the exceptional results with “positive syndromes” schizophrenia, while monotherapy has given excellent results with “negative syndrome”. During the observation blood picture was controlled regularly. There were no cases of agranulocytosis. One case of leukocytosis, convulsive crisis was not registered with these doses. Hypersedacia was registered with two patients and it was regulated by decreasing the doses. A slight extrapyramidal symptomatology was registered with the therapy combined with butirofenonies, which was disappeared with small doses of antiholinergics. Sialorea was not registered, as well as a significant increasing body weight.

P158

Differences in distribution of brain electrical activity in antipsychotic-naive and olanzapine, clozapine and risperidone treated schizophrenic patients (revealed by LORETA analysis)

B. Tislerova, M. Brunovsky, J. Horacek, M. Kopecek. *Prague Psychiatric Centre, Prague, Czech Republic*

Objectives: The aim of our study was to detect changes in distribution of brain electrical activity in antipsychotic-naive (AN) and clozapine (Cloz), olanzapine (Olan) and risperidone (Risp) treated schizophrenic patients.

Methods: We included 35 schizophrenic patients (AN = 7, Cloz = 8; Olan = 9, Risp = 11). We used a method of quantitative EEG analysis (qEEG)—low resolution brain electromagnetic tomography (LORETA; Pascual-Marqui et al., 1994, 1999) that computes current density in the frequency bands delta, theta, alfa1, alfa2, beta1, beta2 and beta3 (the limits 1.5–6.0–8.0–10.0–12.0–18.0–21.0–30.0 Hz). We compared AN with healthy controls and medicated patients with AN.

Results: We found these significant differences in the comparison: 1. AN vs. the healthy controls: increase in the delta, theta, alfa1 and decrease in beta1 especially in frontal and fronto-temporal cortex. 2. Cloz vs. AN: decrease in delta and theta in frontal cortex and limbic structures and increase in alfa 1 in temporo-occipital regions. 3. Olan vs. AN: increase in beta2 and alfa1 in occipital and beta3 in posterior limbic and occipital structures.

Conclusions: We confirmed frontal deficit and changes in temporo- limbic structures in AN. In Cloz vs. AN we approved a decrease of inhibition process (in frontal regions), in Olan increase of excitation process (in limbic structures and occipital regions). In Risp vs. AN we found no significant changes.

This work was supported by the project MSMT 1M0002375201.

P159

Comparison of ritanserin combined with haloperidol versus risperidone on active allothetic place avoidance (AAPA) in an animal model of schizophrenia

K. Vales¹, V. Bubenikova-Valesova², L. Rezacova¹, A. Stuchlik¹.
¹ *Institute of Physiology, Academy of Science* ² *Prague Psychiatric Center, Prague, Czech Republic*

Administration of non-competitive NMDA receptor antagonists is used as an animal model of schizophrenia-like behaviour. Blockade of NMDA receptors with MK-801 causes specific behavioural changes, including deficit in cognitive function. We suggest that the combination of ritanserin with haloperidol will show atypical antipsychotic feature on cognitive deficit induced by MK-801.

The aim of the present study was compare the combination ritanserin (5HT2A/2C antagonist) with haloperidol versus risperidone

as a representative atypical antipsychotic on cognitive deficit induced by MK-801.

AAPA task requires animals to actively avoid a room-frame-defined sector on a continuously rotation arena. A unique feature of this task is that the rats have to solve a conflict between two discordant subsets. The requirement that the subject differentiate between relevant and irrelevant stimuli, is similar to the concept that schizophrenic patients are often unable to differentiate between relevant and irrelevant stimuli.

The results demonstrate that ritanserin itself had no effect on the performance in the AAPA. We conclude that in AAPA task, risperidone was capable improve cognitive deficit of experimental psychosis. Ritanserin combined with haloperidol had similar effect on cognitive deficit as had risperidone in MK-801 treated rats.

Acknowledgements: This research was supported by grant MEYS 1M0002375201.

Poster Session 3: OBSESSIVE COMPULSIVE DISORDERS

P160

Compliance with medication, motivation for treatment and knowledge of the illness

F. García-Solano, S. Añó, D. Fraguas, J.J. de la Peña, S. Terán, E. Chapela, A.L. Calcedo-Barba. *Department of Psychiatry, "Gregorio Marañón" University General Hospital, Madrid, Spain*

Introduction: Available studies indicate that compliance with psychiatric treatment is related with a better outcome. Compliance with treatment is the result of the interaction among different variables.

Objectives: To analyze the relationship between compliance with medication (CM), knowledge of the illness (KI) and motivation for treatment (MT).

Methods: A series of 96 consecutive admissions to a psychiatric ward in a general hospital in Madrid between May and July 2004 were administered Competence Questionnaire (CQ) and Severity of Psychiatric Illness Scale (SPIS). SPIS assesses severity of psychiatric illness and CQ assesses competence to consent to psychiatric hospitalization. Inter-rater reliability was checked and recruitment began when appropriate scores were obtained. Informed consent was obtained from each patient. Compliance with medication, motivation for treatment and knowledge of the illness were evaluated using the corresponding items of Severity of Psychiatric Illness Scale (SPIS). Correlations between CM, MT, KI and MT + KI were analyzed.

Results: 96 patients were evaluated: 54 female (56.3%) and 42 male (43.8%), with a mean age of 40.2 years (S.D. 11.4). Found correlations were: “CM – MT”: Spearman 0.684, $P < 0.000$; “CM – KI”: Spearman 0.577, $P < 0.000$ and “CM – (MT + KI)”: Spearman 0.704, $P < 0.000$.

Conclusions: Compliance with medication must be understood as a complex variable resulting from the interaction of several other (motivation for treatment, knowledge of the illness, etc.)

Motivation for treatment and knowledge of the illness probably share theoretical and clinical properties.

P161

Modern high technologies in diagnostics and treatment of “malignant” forms of obsessive–compulsive disorders (OCD)

A.V. Korzenev¹, A.A. Stanzhevskiy², L.A. Tyutin², V.K. Shamrej¹, R.A. Shalek³, A.V. Pozdnyakov², E. J. Abritalin¹. ¹ *Psychiatry*

Department, Russian Military Medical Academy ² Radiology and Nuclear Medicine Department/Central Research Institute of Roentgenology and Radiology ³ Stereotactic Radiotherapy Department/Central Research Institute of Roentgenology and Radiology, St-Petersburg, Russia

Surgical correction of resistant forms of OCD causes criticism on several positions for some experts and in public consciousness. In particular, it concerns of objective indications absence to application of a surgical treatment, traumatism and “irreversibility” of the put damages. Progress and medical technologies development gives an opportunity to find a way out of the impasse and overcome these difficulties.

18FDG PET carried out in 14 patients with resistant OCD and Tourette syndrome (received recommendations to undergo surgical treatment). Three examinations were performed to each patient before surgical treatment (during conventional therapy, therapy cancellation, and amplified load of anxiolytics and SSRI). Besides +HMRS was carried out in six patients before treatment.

18FDG PET data shown metabolism increase of anterior cingulate and metabolism decrease of nuclei caudate in all cases before treatment. +HMRS revealed *N*-acetylaspartate decrease, increase of choline and creatine peaks in nuclei caudate in all six patients. These data were regarded as sign of glial tissue predominance in nuclei caudate. Catamnestic researches (from 2 up to 6 years) after stereotactic surgery (including radiosurgical effect by a narrow photon beams with cumulative dose up to 120 Gy) shown a reduction of obsessive symptoms correlating with metabolism decrease in anterior cingulate and metabolism increase in nuclei caudate, revealed by 18FDG PET. These researches revealed significant correlation between imaging results and clinical data. Neuroimaging findings offer the possibility to prove a choice of stereotactic structures-targets in patients with resistant forms of AOD.

P162

Obsessive compulsive disorders (OCD) and multiple sclerosis (MS) after Epstein–Barr virus (EBV) infection

D.I.M. Kountouris, K.O.S.T. Koutsobelis. *Neurological Diagnostic Center, Athens, Greece*

Background: It has been found that prevalence of EBV infection in the countries of Central Europe has been increased. It is estimated at about 8000–10,000 patients for one million. for a number of 5–8% of EBV patients, they appeared neurological and psychological disorders. We took the results of three patients with a characteristic symptomatology of OCD and MS, after EBV infection was diagnosed.

Methods and materials: We examined three patients—two women and one man, respectively 21, 28 and 29 years old—who had MS according to the McAlpine’s criteria, and OCD at the same time. We studied their follow-up after EBV infection for 3 years. During this time, we collected the results of clinical, neurophysiological and psychometric examinations. The results were valued and compared between them.

Results: The results showed that that the psychological and the neurological symptoms, even though the neurophysiological and the psychometric findings, had the same course in all patients. After an immunosuppressive therapy with Mitoxantrone (80 mg) there was significant decrease of all the above symptoms ($P < 0.05$). These symptoms had an improvement also according to Kurtzke DIS ($P < 0.05$). Whenever there was a relapsing of MS symptoms, there was also a big appearance of psychiatric symptoms.

Conclusions: The results showed that it’s possible to have appearance of MS and OCD symptoms at the same time, after an EBV infection. This

infection is sensitive to immunosuppressive therapy. This kind of treatment affects and the psychiatric and the clinical symptoms.

P163

A 3-year prospective follow-up study of patients with obsessive–compulsive disorder treated with serotonin reuptake inhibitors

F. Perris, P. Lagnese, F. Rossano, M. Masella, F. Catapano, M. Maj. *Department of Psychiatry, University of Naples, Italy*

The aim of this study was to evaluate the long-term course of obsessive–compulsive disorder (OCD) in patients treated with serotonin reuptake inhibitors (SRIs) and to identify predictors of clinical outcome. Seventy-nine patients fulfilling DSM-IV criteria for OCD were followed-up prospectively for 3 years. During the follow-up period, the clinical status of each patient was evaluated monthly in the first year and bimonthly thereafter by means of the Yale–Brown Obsessive Compulsive Scale (Y-BOCS) and the Hamilton Rating Scale for Depression (HDRS). The cumulative probability of achieving at least partial remission from obsessive-compulsive (OC) symptoms during the 3-year period was 65%. The probability of full remission was 38%. for subjects who achieved at least partial remission, the probability of subsequent relapse was 60%. Significant predictors of poor outcome included a longer duration of illness, a greater severity of OC symptoms at intake, and the presence of comorbid schizotypal personality disorder. These findings confirm that, despite adequate SRIs therapy, relatively few patients achieve a completely asymptomatic state and, of those who achieve at least a partial remission, a substantial proportion subsequently relapse. One third of OCD patients is treatment-resistant. Further studies with large samples are required to adequately identify predictors of long-term outcome of OCD in order to optimize the choice among the existing treatment modalities. The development of alternative strategies is needed to improve the treatment approaches for treatment-resistant OCD patients.

P164

The corpus callosum in obsessive–compulsive disorder : a diffusion tensor imaging study

Y. Saito ¹, K. Nobuhara ¹, G. Okugawa ¹, K. Takase ¹, T. Sugimoto ¹, K. Ikeda ², S. Sawada ², T. Kinoshita ¹. ¹ Department of Neuropsychiatry ²Department of Radiology, Kansai Medical University, Osaka, Japan

Background and aims: The corpus callosum (CC) is the largest interhemispheric white matter commissure connecting the cerebral hemispheres and plays a crucial role in interhemispheric communication and cognitive processes. The subdivisions of the CC were attempted to define corresponding areas of the cortex from which the fibers originate. Previous neuroanatomic studies of the CC provide impetus for investigating its role in obsessive–compulsive disorder (OCD). In this study diffusion tensor imaging (DTI) was employed to microstructural abnormalities of white matter of the CC in OCD patients.

Methods: Sixteen patients with OCD and matched control subjects underwent DTI. Fractional anisotropy (FA), an index of the integrity of white matter tracts, was determined in the five subdivisions of the CC.

Results: Significant reduction in FA was found in the rostrum of the CC of patients with OCD compared with one of controls. FA of the other subdivisions except the rostrum in OCD patients did not differ significantly compared with control subjects. Higher FA in the rostrum correlated significantly with lower Y-BOCS scores ($r = -$

0.72, $P = 0.002$). The rostrum contains fibers from inferior premotor as well as medial and caudate/orbital prefrontal regions.

Conclusions: These results supported the theory of dysfunction of prefrontal cortex and striatal circuits in OCD and suggested the implication of the orbitofrontal circuit for symptom severity in the OCD patients.

Poster Session 3: OTHER PSYCHOTHERAPY

P165

Psychotic confusional state—psychotherapeutic intervention

G. Babic, A. Silic, I. Sain, J. Žilić. *Psychiatry Hospital “Sveti Ivan”, Zagreb, Croatia*

In schizophrenics we frequently meet with a confusion of impulses or objects, which does not give rise to an acute confusional state but to a confusion of a more chronic kind, which may show itself in disturbances of speech or locomotion, or in severe inhibitions of other activities.

