the Dissociative Experiences Scale (Bernstein and Putnam, 1986) to 90 subjects (30 in each sample): depressive patients, alcoholic patients and normal controls. Three types of dissociative experiences were examined: amnesia, despersonalisations/desrealization and absorption. The highest levels were found in the depressive and alcoholic patients (scores - 28.41 and 27.11) compared with normal controls (score - 4.12). In the alcoholic sample there is a predomination of absorption experiences (35.22). On the other hand, in depressive patients despersonalization/desrealization is the main type of dissociative experiences. Data will be analyzed taking into account phenomenological aspects of affective pathology.

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ANTIDEPRESSANT EVOKED ALTERATIONS OF TRANSMEMBRANE CELL SIGNALLING

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This study examines suggestion, that signal transducing heterotrimeric GTP-binding (G) proteins may be involved in postreceptor effects of antidepressants (AD) as well as in pathophysiology of depressive disorders. We performed analyses in vitro using C6 glioma (astrocytoma) cell line as model of postsynaptic changes and human natural killer (NK) lymphocytes, effector cells of natural immunity. We studied levels of main subtypes of alpha subunits of G proteins - Galpha (s) and G alpha q/11, which were estimated by immunochemical techniques in cholate extracts of membranes (1, 2). Attention was focused on SSRI (selective serotonine reuptake inhibitor) sertraline and fluoxetine in comparison with mirtazapine, NaSSA (noradrenergic and specific serotonine AD). We demonstrated AD dependent changes in G alpha subunit profiles: sertraline affected decrease of Galpha (s) subunit with effector adenylylcyclase, fluoxetine influenced decrease of G alpha q/11 with effector phospholipase C. Results are supported by levels 1, 4, 5 IP3, 2nd messenger released by phospholipase C. Mirtazapine affected both inhibition of G alpha (s) and elevation of G alpha q/11 subunit levels. If depressive disorders are associated with abnormal transduction mechanisms, then results can indicate postreceptor changes affected by individual ADs according their pharmacological action.

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WISCONSIN CARD SORTING TEST PERFORMANCE IN SUBCLINICAL OBSESSIVE-COMPULSIVE SUBJECTS: RELATION TO SYMPTOM DIMENSIONS

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Objective: To investigate the relation of factor-analyzed symptom dimensions of Obsessive-Compulsive Disorder (OCD) to neuropsychological performance in a psychometrically-defined subclinical OC sample.

Method: Twenty-five subclinical OC subjects scoring higher than 1SD above the mean on the Spanish version of the Padua Inventory (PI), and 27 non-OC controls with PI scores arround the mean, were selected from an initial pool of 476 undergraduates. All subjects were administered a computerized version of the Wisconsin Card Sorting Test (WCST), the Raven's Advanced Progressive Matrices, and measures of psychological state (anxiety and depression).

Results: After controlling for anxiety and depression scores, the groups did not differ on any of the WCST indices. Multiple regression analyses showed that the "Washing" dimension of the PI had strong positive and significant partial correlations with WCST total errors ($R^2 = 0.33$; Beta = 0.57; $p = 0.002$), perseverative errors ($R^2 = 0.25$; Beta = 0.50; $p = 0.01$), and non perseverative errors ($R^2 = 0.39$; Beta = 0.63; $p = 0.0007$). This dimension was also negatively correlated with the number of categories completed ($R^2 = 0.26$; Beta = –0.50; $p = 0.009$). No significant correlations were observed within the control group.

Discussion: The composition of the samples studied (i.e. the presence of particular symptom subtypes of OCD) might in part explain the inconsistencies of the previous neuropsychological findings in OCD. These results need to be replicated in a clinical OCD sample.

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PSYCHOTROPIC TREATMENT AND WEIGHT GAIN

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From clinical psychiatric experience emerges that the use of psychotropic medication is often associated with weight gain. While an undesired weight increase is a documented side effect of psychotropic drug use, the possible mechanisms for this effect are poorly understood. Certainly this effect has important implications in the patient management. The weight gain compromises medication compliance. This would increase the likelihood of relapse, the cost of the treatment compared with the benefits and would negatively affect the relationship with the patient and result with a retirement in the self. One the aspects directly to the above mentioned is a decrease of self esteem and an emotional flattering. Therefore any kind of pharmacological therapy resumption is deeply compromised. Our clinical experience too has highlighted all these aspects and has motivated us to make a review on this argument. First of all we reviewed the physio-chemical mechanisms which regulate the feelings of hunger and repletion. Therefore the analysis of the use of the new molecules has highlighted the responsibility scales for weight gain due to the various phsychotropic drugs according to the categories. Afterwards we analysed the strategies to prevent or minimize this problem. At last we have reported our experience carried out in a Mental Health Department with an associated Territorial Day Hospital.

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COMPARISON OF THE CORONARY HEART DISEASE RISK FACTOR PROFILE OF RISPERIDONE VS OLANZAPINE TREATED PATIENTS

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Background: Weight gain is commonly observed among atypical neuroleptics treated patients and may represent a health hazard if associated with metabolic alterations predictive of an increase risk