This paper deals with the psychopathology of confusional states of chronic schizophrenic patients. Feelings of confusion are part of normal development and they are a common feature in many pathological conditions. But in the schizophrenic process severe states of confusion seem to play an important part. One can see the confusional state like dynamic issue here was either an improvement or deterioration in the condition of patients.

Child from earliest infancy projects his libidinal and his aggressive impulses on to caregiver which is split on the good and bad part. Both the good and the bad parts are introjected and are felt to be outside and inside the infant at the same time. The good part of introjected caregiver forms the prototype of all later good objects, while the bad part, which is felt to be persecuting, becomes the prototype of all later persecutory objects. During the first few months of life, which Melanie Klein calls the paranoid position; the infant keeps the good parts separate from the bad parts. Occasionally states of integration occur, when love and hate can be experienced towards one and the same object with constructive impulses mitigating and controlling the destructive ones.

P166

Prevention of psychological reaction breast cancer

B. Bighamian¹, P. Taheri². ¹ *Medical and Surgical Dept.* ² *Pediatric Nursing Dept., Isfahan University of Medical Sciences School, Isfahan, Iran*

Breast cancer is one of the most prevalent cancers among women and one of each three cancers diagnosed is breast cancer. This is descriptive-analytic study. The research population were nurses working in Valiasr hospital. Sixty samples were selected by random sampling. Data was gathered by means of a questionnaire consisted of three parts: demographic data, knowledge and practice of sample and attitude of samples. After completing questionnaires by samples the gathered information were analyzed by spss software.

Results showed that 14.2% of samples had weak knowledge, 69.7% intermediate and 16.1% good, and there was no one in very weak and excellent group. All of the samples had a positive attitude toward clinical breast examination which 51.5% had weak positive attitude and 48.5% strong positive attitude. It was also found that most of samples (63.6%) never did clinical breast examination in their patients and 6.1% did it always and 30.3% sometimes. The knowledge, attitude and practice of nurses about clinical breast examination had no

meaning full difference with marital status, age and working years ($P > 0.05$), but there was a significant relationship between knowledge and information resource which in most cases was individualized study ($P < 0.05$). According to the findings, performing BSE and educating health care worker specially nurses in this subject must be emphasized.

P167

Post-traumatic psychosis in adolescence

I.R. Christodoulou, D. Gonezou, A. Amanatidou, E. Papamichael, C.H. Pogonidis, E. Xenodoxidou, G. Christianopoulos. *Surgical Department, Papanikolaou Hospital, Thessaloniki, Greece*

Case study: This case report refers to a 19-year-old man who was examined in the Surgical Department for anal fissures. He had a strange appearance at first seeing because he was wrapped with elastic clothing almost all over his belly and back. He said that he was always wearing supporting clothes because he suffered from chronic back pain. His parents said that he had had an accident at the age of 16 years, and was isolated from all his friends since then. They added that he was cleaning himself for hours every day, and that they didn't know what exactly he was doing while being locked in the bathroom. The patient didn't talk much and could not express himself well but declared promptly that "he is always very clean". His mother was not close to him, as he said, and both his parents accepted that their son had been affected psychologically by their bad relationship. The history taken showed that the kind of trauma that led this young man to this psychotic behaviour was not important. It was a knee injury, that made him stay at home for about one month. However, his mother said that her child was absolutely normal before this injury, and in post-traumatic period her child stopped to talk with his parents and got away from his friends. Every visit of the patient now has a double purpose: primary surgical care and psychotherapy at the same time.

P168

Alliance and technique in psychodynamic psychotherapy: what therapists should do to strengthen the alliance?

Y. de Roten, L. Michel, J-N. Despland, V. Beretta, U. Kramer. *Department of Psychiatry, University of Lausanne / Hôpital De Cery, Lausanne, Switzerland*

Aim: Research showed that alliance is the best predictor of outcome in psychotherapy. In psychodynamic psychotherapy, therapist's interventions do not initially aim at addressing the alliance. Instead, we found in a previous study that high early alliance was related to therapist's interventions that (1) are adjusted to the patient's dynamic characteristics, and (2) adequately address these characteristics when problematic. This study aims at exploring the link between therapist interventions and patient defenses during the mid-phase of the therapy, which is more related to rupture-repair sequences.

Method: The sample included 50 students with adjustment disorder (AD) during short term dynamic psychotherapy. Patient and therapist filled in the Helping Alliance questionnaire after each session. Rupture and repair pattern was defined as a session with an alliance at least 1.5 S.D. lower than the mean alliance, followed by a session with a raising of the alliance of more than 1 S.D. Adjustment was measured using the Psychodynamic Intervention Rating Scale and the Defense Mechanism Rating Scales.

Results: The pilot study on 15 cases showed a curvilinear relation between adjustment and alliance, ruptures being related to under-adjustment (the therapist is too supportive according to the patient's defensive functioning) or over-adjustment (the therapist is too

interpretive) ($R^2 = .31$). Rupture–repair sequences are also characterized by the specific defenses addressed during these sessions.

Discussion: Alliance is not—or not only—a common factor in psychotherapy but also a very specific one, emerging from the adequate use of psychodynamic interventions according to the context.

P169

Favorite childhood fairy tale as an instrument of psychotherapeutical process of adults

V. Djuricic. *Clinical Center of Montenegro, Neurosis Department, Podgorica, Serbia and Montenegro*

Unconscious of a child, in touch with fairy tale, through its pictures, meets with uncounscious content of a fairy tale, just like a psychotherapeutical process is a contact of uncounscious patient(transfer) with uncounscious therapist(counter-transfer).

Choice of a favorite childhood fairy tale is based on mechanisms of uncounscious identification.

Favorite fairy tale

- a) symbolise most important life experiences
- b) exteriorise essential dynamics of internal psychical processes

Using free associations analysis on characters and events of a favorite fairy tale, uncounscious contents of an adult patient are being connected with uncounscious contents of fairy tales (which in childhood started mechanisms of identification and preordered preferention). I will illustrate that by extracts from one of my numerous psychotherapeutical protocols :

Red riding hood (50-year-old patient in a depressive decompensation)

1) By associating, she recognised in herself most of the characters of this tale, and

2) in Wolf, she recognised her husband also, with whom she is in an ambivalent relationship, trying to divorce.

3) I will specially keep focus on analysis of her inability to associate Hunter, a savior in a fairy tale (...father–ego–super-ego). She cannot identify him neither as a part of her corporal self, nor connect him with others (claustrum).

Conclusion:

1) Analysis of a favorite fairy tale has similar value for a therapeutical process as an analysis screen memory and interpretation of dreams.

2) It leads us to

- a) dynamics of early structuration
- b) dynamics of actual decompensation
- c) transfer relation.

P170

Cognitive-behavioural group treatment for pathological gambling: analysis of efficacy and predictors of therapy outcome

S. Jimenez-Murcia¹, E. Alvarez¹, R. Granero², M.N. Aymami¹, M. Gomez-Peña¹, N. Jaurrieta¹, B. Sans¹, J. Rodriguez-Marti¹, F. Fernandez-Aranda¹, J. Vallejo¹. ¹ *Department of Psychiatry, University Hospital of Bellvitge, L'hospitalet* ² *Dept. Methodology, University Autònoma Barcelona, Barcelona, Spain*

We examined the short and middle-term efficacy of a group cognitive-behavioural intervention in pathological gambling (PG); and analyzed clinical, personality and psychopathological predictors of good and poor outcome; but also assessed internal therapy measures associated with outcome.

Method: A total sample of 290 PG patients, consecutively admitted to our Unit, participated in the current study. All participants were diagnosed according to DSM-IV criteria. They received manualized outpatient group cognitive-behavioral therapy (CBT) (16 weekly sessions).

Evaluation: Assessment measures included the Symptoms Checklist (SCL-90-R), the Temperament and Character Inventory-R (TCI-R) and the South Oaks Gambling Screen (SOGS), as well as a number of other clinical and psychopathological indices. Follow-up (FU) at 1, 3, 6 and 12 months were also conducted.

Results: Outpatient group CBT was effective for treating PG, with abstinence rates, by the end of therapy, of 70% of cases at 12 months FU. A drop-out rate of 33% was observed, which decreased significantly after the fifth treatment session. Severity of gambling behavior (OR 2.3; 95% CI 1.26–4.27), high impulsivity (OR 1.1; 95% CI 1.03–1.18), high novelty seeking (OR 1.03; 95% CI 1.00–1.05), and severity of the psychopathological state (OR 2.31; 95% CI 1.27–4.22) were identified as factors predicting poor response to treatment. However, persistence acted as a temperamental protective factor for relapse (OR 0.98; 95% CI 0.97–1.00).

Conclusions: Our findings suggest that group therapy CBT is effective for treating PG individuals. Severity of the PG, psychopathological features and some personality traits, seems to be predictors of poorer response to treatment.

P171

Factor structure of the French version of the client version of the WAI 36 items applied in a primary care setting : contribution to a better understanding of what working alliance might capture

N. Guedeney¹, A. Bifulco², J. Fermandian³. ¹ *Institut Mutualiste Montsouris, Paris, France* ² *Lifespan Research Group, Royal Holloway, University of London, London, UK* ³ *Hospital Necker, AP-HP, University of Paris 5, Paris, France*

Goals: To study correlate factors obtained by the Exploratory Factor Analysis of the Working Alliance Inventory (WAI) with different variables (subject- and setting-related).

Procedure: One hundred and thirty adult subjects were recruited in a primary care setting and assessed after the first encounter with the social worker in charge and four months later. The first evaluation combined self report assessment about working alliance (WAI), socio demographic variables and psychological morbidity (GHQ 28), attachment style (RSQ and RQ) and a semi-structured interview about attachment attitudes, quality of social support and degree of attachment insecurity (ASI). The second assessment of the objective alliance (the indicators of potential ruptures) and subjective one (the professional's opinion about her/his client's working alliance)

Results: Two orthogonal factors explained 45.12% of the total variance: a first factor F1 labelled 'Positive expectations about the usefulness of help', and a second factor F2 labelled 'Absence of suspicion about the effects of help'. Univariate analysis and linear regression showed that these two factors were not linked to the same variables neither predictive of the same indicator of later alliance. Factor 1 was linked to setting characteristics and to ability to have a social network. It was predictive of the subjective indicator of alliance. F2 was linked to subject's characteristics (psychological morbidity and attachment related variables) and was predictive of the objective indicator of alliance.

Conclusion: Several motivational systems may contribute to the working alliance: Affiliative system with social competences and Attachment system with ability to interpersonal relationship in stressing context

P172

Validation study of the French versions of two self-reports about alliance : the Agnew relationship measure and the client attachment to therapist scale on a sample of 130 adults applying for social assistance in a primary care setting

N. Guedeney ¹, J. Fermanian ², A. Bifulco ³. ¹ *Institut Mutualiste Montsouris* ² *Hospital Necker, AP-HP, University of Paris5, Paris, France* ³ *Lifespan Research Group, Royal Holloway, University of London, UK*

Goal: this poster will present the validation study of the French versions of two self reports assessing Working Alliance (Agnew Relationship Measure, 1998) and the quality of attachment to the professional (Client Attachment Scale to the Therapist, 1995) in a primary care setting.

Procedure: One hundred and thirty adult applying for social assistance were assessed by self reports after their first encounter with their social worker in charge. This first assessment used measures of Alliance and of Attachment styles: HAqI, WAI, ARMS and CATS, RQ and RSQ, and a questionnaire about subject's sociodemographic variables, psychological morbidity (GHQ28). Two days after they filled again the same questionnaires about this encounter and sent them back by mail in a pre stamped envelope. The quality of alliance 4 months later was assessed by a questionnaire about indicators of potential rupture filled by the social worker in charge and a modified version of the WAI about his/her client's working alliance. The validation study assessed face validity, convergent and divergent validity, concurrent validity, predictive validity, reliability, test retest fidelity, Exploratory factor analyses were conducted.

Results: The ARM has good psychometric properties and can be used as soon as the first meeting for measuring the working alliance. The CATS used at the first meeting seems a good tool for measuring quality of alliance seen as a secure base to work.

Conclusion: These two tools can be used for assessing different client professional relationships in setting other than psychotherapeutic or counselling ones.

P173

The logics of interventions and services provision in psychotherapy

Z. Kupper, W. Tschacher. *University Psychiatric Services, Bern, Switzerland*

Background and aims: Controlled studies have shown the “efficacy” of psychotherapeutic treatments. In practice, the “effectiveness” of these interventions depends on various factors. These factors are often discussed in isolation.

Methods: Formal, integrative interventions model of psychotherapy are presented, and their heuristic value is explored. A Boolean logics method is used to generate the models. The heuristic possibilities of this approach are illustrated based on results from psychotherapy research.

Results: The models presented assume three effects: (1) the activation of interventions as a function of target variables (application), (2) the effects of the interventions on the target variables (effectiveness) and (3) the sustainability of intervention effects (maintenance).

Conclusion: The Boolean intervention models postulate specific temporal patterns (“attractors”) and allow for a novel comparative analysis of different types of interventions in varying systems of service provision.

P174

Depression and quality of life in hemodialysis patients

V.R. Popovic ¹, J.R. Popovic ², A.A. Jovanovic ¹, Z.B. Djuric ², N.B. Dimkovic ². ¹ *Institute for Psychiatry, Clinical Centre of Serbia* ² *Centre for Renal Diseases, Zvezdara University Hospital, Belgrade, Serbia and Montenegro*

Life on hemodialysis is beset with different complications. Chronic disease and concurrent depression additionally affect their quality of life (QOL).

The aim of the study was to assess the prevalence of depression in hemodialysis patients and the relationship between depression and QOL. Demographic characteristics, laboratory factors, co-morbidities and socioeconomic variables were also analyzed.

Depression was assessed using Beck Depression Inventory (BDI) and QOL measured with Kidney Disease Quality of Life Short Form (KDQOL-SF). Sample size was composed of 80 patients, evenly divided by gender, mean age 53.8 ± 10.9 years, on hemodialysis for 105.3 ± 56.2 months.

Overall BDI score was 14.5 ± 8.8 , significantly higher in females (18.2 ± 8.6 vs. 10.9 ± 7.8). According to the BDI results (33.8% normal, 27.5% mild depression and 38.8% depression) patients were divided into three groups: no depression (ND) (0–9), mild depression (MD) (10–15) and depression (D) (16+). The groups were then compared in terms of QOL scores, laboratory results, co-morbid conditions and socioeconomic data.

Group D had significantly lower scores in majority of QOL subscales with the exception of Dialysis Staff Encouragement, Patient Satisfaction, Sexual Function and Role-emotional. The results obtained for ND and MD groups were similar. Group difference was insignificant for age, hemodialysis duration, level of rehabilitation, marital status, education, co-morbidities and laboratory results including hemoglobin and albumin.

Our findings demonstrate relationship between higher depression score and lower QOL score (indicating worse QOL) especially in the **Physical and mental component summaries:**

Future studies should show whether early identification and treatment of depression could improve QOL in hemodialysis patients.

P175

Temporal patterns of change in a psychotherapy day clinic

F. Ramseyer, T. Reisch, M. Thommen, A. Hager, W. Tschacher. *University Psychiatric Services (UPD), Bern, Switzerland*

Background and aims: During the last decade, the field of psychotherapy research has recognized and stressed the importance of the dimension “time”. Research in this area, however, has remained scarce. This study tries to identify temporal patterns of change in a well-documented group psychotherapy program of a day clinic.

Methods: One hundred and forty inpatients have been closely followed during group psychotherapy with a duration of 14 weeks. Weekly assessments of psychopathology (SCL-9), experiences of the inpatient therapeutic process (SEB) and patients' internal and external experiences (WO) were administered to evaluate differential patterns of change over the course of psychotherapy. Diagnoses were grouped in three clusters of approximately equal sizes, borderline personality disorder, other personality disorders, and without personality disorders. In addition to a traditional evaluation of treatment efficacy using a standard battery of pre- and post-measures, vector autoregression (VARMAX) and hierarchical linear modelling (HLM) were applied to distinguish temporal aspects and to model differences between diagnostic groups.

Results: Analysis indicates that the heterogeneity in patterns of change was associated with diagnostic groups. A detailed analysis of outcome and process measures points out that results solely relying on pre- post outcome findings may be insufficient for the description of group specific differences. This holds especially for time specific patterns of change.

Conclusion: Research with a focus on the time dimension provides promising strategies for the modelling of psychopathological development and change.

P176

Termination phase of group psychotherapeutic process in psychodynamic group psychotherapy with psychotic patients

B. Restek Petrovic¹, N. Oreskovic Krezler². ¹ *Psychiatric Hospital "Sveti Ivan"* ² *Private Psychiatric Practice, Zagreb, Croatia*

The authors describe the termination phase in two psychodynamic, co-therapeutically led, once a week, long-term psychotherapy groups of schizophrenics and patients with schizoaffective disorder.

The group process dynamics reveals phenomena of individual members' and the whole group reaction to the near separation: ambivalence, absenteeism, regressive behaviour, avoiding themes about separation, prolonged silences and reduction of emotional expressions.

Some phenomena characteristic of termination phase in neurotic groups are also seen in our groups of psychotics: birth and death associations, request for continuation of therapy with or without therapists, themes of anger and abandonment, "time is running out" phenomenon, evaluation of improvement in group, collective group memories etc.

Two groups, one lasted for three years, the other nine years, differed concerning the degree of the regression of its members. The longer group handled the separation better, more freely expressing emotions. Both groups however spontaneously associated the group-as-a-whole with the phantasm of a good grandmother i.e. a good transitory object.

P177

Psychodynamic aspects of stress in cardiosurgical patients and psychotherapy contributing to overcoming stagnations

T.R. Dimova, Z. Mitrev, I. Dojcinovski. *Special Hospital for Cardiosurgery "Filip II", Skopje, Macedonia*

Background: The time we live in is full of stressful stimuli that challenge us everyday to struggle for the integrity of our health. Stressors influence our emotional life and consequently our heart and vascular system especially when we behave repressively and negating towards them with too little time for ourselves.

Methods: While noting quality of life, we administered test for life stress which distributes the results on three risk levels for onset of stress related disease: low, medium and high. It is completed with 238 hospitalized patients who are indicated for cardiosurgical treatment. Psychodynamics is obtained by psychotherapeutic work and is categorized in four categories:

- family dynamics
- losses, interruption of relations
- psychosocial nature
- other

Results: Distribution of patients according to the level of risk: low 28.15%, medium 61.76% and high risk in 10.09% of the patients.

Psychodynamics encompasses life stressful events with the following distribution: 41 patients – family dynamics, 117 patients or

49.16% define losses; interruption of relations, 52 – psychosocial nature, 10 – other and 18 remain without any characteristics.

Conclusion: The stressful events within the scope of the psychodynamics are with the contents: "...till the end of my life, I'll remember...". "...since it happened, I've changed myself...", "...because of that, my heart will suffer the entire life...".

The strategy for psychotherapeutic interventions enables prospectiveness and redefinition of the self in relation to the stressful event of the patient. The anti-stress program supplements the holistic approach of the patients who had heart surgery.

P178

Psychotherapy in complex management of psychosomatic diseases

V.Y. Semke. *Mental Health Research Institute, Tomsk, Russia*

In this paper the basic attention has been paid to psychotherapeutic correction in endocrine diseases, in particular diabetes. Diabetes is that severe disease which presence is not hidden from the patient. This is why, firstly, every doctor, especially endocrinologist, should say to the patient that although diabetes is not cured it does not result in the obligatory disability and development of severe symptoms.

In every case psychotherapy should be included into the treatment complex at once. To think erroneously that the first type of reaction i.e. position of external steadiness, moderateness in behavior, does not require inclusion of a psychotherapeutic impact Behavior of patient reflects far from always the so called internal picture of the illness.

As a whole, literature and our own data confirm the complexity of the interrelation within "psychosomatic oncoming" and weak allowance of clinical classification of borderline states prevalent among patients in general health care. This dictates necessity of grounded choice of pathogenetic ways of a psychotherapeutic impact included into complexity of a rehabilitative process.

P179

Psychotherapy and discourse analysis

B. Škodlar¹, Z. Čebašek-Travnik¹, M. Zorman². ¹ *University Psychiatric Hospital and Chair of Psychiatry, School of Medicine* ² *Chair of Applied Linguistics, Philosophical Faculty, University of Ljubljana, Slovenia*

Background and aims: The importance of language studies is by no means self-evident to non-linguists. This research project was started to explore the modes in which speaker implicitly expresses his emotions, beliefs, and attitudes toward interlocutors and toward things communicated.

Methods: The project was designed in the collaboration of two psychotherapists and a linguist, the authors of the present abstract. The two psychotherapists treat the same patient with chronic suicidal ideation simultaneously, not as co-therapists. Each of them tape-recorded 30 min of conversation with the patient. Tape-recordings were then examined from the point of view of discourse analysis with regard to implicitly expressed information by the linguist.

Results: The linguist verified the reliability of linguistic interpretations of evidence of particular mental and emotional activity in speech and its validity for the psychotherapy with both psychotherapists. They confirmed that the procedure of analysis developed can lead to significant conclusions about patient's feelings, beliefs, and attitudes even when they contradict his explicit claims, and may thus be informative and inspiring to them for their therapeutic work.

Conclusions: New associations, questions and possible explanations, derived from such analyses, can open up some new horizons in an armamentarium within the art of psychotherapy.

P180

Psychotherapy and discourse analysis. What can they give to each other?

B. Škodlar¹, Z. Čebašek-Travnik¹, M. Zorman². ¹ *University Psychiatric Hospital and Chair of Psychiatry, School of Medicine* ² *Chair of Applied Linguistics, Philosophical Faculty, University of Ljubljana, Slovenia*

Background and aims: The importance of language studies is by no means self-evident to non-linguists. This research project was started to explore the modes in which speaker implicitly expresses his emotions, beliefs, and attitudes toward interlocutors and toward things communicated.

Methods: The project was designed in the collaboration of two psychotherapists and a linguist, the authors of the present abstract. The two psychotherapists treat the same patient with chronic suicidal ideation simultaneously, not as co-therapists. Each of them tape-recorded 30 min of conversation with the patient. Tape-recordings were then examined from the point of view of discourse analysis with regard to implicitly expressed information by the linguist.

Results: The linguist verified the reliability of linguistic interpretations of evidence of particular mental and emotional activity in speech and its validity for the psychotherapy with both psychotherapists. They confirmed that the procedure of analysis developed can lead to significant conclusions about patient's feelings, beliefs, and attitudes even when they contradict his explicit claims, and may thus be informative and inspiring to them for their therapeutic work.

Conclusions: New associations, questions and possible explanations, derived from such analyses, can open up some new horizons in an armamentarium within the art of psychotherapy.

P181

The effect of superficial tactile–kinesthetic stimulation method on weight gain of low birth weight infants in the selected hospitals of Isfahan

P. Taheri, M. Golchin, P. Rafati. *Pediatric Nursing, Isfahan University of Medical Sciences, Isfahan, Iran*

There is a moderate or severe delay in growth and development of low birth weight infants so they need developmental interventions in addition to intensive medical care. In general, these are considered as a part of nursing care.

Method: This is a quasi experimental, type of clinical trial study which was conducted on 54 low birth weight infants, was conducted by convenient sampling method. They were assigned to two groups. One of the groups received superficial tactile- kinesthetic stimulation respectively. This group was compared with a control group receiving no stimulations. Criteria for inclusion in the study were: birth weight < 2500 g, age < 18 days, breast-feeding, absence of congenital heart malformation, pulmonary diseases, neuromuscular disorders, respiratory distress, sepsis, maternal addiction, NPO or intravenous feeding only and blood exchange. Each infant in the treatment group received superficial tactile- kinesthetic stimulation for three 15-min periods, 30–45 min after feeding in the morning, afternoon and evening for 10 consecutive days. The control infants were not given any specific stimulation but monitored for weight as in the treatment group.

Weight of infants was measured three times: in the beginning of the study, 5 days and 10 days after it.

Results: a significant difference was found between two groups. The treatment group was significantly gaining weight better than control group.

Discussion: Thus, tactile- kinesthetic stimulation with its effects on growth and development of low birth weight infants decreases infant's mortality and morbidity, the two most important indexes of health in the world.

Poster Session 3: Panic disorders

P182

Seasonality of panic disorder as a potential sub-typification index

G. Bersani¹, L. Pesaresi¹, R. Clemente¹, L. Limpido¹, L. Palazzo¹, D. Pucci². ¹ *Department of Psychiatric Sciences and Psychological Medicine* ² *Department of Hygiene and Public Health "G.Sanarelli"/University of Rome La Sapienza, Rome, Italy*

From literature, a sub-typification of Panic Disorder (PD) has emerged in two different forms, based on seasonal progression: "summer" and "winter" form, respectively characterized by onset and relapse during summer and winter. Our goal is to investigate the relationship between PD and its seasonal nature, in order to detect a potential sub-typification index linked to onset and relapse seasons. We examined subtype differences regarding the symptomatic profile, and the co-diagnosis of agoraphobia and depressive symptoms.

The study involved 32 PD patients, according to DSM IV criteria, who underwent the Agoraphobia Rating Scale, and a Retrospective Interview, aimed toward the evaluation of PD onset and progression during the drug-free period.

PD onset is bimodal in our sample, with a peak occurring during summer and spring, as well as in winter and fall. We found a statistically significant relationship between the onset season and the season with a greater frequency of panic attacks and agoraphobic episodes concerning the winter subtype, in agreement with existent literature. In disagreement with scientific thought, there is no significant relationship between the summer subtype and daytime onset of panic attacks; between the winter subtype, the evening onset of PD and the prevalence of depressive symptoms in the winter subtype.

Although this sample is small, we needed to evaluate the factors involved in PD's seasonal nature, patients' response to different types of therapy in both subtypes, and the possibility of considering various types of prognosis, thus leading us to new ways to further understand PD aetiopathogenesis.

P183

The panic disorder unit of cantabria (PADUC): a study of patients with recent-onset panic disorder

A. Herran, M.L. Ramirez, A. Ayestaran, D. Sierra-Biddle, M. Carrera, A. Higuera, F. Hoyuela, B. Rodriguez-Cabo, M. Parrilla, L. Garcia-Hernandez, P. Pelayo, O. Fernandez-Torre, J.L. Vazquez-Barquero. *Department of Psychiatry, University Hospital Marques de Valdecilla. Universidad de Cantabria, Spain*

Background and aims: Despite recent interest in research of early phases of mental disorders, there are no studies focusing on anxiety disorders. This work describes the features and evolution of a sample of patients with recent onset panic disorder.

Methods: Panic disorder patients seeking treatment for the first time were referred from mental health centres and emergencies departments for evaluation. Patients had to meet DSM-IV criteria for panic disorder as a main clinical diagnosis. Exclusionary criteria included comorbid mental disorders. Evaluations included MINI interview (for axis I), SCID II (axis II), Panic Disorder Severity Scale, and CGI scales. Patients entered in a naturalistic treatment with SSRIs and psychological treatment (Panic Control Treatment). Treatment response was defined at 8 (short) and 52 weeks (long-term) follow-up.

Results: After 4 years, 219 patients were evaluated and 150 finally admitted into the Unit. Two-thirds of them also suffered from agoraphobia. Median time of evolution of the disorder was 8 months. Nine out of ten patients (88.8%) claim vivid and clear recall of their first PA. History of sexual abuse and smoking behaviour were highly prevalent previous to the development of the first panic attack. Response rate at short term was 85%. However, at long term follow-up a substantial rate of patients still showed categorical diagnoses of panic attacks (12.2%), limited symptoms episodes (44%), and agoraphobia (26.7%).

Conclusions: An early phase's paradigm approach can be used in the study of panic disorder to better analyse the onset and course of the disorder.

P184

Use of mobile telephone during panic attack

M. Ignjatovic, D. Ignjatovic. *Psychiatric Out Department, Banská Bystrica, Slovakia*

Purpose of the study was to:

1. monitor the number of phone calls to mobile during first, second months of the treatment and thereafter;
2. assess social-economic and matrimonial status of the patients;
3. list all medicines used to treat the disorder.

Methods: This is a pilot study. The file consisted of 72 patients, who met the diagnostic criteria according to ICD-10 and DSM-IV for agoraphobia with panic disorder and panic disorder. Each one of the primary patients received a private phone number to mobile phone of their attending physician-psychiatrist. We used API questionnaire/acute panic inventory test/.

Results: Mobile phone was shown as suitable and very effective panic tool used by patients suffering from agoraphobia with panic disorder and panic disorder. During 18 months, the highest frequency of calls was during the first months: 26 patients, and during the second months: 20 patients, in the third months of monitoring only two men called.

Conclusion: Mobile phone is a good panic tool, helping to remotely control acute anxiety attack.

P185

Classification of neurosis in city of Nis

T.G. Kozarov, B.M. Stankovic. *Spec. Psih. Hospital - Gornja Toponica, Nis, Serbia*

Today the most frequent form of neuroses is phobia. The most frequent form of phobia is agoraphobia; every ninth out of 1000 citizens in Great Britain. The aim of our work, at 4-month interval, was to make an abstract of frequency, duration and success in medical treatment of neuroses by means of behaviour techniques. The results of the world official statistics. Out of 23 patients, at interval from 1 August to 30 November 2004 52.17% belong to agoraphobia, 30.43% belong to social phobia, 4.34% OCD and 4.34% to panic attacks. Out of this 69.57% belong to female population, 90% belong to the city inhabitants. Medical treatment time goes from 1.5

to 4 months. The biggest success and speed we achieve in curing agoraphobia (by behaviour technique "Flooding" in vivo) and a complete recovery come in 3–4 months. As for social phobia, cure lasts considerably longer, from 6 to 12 months, with a relative success over 50% of the recovered by techniques of assertive training, modeling and cognitive behaviour therapy.

P186

Essential arterial hypertension and stress

M. Mac Fadden. *Department of Medical Psychology and Psychiatry, Campinas Sao Paulo, Brazil*

The purpose of this research study was to verify if the presence of personality characteristics associated with external stressful situations favored stress vulnerability and consequently increased the potential for hypertensive crises. Therefore, four hypertensive patients were studied using the Clinical Interview and the Rorschach test. The results indicated that certain characteristics are internal sources of stress that favor psychosomatic manifestations and hypertensive crises.

Poster Session 3: PERSONALITY DISORDERS

P187

Survey of the relation between personality traits in adolescents and educational progression

M.Y. Aminolroayaie, A. Attari¹, M. Alebrahim. *Behavioural Sciences Research Centre, Isfahan, Iran*

Objective: to evaluate of the relation between Eysenck Personality traits in adolescents and their educational progression.

Methods: In this study we assessed relation between educational achievement and some personality traits in 275 feminine guidance school students in Shahrekord city IRAN. Eysenck Personality Questionnaire (EPQ) has been used to evaluate the personality traits: introversion, extroversion, neuroticism, psychoticism.

Results: we found the meaningful direct relation between educational progression and extroversion, also indirect relationship with psychoticism.

Conclusion: Introversion can improve educational achievement.

P188

Nonverbal and verbal approaches in treatment of personality disorder

M. Ammon. *Dynamisch-Psychiatrische Klinik Mengerschwaike, Berlin, Germany*

The author considers personality disorder as an archaic ego-disease with an identity disorder in the personality's central realm. The patient's behavior may often display diverse symptoms as well as good functioning. The importance of the missing power of integration is depicted.

Most important for the therapeutic treatment is that the symptomatology is not predominant, but that the psychic suffering and the person's whole personality, with its ill and healthy parts are integrated into the therapy. For enabling the activation and strengthening of the healthy personality parts and resources and a growing of the undeveloped or destructively personality parts there is a combination of verbal and nonverbal treatment methods in the author's opinion necessary like individual and group psychotherapy, but also milieu therapy and nonverbal methods such as dance, theatre,

music, painting, riding and others. With this personality growth and quality of life for these patients can be gained in an optimum way.

P189

Psycho-biological model of transgenerational transmission of personality disorders

G. Babic, A. Silic, L.J. Glamuzina. *Psychiatry Hospital "Sveti Ivan", Zagreb, Croatia*

In the last decade along with development of neuroscience it became possible to follow psychopathological phenomena from biochemical to psychosocial level. There is a huge volume of evidence that impact of biological and socio-psychological events may result in development of personality disorders. In this paper authors try to explain subtle developmental forces which can form specific pathoplastic influence on forming some traits of borderline personality disorder.

The central thesis in this article imply that early social environment, mediated by primary caregiver, has direct influence on final formation of neuronal circuits in child's brain. These neuronal circuits are directly responsible for future social and emotional regulatory capacity of person. Relationship formed in attachment directly shapes maturation of the child's right brain, which process fundamental functions of assessment of the visual and auditory emotional signals and response to distress. The final product of this socio-emotional development is particular system located in right prefrontal area of cerebrum which is enabled for regulation of wide variety of emotions including fear and aggression.

Serious trauma of interpersonal origin can be so strong to overwhelm every genetic, constitutional, social or psychological factor that served for recovery of undermined homeostasis. Researches imply that exposition to early stress can be connected to certain neurobiological changes in children and adults, which can increase the risk for development of personality disorders.

P190

Correction of behavioral and affective frustration by a preparation valproic acid at minors

J. Barylnik, D. Hritinin, B. Tsygankov. *Regional Psychiatric Hospital of Saratov, Saratov, Russia*

The purpose: Research of efficiency of preparation Encorate Chrono (valproic acid from Sun Pharmaceutical Industries Ltd.) at treatment of behavioral and affective frustration at children's age.

Methods of research – Clinical, clinical-psychopathological. On each child the standardized card of inspection was filled. Encorate Chrono it was applied at 50 children and teenagers in stationary and dispensary conditions. Middle age minors of 13 + 2.3 years with the diagnosis socialize frustration of behavior.

Summary of results: Encorate Chrono was appointed for correction of aggressive displays, the initial doze made 400 mg/day, then gradually raised up to 30–40 mg/kg day, frequency rate of reception 1–2 times day.

At children of school age in structure of behavioral frustration the syndrome of hyperactivity with deficiency of attention, at children of age group from 10 till 12 years - the mixed frustration of behavior and emotions, aggressive behavior, propensity to vagrancy, gambling's prevailed.

Results of research: At 20 patients by the end 3 months of therapy Encorate Chrono which was appointed in a complex with nootropics drud sedative action, behavioral frustration expressiveness of a syndrome of hyperactivity with deficiency of attention, impulsiveness,

emotional instability substantially was reduced. In two cases by-effects which have not served as an occasion for the termination of spent therapy are marked.

Conclusion: The clinical analysis behavioral frustration of therapy Encorate Chrono allows cessation of behavioral and affective infringements at children and teenagers. The maximal therapeutic efficiency Encorate Chrono is marked at occurrence of behavioral and affective frustration on a background easy cognitive frustration.

P192

A refined structure of Dickman's impulsivity inventory suggests relationships with Gray's reward sensitivity theory

H.M. Caci¹, O. Deschaux², A. Adan³, V. Natale⁴. ¹ *CHU de Nice, Service de Pédiatrie* ² *Université de Nice Sophia-Antipolis, Laboratoire de Neurobiologie & Psychopathologie, Nice, France* ³ *Department of Psychiatry and Clinical Psychobiology, School of Psychology, University of Barcelona, Spain* ⁴ *Department of Psychology, University of Bologna, Italy*

The structure and measurement of the construct of impulsivity are important questions because impulsive behaviours are involved in many psychiatric disorders regardless of culture. Functional Impulsivity (FI) is a component of impulsivity orthogonal to Dysfunctional Impulsivity (DI), which has not always negative consequences and could be measured by a self-rating questionnaire. In this study the item format was changed from the original dichotomous to a 5-point Likert-type for psychometric reasons, and the inventory was completed by students ($N = 437$). The factorial structure was compared to those obtained in Spain, the Netherlands, the USA and France. The impact of the change in item format was negligible. Additionally, a third factor was extracted in both French samples that permitted to shorten the FI and DI scales in sound accordance with Dickman's theory and the previously published works too. This factor, provisionally called "Short reflection", is a common feature to the two components of impulsivity. With regard to item content, this factor is akin to Barratt's Cognitive Impulsivity and DI to Barratt's Motor Impulsivity. We suggest to investigate the relationships between FI and Gray's Behavioural Activating System. Our results have clinical implications and are likely to be valid in other languages.

P193

Characteristics of suicide attempters with borderline personality disorder

L. Cailhol¹, R. Klein¹, C. Damsa², E. Bui¹, L. Schmitt¹, A. Andreoli². ¹ *Service de Psychiatrie et de Psychologie Médicale, Centre Hospitalier Universitaire, Toulouse, France* ² *Service D'Accueil, D'Urgences et de Liaison Psychiatrique, Hôpital Cantonal Universitaire, Genève, Switzerland*

Background and aims: Psychiatric evaluation of the suicide attempters accounts for 10% of the psychiatric activity in the emergency room (ER). Attempts of Borderline Personality Disorder (BPD) patients are more frequent and can be severe. The aim of this study is to determine the sociodemographic and clinical characteristics and therapeutic orientation of the suicide attempters presenting the criteria of BPD.

Method: Case-control study taking place during 10 months at the ER of the Geneva University Hospital in Switzerland.

Results: We enrolled 478 patients admitted at the ER after a severe deliberate self-poisoning. Ninety-nine (22.6%) fulfilled the criteria for BPD diagnostic. BPD was associated with female sex (OR = 3.9), sentimental loneliness (OR = 1.6) and increased use of health services

(ER admissions (OR = 3.8) and psychiatric treatment (OR = 2.9), suicide attempts rate (OR = 1.9) and self-poisoning by antipsychotic drugs (OR = 2.7). However, no specific treatment plan at the ER discharge was associated with BPD diagnostic.

Conclusions: The suicide attempters with BPD criteria represent an underdiagnosed group in the ER with increased severity and mental health care use. This data suggests the relevance of integrating a specific treatment plan to the ER for suicide attempters suffering from BPD.

P194

Dependent personality and risk of hetero aggression : a study of 252 subjects consulting in forensic medicine

J. Cormier¹, P. Lefauveau², P. Declé³, G. Loas⁴.¹ *Julie Cormier, Consultation de Psychiatrie et de Psychologie Médicale* ² *Pascal Lefauveau, Consultation de Médecine Légale* ³ *Pénélope Declé, Gwenole LOAS, Consultation de Psychiatrie et de Psychologie Médicale, Centre Hospitalier d'Amiens, Place Victor Pauchet, Amiens, France*

Purpose: To study the prevalence of dependent personality among a population of patients consulting to request a descriptive certificate of “aggravated assault” after an aggression. Our hypothesis was that subjects with dependent personality would present with an excess of morbidity linked to maltreatments, compared to subjects with other personality disorders.

Methods: In this retrospective study, 252 patients filled two self-questionnaires.

Subjects: The population studied was composed of 41.3% of women and 58.7% of men, mean age 31.2 ± 11.4 years. The aggressor was known in 63.9% of the cases. He/she did not belong to the family in 71.4%; was part of the family, but not the spouse, in 10.3%; was the spouse of the subject in 18.3% of cases.

Results: Dependent personality was found in 6% of subjects. Subjects with dependent personality had a tendency to present more antecedents of aggression. The aggressor was less frequently extra-familial. The aggressor was more likely to be the spouse. Significantly, subjects with dependent personality disorder reported more somatic antecedents, were more depressed; and mean age was higher.

Conclusion: Subjects with dependent personality were more often aggressed by their spouse than subjects with other personality disorders. We can confirm our hypothesis that dependent subjects are more at risk, compared to subjects with other personality disorders, of being aggressed by their spouse or by their close relations.

P195

The validity of dimensional evaluation on diagnosis of personality disorders

DC. Cozman¹, H.G. Coman¹, M.M. Manea².¹ *Psychiatry Clinic* ³ *University of Medicine, Cluj-Napoca, Romania*

Objective: To explore the Personality Disorders using Karolinska Scales of Personality for evaluation.

To compare the accuracy of diagnosis due to this dimensional evaluation with the categorical DSM-IV-TR diagnostic criteria.

Method: Sixty subjects from Psychiatry Clinic 3 from Cluj-Transylvania were included in this research: 30 patients with the diagnosis of Personality Disorder (PD) and 30 subjects as control group.

The diagnosis of personality disorder (PD) fulfilled the DSM-IV-TR criteria. The patients were evaluated also with Karolinska Scales of Personality. The 30 subjects belonging to the control group were

evaluated with the same diagnostic criteria and with the same scales of personality. For statistical analysis were used both descriptive and analytical methods.

Results: Significant statistical results for the all persons diagnosed with Personality Disorder were obtained on the following personality traits: impulsivity, detachment, socialization, somatic anxiety, psychic anxiety, muscular tension, and verbal aggressivity. All of these traits were significantly increased on the patients diagnosed with PD compared to persons of the control group. The most specific results were obtained for the patients included in Cluster A of PD (low scores on socialization and high scores on detachment).

P196

Dissociation, trauma and personality traits

A. D'Ambrosio¹, M. Vacca¹, E. Capuozzo¹, T. Russo¹, T. Golia².¹ *Department of Psychiatry Faculty of Medicine and Surgery* ^{2nd} *University of Naples* ² *UOSM BNI, Benevento, Italy*

Pathological dissociation is a disruption in the usually integrated functions of consciousness, memory, identity, and perception of the environment.

The association between pathological dissociation and traumatic experiences has been widely demonstrated by empirical research.

Nevertheless, it has been seen that there are subjects with histories of significant abuse, who have relatively little dissociative symptoms and no amnesia. These subjects may represent a group with low dissociative capacity.

Thus, the aim of this study is to test the hypothesis that dissociative capacity is determined by the interaction of traumatic experiences with personality traits and current clinical diagnosis.

Method: 108 consecutive psychiatric outpatients will be evaluated for dissociative symptoms (Dissociative Experience Scale), personality traits (SCID II), current clinical diagnosis (clinical unstructured interview) and presence of traumatic events (assessment interview).

Results: Results show a significant positive association between presence of dissociation and trauma and borderline personality trait (Chi square = 8.68; $P = 0.003$ OR: 3.53, $P = 0.004$) and a significant negative association between dissociation and obsessive compulsive traits (Chi square = 4.62; $P = 0.032$) (OR: 0.26, $P = 0.042$).

P197

Zoophilic sexual behaviors—a case-report

I. Domingues, A. Costa, C. Silveira, R. Curral. *Serviço de Psiquiatria/Hospital de S. João, Porto, Portugal*

The authors present a case-report of a 48-year-old man, who suffers from epilepsy and displays zoophilic sexual acts. They describe the most relevant facts of his personal and familiar history, with a focus on the psychiatry past and sexual history. They present the results of complementary exams, like blood tests, electroencephalography, brain cranial tomography and magnetic resonance, SPECT, psychological tests (Wechsler Adult Intelligence Scale, Wechsler Memory Scale, Rorschach Test), and propose differential diagnosis.

The diagnosis is discussed, with a focus on the fact of being a primary zoophilia with comorbidity, or a behaviour secondary to the epilepsy. They conclude that he suffers of a Disorder of personality and behavior secondary to the epilepsy.

Treatment is proposed, and they describe the patient evolution and his actual situation. The authors will also make a review on zoophilic behaviour on actual bibliography.

P198

Prevalence of personality disorders and heroin and cocaine addiction treatment outcomes

J.J. Fernández-Miranda. *Mental Health Services-SESPA, Jijon, Spain*

Background and aims: There is a strong interest in the field of drug abuse about personality disorders (PD), due to their epidemiological importance, influence on drug dependence prognosis and treatment possibilities. To determine the prevalence of personality disorders (PDs) in a population of heroin and cocaine abusers undergoing treatment and how they influence on treatment outcomes a research in Asturias (north of Spain) was carried out.

Methods: 90 patients with heroin and cocaine dependence were followed up over a 6-month period of treatment. The Addiction Severity Index (ASI) and the International Personality Disorders Examination (IPDE) were administered.

Results: Standard treatment proved to be associated with decreasing drug use and improving social and medical status, as ASI showed in its drug use, legal, familiar and medical areas. Affective (30%) and anxiety disorders (18.9%) were found, and also personality disorders in half of all subjects studied. The most common were antisocial (26.5%) and borderline (17.8%). Given that they were found in a population with rather good stabilization after six months in treatment, we considered that these PDs were not the result of current dependant behavior. Though patients with PD had clearly improved their situation since entering treatment, they tended to achieve poorer treatment outcomes ($P < 0.05$): higher rates of illicit drug consumption, unemployment and criminal behavior; and also worse general status as most of ASI areas shown.

Conclusions: If drug addiction programs are to be more effective, greater attention must be paid to diagnosing and specifically treating PDs, mainly antisocial and borderline ones.

P199

Narcissistic personality disorder in psychiatric hospitalization units in Andalusia

J.M. Pena Andreu^{1,2}, A. Fontalba Navas¹, M.I. Rociquiez Idígoras¹, J.L. Martínez González¹, M. Lorenzo García¹, M.R. Jimenez Romero³. ¹ *Unidad de Calidad, Delegación Provincial de Salud, Malaga* ² *Departamento de Psiquiatria, Universidad de Málaga* ³ *Servicio de Producto Sanitario, Servicio Andaluz de Salud, Sevilla, Spain*

Introduction: The Narcissistic Personality Disorder (NPD) has a lot of controversies with its conceptualization, it can be considered like a characteristic of common pathological personality to other Personality Disorders, or like a separated categorical diagnostic. In this way there are a low discriminative value in the NPD criteria. In spite of this debate there aren't enough epidemiologic studies over this disorder that clarify the diagnosis and its longitudinal prevalence in inpatients and outpatients.

Objectives: To determine the number of inpatients with diagnosis of NPD in Andalusia during the period 1995–2002

Method: The MBDS (Minimum Basic Data Set) registers the global of hospital admissions, with administrative, medical and sociodemographic variables in Andalusian Community (the most extensive and populated in Spain, with approx 8 million inhabitants). We will extract the total of psychiatric admissions (over 12,000 admissions) and those patients with NPD diagnosis, evaluating their evolution throughout the period index (1995–2002).

Results: The percentage of inpatients with NPD over the total of Personality Disorder was 0.22% in 1995, 0.45% in 1996, 0.57% in

1997, 0.51% in 1998, 0.65% in 1999, 1.07% in 2000, 0.86% in 2001 and 0.55% in 2002.

Conclusions: 1. The NPD includes a very little percentage of the patients with a Personality Disorder admitted in Psychiatric Hospitalization Units.

2. This sub-group tends to be increasing, although with considerable variations throughout the years

P200

Narcissistic personality disorder and treatment goals

K. Gintalaite-Bieliauskienė. *Psychotherapy Department, Vilnius Mental Health Center (Inpatient Clinic), Vilnius, Lithuania*

Introduction: Different researchers provide different subtypes of narcissistic personality disorder: Gabbard (oblivious and hypervigilant), Rosenfeld (thick-skinned and thin-skinned), Bursten (craving, paranoid, manipulative and phallic), Grinker (neurotic, nuclear, as if personalities, psychotic). Several models and theories providing understanding of mechanisms: classical Freudian theory (primary and secondary narcissism), Kohut (deficit's model, three types of transference, self object function, disintegration anxiety, absence of transmuting internalization), Kernberg (conflict's model, pathological self, primary aggression), Rinsley (developmental dissociation between separation and individuation), Johnson (narcissistic injury, rapprochement crisis, three kinds of self), A. Miller (the real self is injured twice: by idealization and by humiliation)

Objective: Identify treatment goals

Method: Literature analysis

Results: Several defence mechanisms in this disorder have been defined: grandiosity, idealization, devaluation, projection, projective identification, reaction formation, rationalization, somatisation, and denial. Some countertransference problems have also been identified: enjoyment, boredom, feeling controlled and hatred. Both Kohut and Kernberg view psychoanalysis as the treatment of choice for NPD.

Conclusions: Several treatment goals have been identified: structural goals, such as (Facilitate development of sustained, integrated, authentic sense of self; Foster individuation; Integrate grandiose false self into nuclear core self; Increase frustration tolerance; Develop transmuting internalizations for genuine reality based self-soothing and self-esteem), interpersonal goals (Develop ability to be authentic with others; Relate to the patient's true self and do not respond to his false self; Develop the ability to love realistically perceived good-enough objects) and corrective interpersonal experience (Be non-impinging, sensitive and attuned; Provide an empathic, optimally frustrating environment; Support strengths and empathize with vulnerabilities).

P201

Aspects of dependent personality disorder

O.D. Golovin. *Borderline States Department, Mental Health Research Institute, Tomsk, Russia*

Objective: Detection of the peculiarities of aspects of dependent personality disorder.

Materials and Methods: 240 patients with dependent personality disorder. Women 154 (64.2%), men 85 (35.8%). Mean age 37.4 ± 1.0 . Control group: 300 healthy men and women. Mean age 40.2 ± 1.0 .

Results: Stages of coming-to-be, clinical typology and personality reactions are determined by totality of interrelated constitutional-biological factors including asthenic somatotype, anthropometric characteristics of somatic sex retardation with increased frequency of

incidence rate of gynecomorphous proportions in body-built and accumulation of regional morphological dysplasias of a hypoplastic type. The relationship of this morphophenotypical profile with high specific weight of representation of somatic constitutional pathology (weakness of connective tissue, splachnoptosis etc.) and steadily severe psychovegetative syndrome, decrease of parameters of functional activity of lymphocytes of the peripheral blood in the state of decompensation and nonspecific changes of bioelectric activity of the brain with predominant deficiency of ascending activating influences of its subcortical structures.

Conclusion: It has been shown that clinical formation of dependent personality disorder occurs on the base of an “endocrinological” variant of somatotypical and mental signs of developmental disturbance in combination with delay of tempo of growth and maturation.

P202

Regularities of formation and peculiarities of constitutional-biological basis of the anxious (avoidant) personality disorder

O.D. Golovin. *Borderline State Department, Mental Health Research Institute, Tomsk, Russia*

Objective: to reveal clinical-dynamic and constitutional-biological aspects of anxious personality disorder.

Materials and methods: One hundred and forty-five patients with anxious (avoidant) personality disorder (ICD-10 diagnostic criteria) have been examined. 93 female (64.2%), 52 male patients (35.8%). Mean age of patients 40.2 ± 1.0 years.

Results: It has been established that stages of coming-to-be, clinical typology and basic variants of personality reactions to significant extent are determined by the totality of interrelated constitutional-biological factors including asthenic somatotype, anthropometric characteristics of somatic gender retardation with elevated incidence rate of gynecomorphic proportions of body-built and accumulation of local morphological dysplasias of hypoplastic type. The relationship of this morphophenotypical profile with high specific weight of representation of somatic constitutional pathology (weakness of connective tissue, splachnoptosis etc.) and steadily severe psychovegetative syndrome, decrease of parameters of functional activity of lymphocytes and unspecific alterations of brain bioelectric activity with predominant failure of rising activating influences of its subcortical structures.

Conclusion: With the account for total analysis of signs of somatopsychic dysontogenesis and peculiarities of ante-, peri- and postnatal periods it has been revealed that clinical formation of anxious personality disorder occurs on the basis of ‘endocrinopathic’ variant of somatic and mental signs of developmental disturbance combined with delay of tempo of growing and maturing.

P203

Violent behaviours and hyperkinetic disorders

J.L. Fernández ¹, A. Rojo ², H. Sancho ³, A. Fieira ⁴, M.J. López ⁵, M.D. Fernández ⁵. ¹ Department of Psychiatry ² Psychogeriatrics Unit ³ Department of Psychiatry, University Hospital ⁴ Psychogeriatrics Unit, Provincial Hospital ⁵ Treatment Unit of Violent Behaviours, Vigo, Spain

Objective: To identify the clinical relationships between violent behaviours and a previous diagnosis of attention deficit hyperactivity disorder (ADHD) during our clinical practice.

Methods: The psychiatric reports of patients interned in a acute-care hospital unit because of violent behaviours are studied. These inpatients are often diagnosed as antisocial personality disorder but a

probable previous diagnosis of ADHD is assessed through the anamnesis. Moreover, psychiatric reports of outpatients of a unit for treatment of violent behaviours are studied.

Results: Violent behaviours ADHD correlation index of the acute-care hospital is 10% approximately and this correlation index of the outpatients unit is up to 25%. Antisocial symptoms belonging to ADHD are improved with methylphenidate and psychoeducation, clearly, compared with other patients suffering others diagnosis.

Conclusions: Antisocial personality disorder and ADHD are often overlapped diagnosis. Both of them have violent behaviours as symptoms. ADHD is an underdiagnosed disorder in our environment.

References

- [1] Thomas E. Brown (2003): *Trastornos por déficit de atención*. Barcelona, Masson.
- [2] Heidi D. Nelson et al. (2004): *Screening Women and Elderly Adults for Family and Intimate Partner Violence: A Review of the Evidence for the U.S.: Preventive Services Task Force*. *Annals of Internal Medicine*. Vol 140. N 5.

P204

Borderline neuro-mental disorders in schoolchildren of Buryatia

I.E. Kupriyanova, B.A. Dashiyeva. *Preventive Psychiatry Department, Mental Health Research Institute, Tomsk, Russia*

Buryats belong to the group of continental mongoloids; their general quantity in the world is 450,000, of which a major part (about 260,000) lives in Buryatia.

Two hundred fifty-nine schoolchildren of the age of 7–17 years in a rural school from a homogenous semi-isolated population were examined.

Healthy persons constituted 56.8%; persons with clinical forms of borderline neuro-mental disorders were 30.1%, with prenosological forms of NMD making 13.1%.

Prevalence of BNMD has been revealed (30.1 on 100 examined). In the structure of the disorders clinical forms prevail (30.1 on 100) above prenosological (13.1 on 100). Clinical forms are represented by disturbance of psychological development (F 8)–(34.6%) and behavior and mood disorders (F 9)–(29.5%), disorders associated with organic brain impairment (F 6.7)–(21.8%) and neurotic disorders (F 4)–(14.1%).

Clinical level of disorders was more represented in boys (55.1%). The largest prevalence of BNMD was observed, in schoolchildren of 7–9 years (48.7%).

Totality of adverse factors has been studied, among them the most significant were social, psychological and constitutional-biological ones. Clinical psychopathological peculiarities are determined to major extent by social and psychological factors; contribution of constitutional-biological factors into interethnic differences of borderline psychopathology is represented to less extent.

P205

Clinical and psychological assessment of masculine transsexualism

B. Lacasse, D. Pringuey, F.S. Kohl. *Clinique de Psychiatrie et de Psychologie Médicale Abbaye de Saint Pons CHU Pasteur, Nice, France*

Psychological standardized evaluation of masculine transsexual patients claiming for a female conformation suggest an organized clinical contradiction on sexual identity which could be related to a “coexistence system”. Clinical aspects of gender dysphoria in four typical clinical cases easily opposes speech of the patient and sexual attribution. a) Patient’s speech is mainly oriented in the direction of a double paradoxal duality: “I am a male but I am a woman...” conversely meaning “I am not a man and

I want to become a female”, resumed in a strange statement “I am a male but I am a female”. Words psychoanalytically look like if an unconscious sentence as been wrote into their mind, at a certain moment of their life. We read in this formulation the coexistence of success and failure of a specific type of thinking. Success, because the partial denial of reality ties two levels of two opposite elements together, sexual assignment : male/female, and gender identity : man/woman. Failure, because what the patient ask for, is to split the bothering part of it according to the sexual differences while claiming to belong to the opposite gender. b) Female identification is never enough to establish the foundation of the sexual identity disorder. Psychological evaluation (Rorschach, T.A.T., M.M.P.I.) show the almost systematically reinforcement by negative “father imago” introjection. As far as our practice brings us, we thought that the issue is both way compromised; a positive identification as well as a full access to symbolisation.

P206

Assessment of frequency of psychopathological disorders in patients with acute leukemia

M.R. Makhmudova¹, S.Z. Ibragimova¹, S.Z. Esheembetova².
¹Scientific Research Institute of Hematology of Republic of Uzbekistan ²Psychiatry and Psychotherapy Department of Tashkent Institute Of Postgraduate Medical Education, Tashkent, Uzbekistan

Background and aims: The implementation the comprehensive program of the psychological and psychotherapeutic support patients with leukemia is important part of modern oncology/hematology. Chemotherapy, a stressful situation, unfavorable prognosis were practically at all patients with leukemia and requested psychological and psychotherapeutic correction. The aim of study was estimation the frequency of somatogenic psychopathological disorders in patients with leukemia.

Materials and methods: The research was conducted in 30 patients with leukemia (age 15–65 years). There were 16 patients with acute myeloid leukemia and 14 patients with acute lymphoblast leukemia. Patients with leukemia and their relatives face the strong psychological stress caused by hospitalization, long wearisome treatment and experience strong negative feelings: anxiety, fear, pain, isolation, loss of prospect in lives, hopelessness. The testing of patients with leukemia has been carried out by scale of anxiety of Sheehan and by questionnaire of depression of Beck (1996).

Result: The dates showed that the high level of anxiety was marked for 67%, the average level for 25%, the low level for 8% of patients. The high level of depression was found in 46% of patients. The disturbing–depressive syndrome was characterized by anxiety, transmitted to fear.

Conclusions: The estimation of frequency of development of psychopathological disorders in patients with leukemia has revealed the emotional instability: high level of anxiety and depression. Those syndromes have required the complex psychotherapeutic and psychopharmacological correction for strengthen the efficiency of therapy and quality of life patients with leukemia.

P207

Sensitivity of the IPDE screening questionnaire to culture

F. Meyer de Stadelhofen¹, M. Adjahouisso⁴, J. Ah-Kion³, D. Amoussou-Yeye⁴, O. Barry⁶, U. Bhowon³, C. Bouatta⁵, D. Dahourou², M. Mbodji⁶, D. Minga Minga⁷, F. Ondongo⁸, M.N. Romdhane⁹, N. Sfayhi⁹, C. Tseung-Wong³, D. Tsokini⁸, S. Verardi¹, J. Rossier¹.
¹Université de Lausanne, Switzerland ²Université de Ouagadougou/Burkina Faso ³University of Mauritius,

Mauritius ⁴University of Benin, Benin ⁵Algerian Society for Psychological Research, Algeria ⁶University Cheikh Anta Diop, Senegal ⁷University of Kinshasa, Republic of Congo ⁸University of Brazzaville, Republic of Congo ⁹Institut Supérieur des Sciences Humaines de Tunis, Tunisia

Objectives: To assess the cross-cultural validity the International Personality Disorder Interview Screening Questionnaire. This particular questionnaire was selected because it is a standardized tool developed by the World Health Organization for international use.

Method: In each participating country, 240 literate subjects (with women and men equally represented) recruited from the local population were asked to complete the French version of the IPDE screening questionnaire. One-half of each 240-subject sample was made up of individuals aged 18–25, while the other half was made up of individuals aged 26 or over. A total of 1702 African participants in eight different countries completed the questionnaires, as also did 321 French-speaking Swiss participants. The study therefore involved 2023 participants.

Results: The data provided by the IPDE screening questionnaire showed that this instrument is definitely not a valid measure of the prevalence of personality disorders in African cultures. However, although the IPDE screening questionnaire scores proved to be extremely sensitive to culture-related biases, factor analysis seemed to show that the data retained a reasonable degree of cross-cultural structural invariance (except for narcissistic disorder). This result speaks in favor of cross-cultural construct validity.

Conclusion: It seems to us that there is a need to develop a valid personality-disorder screening questionnaire that could be used for intercultural studies. The fact that we found that the basic structure of the IPDE screening questionnaire was relatively stable across culture, provides evidence that it should be possible to design a measure that has adequate cross-cultural equivalence.

P208

Pathomorphosis of hysteric states

O.E. Perchatkina. *Boderline State Department, Mental Health Research Institute, Tomsk, Russia*

Objective: To study the typological basis and the dynamics of hysteric states under conditions of a specialized hospital.

Methods: Clinical–psychopathological, clinical–catamnestic, clinical–dynamic.

157 patients with hysteric states were studied: 98 with hysteric personality disorder (F 60.4) and 59 with disorders of neurotic range (F 44.4–44.7).

Results: With structural analysis that accounts for leading psychopathological syndrome, four groups of patients with hysteric states: with predominance in the clinical picture of anxiety, fears and substantial hypochondriac fixation (22.22%); with persistent hysteric (conversion) disorders (25.00%); with predominance of affective reactions and associated with them vegetative manifestations (20.14%); with combined manifestation of hysteric disorders and depressive states (32.64%).

Study of typological structure of the personality in dissociative and personality disorders allowed distinguishing two variants being determined by difference of outer and inner manifestation of emotions: expressive (57.64%) and impressive (42.36%). Representation of every variant differed in neurotic disorders (45.65% and 54.35%, respectively) and hysteric personality disorder (63.27% and 36.73%).

Conclusions: As a whole, study of various typological subgroups within hysteric disorders has confirmed their nosological unity. Along

with this, differences in clinical manifestations and dynamic depending on belonging to various typological subgroups were established, what involved development of differentiated rehabilitative programs.

P209

Risperidone in the treatment of paranoid personality disorder. Three case reports

L. Peris¹, N. Szerman². ¹ *Benito Menni Mental Health Institute, Barcelona*, ² *Mortalaz Mental Health Unit, Madrid, Spain*

Background: Paranoid Personality Disorder (PPD) shows a 0.5–2.5% prevalence in general population, 10–20% in psychiatric in-patients and 2–10% in outpatients, and is more frequent in men. The generalized tendency to view other people actions as deliberately threatening creates great difficulties to work and live with them. The very few studies that have focused on its treatment indicate psychotherapy as the main option and low doses of classical antipsychotics only to treat agitation or delusional-like thoughts. No studies are published with atypical antipsychotics and their profile would suggest a broader action.

Method: Three male patients aged 31, 68 and 79 years respectively, diagnosed of PPD according to DSM-IV criteria and with no other major psychiatric comorbidity, were treated with low doses of risperidone for 12 weeks. Clinical Global Impression Scales of Severity and Improvement (CGI-S and CGI-I) and WHO Psychiatric Disability Assessment Schedule (WHO/DAS) were used to evaluate their evolution.

Results: The two older patients received 1 mg of risperidone daily, and 1.5 mg the younger one. Suspiciousness, difficulties with relationships and global functioning improved significantly along the time. CGI-I scored 6 (much improved) at week 12, CGI-S scores changed from 5 (markedly ill) at baseline to 3 (slightly ill) at the end and WHO/DAS scores from 9 to 5. No adverse events were described.

Conclusions: This good evolution suggests a promising role of risperidone for this difficult-to-treat disorder. Controlled trials with larger sample sizes would be necessary to confirm it.

P210

Regulation of reason and emotion in a population of suicide attempters

J.E. Ricalens¹, S. Richard-Devantoy¹, A.S. Chocard¹, A.M. Lascu¹, B. Gohier¹, J.B. Garré¹, A. Ponthieux². ¹ *Department of Psychiatry* ² *Department of Clinical Research, CHU D'Angers, Angers, France*

Both alexithymia and impulsiveness underlie suicidal behavior. Alexithymia is defined as the inability to feel, consider or verbally convey emotions and can be considered as a deficit in mental elaboration that may be replaced by behavioral actions. Alexithymia results in loss of an inhibitory mechanism of action and this deficit of inhibitory control defines impulsiveness. As applied to suicidal behavior, no studies have shown psychometrically the link between these two dimensions.

Hypothesis: We identified two groups of suicide attempters: those with clinical depression, and those without. In depressed patients, psychological distress is stable, and the goal of their very real intention to commit suicide is to escape from this distress. In the non-depressed patients, suicidal behavior is dependant on personality traits.

Methods: The study was carried out over three months and involved patients admitted to the Department of Psychiatry. In addition to undergoing clinical evaluation, the patients were administered the Beck Depression Inventory, the Barratt Impulsivity Scale (BIS-10) and the abridged Bermond–Vorst Alexithymia Questionnaire (BVAQ-B).

Results: A correlation between sub-dimensions of alexithymia and impulsiveness was established in the non-depressed group of suicide attempters, but was absent in the depressed group.

Conclusion: Our study distinguished two different psychological determinisms at the root of acts of suicide, thus opening perspectives for better therapeutic strategies. The study also allows for psychometric description of an organizing relationship for emotive and cognitive treatment balance, and presents depression as a cognitive–emotive dysregulation.

P211

Clinical structure of mental disorders in students

Z.A. Sitdikov, I.E. Kupriyanova, L.T. Shershneva. *Mental Health Research Institute, Tomsk, Russia*

Four hundred twelve students of four universities of Tomsk among whom boys and girls, 41.81% and 58.19%, respectively, were examined. Mean age was 19.4 years. There has been conducted examination with screening-questionnaire. Results have shown that 19.2% of all the examined have been constituted by healthy persons i.e. without any signs of mental disturbances; in 58.7% pre-morbid disorders of transient character have been detected; 22.1% of students suffer from various forms of neuro-mental disorders. In clinical structure of borderline neuro-mental pathology in patients the leading place was occupied by neurotic disorders constituting 14.5% of all cases or 61 persons. In the structure of the latter neurotic reactions predominated: 34.4% in the structure of the illness (32 persons), proportion of states (neurasthenia) has constituted 31.2% (29 persons). Proportion of persons suffering from initial stages of neuro-mental disorders of organic genesis and psychosomatic and somatoform disorders, has constituted 12.9% and 21.5%, respectively, or 12 and 20 persons from the number of revealed patients.

It is necessary to develop programs of mental health care of students and introduction of complex of activities of preventive and medical-preventive direction.

P212

Borderline personality disorder and depressive symptoms—specific dimensions found in the drug addicted consumer

R. Stan¹, B. Craciun², T. Salavastru¹. ¹ *Psychiatry Department, Emergency Hospital, Piatra Neamt* ² *Psychologist Affiliated to Romanian Psychologist Association, Bucharest, Romania*

Borderline personality is a predisposition for depressive symptoms along its existence. This fact is not surprising because the patients with borderline personality disorder function as emotions amplifiers with dihotomics values.

Coocurrence of the borderline personality disorder and depressive illness is determined by a series of biological characteristics and other multiple risk factors either psychological or social.

The first hypothesis of this study states that the characteristics of Borderline personality disorders are in a tight symbiosis with depressive decompensation.

The drug addicted presenting depressive symptoms carry the anger and fury justified by the narcissistic behaviours of some elements pertaining to their inner personality and by their belief that they had been obstructed by the others.

To verify the truth of this hypothesis we used specific methods, the Student's *t*-test.

The second hypothesis related to the study refers to the drug addicted population where the addicts with Borderline personality

disorder suffer of higher social anxiety and a lower social competence than those patients of antisocial and narcissistic personality disorders. In this section we used statistics ANOVA to test significant differences between the average score for social anxiety and social competence for the three independent selections.

Our conclusions suggest that it is possible to identify the considerable connection between borderline personality and drug addiction associated with the affective disorders or mental illnesses. Their comorbidity could complicate treatment efforts, therefore the efficiency of an integrationist approach is based on evaluation, pharmacological and psychotherapeutic techniques and research.

P213

Personality disorders in a non-patient population: screening and diagnosis

R. Uwakwe, J. Itেকে. *Department of Mental Health, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria*

Background: Personality disorders are hardly diagnosed in our clinical practice and epidemiological studies of personality disorders are scanty in Nigeria. It is unclear whether there is either rarity of personality disorders in our setting or clinical diagnoses are missed in practice.

Aim: To estimate the rate of personality disorders in nonpatient population and evaluate the diagnosis of personality disorders using a two stage process.

Methods: One hundred and eight community dwelling residents aged 16 years and above were recruited from Nnewi Nigeria. Following verbal consent, sociodemographic data were collected. The GHQ-12, Iowa Personality disorders screening interview and Personality Assessment Schedule were administered.

Results: While 27% of the subjects had probable mental disorders, 18% had personality disorders. More than 50% of the subjects scored two and above on the screening interview.

Conclusion: Personality disorders are not uncommon in our environment. Short screening interviews may assist clinicians to make personality disorder diagnosis in practice.

P214

Peculiarities of prevalence of neurotic disorders in urban population

N.A. Vasilyeva. *Mental Health Research Institute, Tomsk, Russia*

Peculiarities of some cultures not only complicate detection and assessment of neuroses but also essentially influence the possibility of formation of neurotic disorders.

Analysis of data about prevalence of neurotic disorders in native people of North, Siberia and Far East allows concluding that these indices generally are lower than in Russian Population of these regions.

We have conducted examination of patients with non-psychotic mental disorders of Kyzyl (Republic Tuva) being under clinic system and counseling account. Representatives of Tuvins ethnoses belonging to central Mongoloids in the population of Kyzyl constitute 30%. Indices of prevalence of neurotic disorders differed reliably and constituted for Tuvins 0.55 in 1000, for Russian population 1.93 in 1000. We observed sex differences in prevalence of neuroses: in Russian women 4.6 times more often neurotic disorders were diagnosed than in Russian men and in Tuvins of both sexes. Sex dimorphism in Russian female patients corresponds to population trends in prevalence of neuroses and is conditioned by major susceptibility of women to psychogenic disorders and sex differences in seeking psychiatric help. Equal frequency of neuroses in women and men of Tuvins nationality may be attributed to cultural peculiarities.

P215

COMT polymorphism in offenders with antisocial personality disorder

J. Veveřa¹, R. Stopková², M. Bess², T. Albrecht², H. Papežová¹, I. Žukov¹, J. Raboch¹, P. Stopka². ¹ *Psychiatric Department, 1st Faculty of Medicine* ² *Biodiversity Research Group, Department of Zoology, Charles University, Prague, Czech Republic*

Background and aims: It has been described that a higher activity isoform of catechol-O-methyltransferase (COMT) encoded by Val/Val genotype is associated with increased symptoms of antisocial behaviour in children. On the other hand studies with schizophrenic patients show that symptoms associated with aggressive and antisocial behavior are linked with lower activity form of COMT encoded by met allele.

Methods: We conducted association study with 53 prisoners at least twice sentenced for impulsively violent attacks with diagnosis of an Antisocial personality disorder F 60.2 and 46 healthy control. The Structured Clinical Interview MINI 5.0 was used for the assessment of patients and controls. Impulsivity, empathy and adventurousness were evaluated using the Eysenck IVE test. Molecular analysis was performed using standard protocols.

Results: All three studied polymorphisms (NlaIII), M/M (Bgl I) a TT (Ssi I) on 4th exon of COMT occurred more often in offenders (Mann-Whitney: $U = 2.25$, $N = 53$ offenders + 46 controls, $P = 0.024$). Furthermore, the cumulative occurrence of either of the three polymorphisms is significantly associated with higher impulsivity scores. (Spearman: $r_s = -0.31$, $N = 87$ $P = 0.0035$). Interestingly, the highest effect on impulsivity was associated with alleles TT (Ssi I) and MM (Bgl I) a and lower with the allele Met/Met (NlaIII).

Conclusions: There is difference in the frequency of polymorphisms on COMT 4th exon between offenders with Antisocial personality disorder and a control group. Our findings provide evidence that COMT is a modifying gene that plays a role in determining inter-individual variability in the proclivity for violent behaviour in subjects without major mental disorders.

P216

Cognitive behaviour therapy for psychiatric patients with comorbid personality disorders: evaluation of a new treatment programme

P. Zorn, Y. Renevey, V. Roder, W. Tschacher. *University Hospital of Social and Community Psychiatry, University of Bern, Bern, Switzerland*

Background and aims: Nowadays there are several well elaborated therapy approaches for patients with personality disorders available. Nevertheless there is a paucity of standardised cognitive behaviour group therapy formats targeting various kinds of personality disorders with comorbid psychiatric disorders. Against this background, we developed a cognitive behaviour therapy group programme ("Bern Integrative Therapy" [BIT]) for patients with personality disorders of all clusters (A to C; DSM-IV).

Methods: BIT mainly focuses on clarification and modification of cognitive-emotional schemas, but integrates behavioural and coping-oriented therapeutic interventions as well.

An ongoing multi-centre RCT-study evaluates BIT based on a sample of 93 patients with personality disorders of cluster B and C. This study compares BIT ($n = 47$) with a classical Social Skills Training (SST, $n = 46$) over 30 sessions. Patients were assessed before and after treatment and 1 year after study intake (follow-up).

Results: Results indicate, that BIT shows significant improvements in several domains, as psychosocial functioning, symptoms, interpersonal behaviour and emotional coping. Furthermore we

discovered cluster-specific effects: BIT improves both clusters. SST ameliorates only cluster C, although this group of patients benefits more from BIT interventions.

Conclusions: BIT might be an effective and adequate group therapy for patients with personality disorders of all clusters and could be an additional significant approach for psychiatric patients. Further data should clarify a possible impact of the cluster-specific improvements on the psychiatric disorder.

Poster Session 3: PSYCHOGERIATRICS

P217

Diogenes syndrome: add in the elderly?

A. Rojo¹, A. Fieira¹, J.L. Fernández², H. Sancho². ¹ *Psychogeriatry Unit, Provincial Hospital,* ² *Department of Psychiatry, University Hospital of Vigo, Pontevedra, Spain*

Objective: To research in elder patients, diagnosed with Diogenes syndrome, if they too may have Attention-Deficit Disorder (ADD) with or without Hyperactivity Disorder.

Methods: Psychiatry reports of patients diagnosed with Diogenes syndrome, for the last five years, are studied. Screening for ADD symptoms that they may have suffered along their lives, is implemented through interviews to these patients and family members of them. Moreover, these patients are assessed neuropsychological examination.

Results: Eight patients diagnosed with Diogenes syndrome are selected. All of them have attention psychometric alterations. Just three of them have a previous history, that may be compatible with ADHD diagnosis.

Conclusions: Diogenes syndrome is not a very usual disorder in psychiatric services but it's usual in social services. It would be considered ADD age associated. Sometimes it's the debut of dementia. It would be useful to treat this syndrome with methylphenidate.

References

- [1] Seidman LJ, Biederman J, Weber W, Faraone SV (1998). Neuropsychological function in adults with Attention Hyperactivity Disorder. *Biological Psychiatry* 44:260–268.
- [2] Calvo Melendro J, Sánchez Malo P (1975). Síndrome de Diógenes. Un cuadro clínico frecuente en la vejez y poco conocido. *Revista Española de Geriatria y Gerontología* 10(4):257.

P218

Can a dental prosthesis cause depression in older patients?

L. Borrás¹, E-L. Constant², P. Huguelet¹. ¹ *Department of Psychiatry, University Hospital of Geneva, Switzerland* ² *Department of Psychiatry, Saint-Luc University Hospital, Brussels, Belgium*

Background: Being edentated or wearing dentures requires adaptation, both on a functional and on an emotional level.

Method and results: We report the case of a 65-year-old woman, with no personal or familial psychiatric history, who progressively developed a severe depressive episode without psychotic symptoms (DSM-IV). She was subsequently hospitalized in psychiatry.

Tooth loss and complete dentures had provoked at a functional level difficulties to eat and speak and, on an emotional plan, an alteration of self-esteem, social withdrawal and, eventually, depressive symptoms.

After presenting this case report, we propose a review of the literature regarding psychic problems following tooth loss and complete dentures and the underlying psychodynamic (the symbolic significances of teeth, alteration of self-esteem) and functional hypotheses.

We discuss the importance for the dentist to recognize depression in his patient before approving dental extraction and denture therapy because of the high risk of aggravation of depression and poor quality of life on one hand, and physical intolerance to dental prosthesis on the other.

In several prospective studies, wearing dentures was significantly associated with depressive symptoms.

Conclusions: Dentists should pay attention to other risk factors for depression in possible future dentures wearers and refer their patients to a psychiatrist if necessary. Psychiatric care when appropriate will not only enhance the success of denture treatment but will also improve the patient's quality of life, which is the foremost goal in patient care.

P219

Early detection of fronto-temporal degeneration by clinical evaluation

L. Borrás¹, A. Eytan¹, P. Huguelet¹, E-L. Constant². ¹ *Department of Psychiatry, University Hospital of Geneva, Switzerland* ² *Department of Psychiatry, Saint-Luc University Hospital, Brussels, Belgium*

Background: Cognitive disorders are central in geriatric psychiatry because of their increasing prevalence with age and their impact at individual, social and economic levels.

Number of neuropathological processes are well known to cause dementia syndromes. Among them, fronto-temporal degeneration (FTD) is one such entity. Mood or psychotic disorders can be present in clinical evaluation and FTD are in this context often misdiagnosed.

Method and results: We describe a case of fronto-temporal dementia, pseudo-depressive type, in a 69 year-old man who was misdiagnosed during 7 years as suffering from a recurrent depressive disorder and a passive-aggressive personality disorder.

Annual neuropsychological evaluations and MRI studies remained non-contributive the first 5 years. A follow-up scan and by MRI these last two years showed a cortico sub-cortical diffuse atrophy, significantly marked in the frontal areas without ventricular enlargement.

Neuropsychological evaluations these last two years were relevant too, the patient eventually presenting a deficit in memory, language and visuospatial skills, executive dysfunction and a denomination deficit.

SPECT showed cortical bilateral temporal hypofixation, without frontal involvement, and a left cortico sub-cortical temporal hypofixation. Inter hemispheric and Sylvian fissures were enlarged.

A fronto-temporal dementia, pseudo-depressive type, without frontal manifestation of disinhibition was diagnosed, based on symptomatic presentation, cerebral scan and RMI showing a cerebral atrophy without hippocampic atrophy.

Conclusion: This case emphasizes the value of careful clinical evaluation in unusual non-AD degenerative dementias and suggests that neuroimaging studies may be less sensitive in the early diagnosis of such cases.

P220

Use of mental health services among the elderly in Europe. Results from the European study of the epidemiology of mental disorders (ESEMED-WMH) project

G. De Girolamo¹, M. Menchetti², I. Tarricone², J. Alonso³, G. Villagut³, T. Brugha⁴. ¹ *Department of Mental Health* ² *Psychiatric Clinic, University of Bologna, Italy* ³ *Institut Municipal*

D'Investigació Mèdica (IMIM), Barcelona, Spain ⁴ *Department of Psychiatry, University of Leicester, Leicester, UK*

Objective: To evaluate the utilisation of health and mental health services by the elderly with common mental disorders in six European countries.

Methods: We examined 4401 subjects older than 65 years out of a larger sample of 21,425 respondents of all ages participating in the European Study of Epidemiology of Mental Disorders (ESEMED-WMH) project; this project is part of the World Mental Health Survey initiative. Mental disorders were diagnosed with the Composite International Diagnostic Interview (CIDI), version 3.0. All respondents were also asked to report the 12-month use of any health service for emotional or mental health problems, the formal healthcare providers they consulted and the type of treatment received. Elderly with cognitive impairment were screened out of the study.

Results: 3.4% of the total elderly sample, and 20.0% among elderly individuals with common mental disorders (e.g., depressive and/or anxiety disorders, alcohol abuse/dependence) consulted a formal health service for an emotional problem in the previous year. As compared with younger age groups, the use of health services was lower among the elderly. Rates of consultations were higher among elderly subjects without physical comorbidity as compared to subjects with physical comorbidity. Among older individuals with common mental disorders, more than half consulted a GP only (55%), while 31% consulted both a GP and a mental health professional. Pharmacotherapy was much more common than psychotherapy.

Conclusion: Low utilization of health services is prominent among older adults and appears as a major public health problem. Psychological interventions are under-utilized among the elderly.

P221

Residential facilities for the elderly in Italy (PROGRES-older people): a survey in five regions

G. De Girolamo¹, G. Brancati², C. Azzarito². ¹ *Department of Mental Health, ASL Città Di Bologna* ² *Health Assessorate, Calabria Region, for The PROGRES- OLDER PEOPLE Group, Catanzaro, Italy*

Objective: The 'PROGRES-Anziani' (PROGetto RESidenze, Residential Project for the Elderly) project is aimed to survey the main characteristics of all residential facilities for the elderly in five Italian regions (Phase 1), and to assess in detail a representative sample of facilities and residents (Phase 2).

Method: In Phase 1 structured interviews were conducted with the managers of all residential facilities located in five regions (e.g., Calabria, Sardinia, Sicily, Umbria and Veneto). In Phase 2 a random sample of facilities is being assessed in detail and residents ($N = 1800$) are being administered the Resident Assessment Instrument (RAI), an international multidimensional instrument to assess elderly residents, and a set of specific instruments to evaluate cognitive and behavioural problems.

Results: In 2003, in the five regions involved in the survey (out of 21), there were 754 residential facilities, with a total of 42,687 beds and a median number of 55.7 beds for each facility. The mean age of residents was 79.2 years. In 627 facilities (83.2%) there was at least one resident with dementia; the median number of residents with dementia-related disorders was 11. In 467 facilities (61.9%) there was at least one resident with other severe psychiatric disorders; the median number of residents with other psychiatric disorders was 5.

Conclusions: Residential facilities for the elderly host a substantial number of aged subjects; in most facilities there are subjects with

dementia and other severe psychiatric disorders. A closer look at this vulnerable population is needed in order to meet their specific needs.

P222

The association between spirituality and depression in the elderly

S.E. Docas, V. Marinescu. *Department of Psychiatry, Al. Obregia Hospital, Bucarest, Romania*

The religion and the spirituality have become variables of interest in medical research, being recognized their potential to prevent, to heal or to cope with the illness. This paper studies the correlation between these variables and the depression in the elderly.

We have investigated the spiritual or religious beliefs, the nature of any religious beliefs and their practice and importance in daily life. Questions about the communication with a spiritual force, the purport and the impact on the illness were included, using "The Royal Free Questionnaire for Spiritual and Religious Beliefs", created by Professor Michael B. King.

We used The Geriatric Depression Scale for the screening of the depression in the elderly population, since the depression in the elderly has its peculiarities.

In our study, applied to an urban population with ages over 65 years, as well as in the studies in medical literature, the high scores obtained through the investigation of religious and spiritual beliefs have been correlated with the decreasing of the depressive symptoms. The faith in a superior force, the relation with this and the belief in the power of the prayer have differed substantially between the depressed and no depressed persons.

In conclusion, the finding of the ways to encourage the intrinsic beliefs of the elderly patients may have a benefic impact in the treatment of the depression. The relation between spirituality, medicine and mental health remains an area of enthralling research with the purpose to describe the most effective therapeutic method.

P223

Description of the old age referrals in a newly established liaison psychiatric service in Greece

C. Christodoulou, A. Douzenis, I. Michopoulos, P. Michalopoulou, L. Lykouras. *Department of General Hospital Psychiatry, Athens University Medical School, "Attikon" Hospital, Athens, Greece*

Background: Liaison Psychiatric Services are established throughout western countries. The majority of admissions in a General Hospital (GH) are for elderly people. Old age is associated with increased physical and psychiatric morbidity, little attention has been paid to the psychiatric status of elderly people admitted in a medical ward.

Aim: To assess the frequency and the type of problems associated with a Psychiatric Liaison referrals in a newly established University Psychiatric Service.

Method: Prospective data were collected on demographics, medical diagnosis and medication as well as psychiatric diagnoses and treatment, to those referred over a six month period.

Results: From September 2004 to October 2005 there were 208 referrals: Out of these, 89 were for patients aged 65 years or older (42.8%).

From these referrals:

- 45 were male (50.5%) and 44 female (49.5%).
- Psychiatric diagnoses were: Depression:32 (36%), dementia:17 (19.1%), delirium:19 (21.35%), other psychiatric:18 (20.2%), without psychopathology: 3 (3.4%).
- 35 of the referrals had a previous psychiatric history(39.3%).

- Admission to a GH ward resulted in a new diagnosis of anxiety and depressive disorder (27 pts), or worsening of depression and anxiety in patients with such a previous psychiatric diagnosis (12 pts).
- Admission to a GH ward resulted in a new diagnosis of dementia (8 pts) and delirium (14 pts), or worsening of previous dementia (9 pts).

Conclusions: Referrals for elderly people are a substantial percentage of all psychiatric referrals. Elderly people have psychiatric morbidity that remains uncovered without referral to psychiatric services.

P224

Psychiatric disorders in late adulthood

M. MAtecka, E.H. Mojs, M.D. Glowacka. *University of Medical Sciences, Poznan, Poland*

We can indicate following most common psychiatric disorders in the elderly:

1. Depression. Although depression is not a natural condition of aging, it concerns about 15% of people over 65; 3% of them suffer from major depression. We can distinguish factors associated with depression: loss of a spouse, a family member or a friend; loss of prestige; loss of health.

2. Dementia, like depression, is not the a part of normal aging. However, in the United States, approximately 15% of individuals over age 65 suffer from this disorder. Because the incidents of dementia increases with age, it is observed more frequently in people, who live longer. Dementia involves a general loss of intellectual abilities (among others memory, thinking, understanding, judgment) and impaired functioning.

3. Delirium is impaired cognitive functioning caused by central nervous system disfunction. It is characterized by clouding of consciousness.

In case of depression or neurosis, beside pharmacotherapy, psychotherapy should be used. Psychotherapy facilitates the process of recovery. It enables changes on different levels (intrapsychic, behavioral, interpersonal) of functioning of a patient. It allows to find the causes of individual problems and try new patterns of thinking, communication and contacts with people. Moreover, every patient needs support of his or her own family. But the family members also need help in managing with problems connected with the care of an elderly sick person. The carers take often part in Self-Help Groups. They help each other, share their experiences and give mutually emotional and informative support.

P225

Free radical oxidation in old-aged patients with depressions

P.I. Tsapok¹, Y.P. Yelikova². ¹ *Department of Biochemistry* ² *Department of Psychology Medical, Kirov State Medical Academy, Kirov, Russia*

Background: The intensity radical processes and state of antioxidation systems in erythrocytes and blood plasma were investigated.

Methods: Biochemical, clinical therapeutic and clinical psychopathological methods were used. 132 old-aged female depressive patients with recurrent depressive disorders (according to ICD-10) were studied. The control group included 30 females of the same age without any mental disorders. The study was conducted before and after treatment.

Results: Increase of Fe²⁺-dependent chemiluminescence before treatment was revealed. Malonic dialdehyde level increased three times and diene conjugates level increased 5 times in comparison with the control group. It was also noted that levels of ascorbate, α -tocopherol, ceruloplasmin, enzyme activity of catalase, peroxidase, glutathion reductase, and glucose-6-phosphate dehydrogenase decreased. 38% decrease of superoxide dismutase activity, 30% decrease of catalase activity and 45% decrease of glucose-6-phosphate dehydrogenase activity in erythrocyte hemolysate were found. The antioxidant activity was low.

It was revealed that many of the above biochemical criteria had positive changes after anti-depressive therapy courses. This change depended on treatment type and general depressive syndrome outcomes.

Conclusion: Our study showed the importance of free radical processes and antioxidant systems researches for diagnosis, prognosis and effective therapy of depressions in old-aged patients.

P226

Evaluation of neuroleptics use in an elderly patient psychiatric unit

E. Vaille-Perret, R. Tourtauchaux, S. Bonebeau, J. Chopineau, I. Jalenques. *CMP A - Chu, Clermont Ferrand, France*

This study analyzes the changes in the prescription of neuroleptics in patients other 65 years before and after the March 2004 Afssaps report (safety of neuroleptics use and therapeutic care of elderly patients with dementia).

50 patients were included: a clear change in prescriptions is noted, especially a complete withdrawal of atypical neuroleptics in patients with dementia. Further, the prescribing recommendations are respected, except for the duration of use which remains much longer than suggested.