

The selection of the participants was based on strict (clinical) criteria. A comparison was made between the 4 different age groups with respect to their verbal working memory capacity. The new standard computerized RST (Van den Noort et al., 2006a; 2008) was used.

Results: In this study, in line with previous aging studies, a significant decrease in verbal working memory capacity over time and a significant slowing down in mental processing were found. In addition, it was found that older adults made significantly more intrusion errors than young adults thereby confirming the inhibition theory (Hasher & Zacks, 1988). The analysis of the memory-pattern showed a clear recency-effect for the young-, but not for the old adults. Interestingly, the results of this study show that there are larger age-related effects in verbal working memory span than was expected on the basis of aging theories so far (Van den Noort et al., 2006b).

Conclusions: The new standard computerized RST (Van den Noort et al., 2006a; 2008) is a suitable complex verbal working memory test that could be used for clinical applications, for instance, for the early detection of dementia. This is important since most psychological tests so far are not sensitive enough to detect this early deterioration.

P0024

Alzheimer dementia associated cognitive and non-cognitive symptoms evolution during Donepezil treatment

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Background: Alzheimer Dementia (AD) is known as the most common cause of degenerative dementias that decrease patient life expectancy, quality of life and increase caregivers burden. **Objective:** To determine the evolution of cognitive and non-cognitive symptoms under donepezil treatment and to evaluate the impact of these symptoms evolution over the caregivers.

Methods: This prospective, open-label, trial included a group of 56 patients, 34 male and 22 female, mean age 72.4, diagnosed with AD according to DSM-IV-TR criteria. Patients received either donepezil (n= 30) or 1400 UI/day mean dose of vitamin E (n=26). We evaluated these patients monthly during 1 year using Mini-Mental State Examination (MMSE), AD Assessment Scale (ADAS), Hamilton Depression Rating Scale (HAMD)-17 items, Brief Psychiatric Rating Scale (BPRS)- 18 items, Global Assessment of Functioning Scale (GAF), Burden Interview (BI).

Results: Patients presented significant better evolution under donepezil on cognitive symptoms as scores evolution on ADAS-Cognitive behavior subscale (+1.5+/-0.2 vs. +10.4+/-0.8, $p<0.0001$) and MMSE (-0.8+/-0.2 vs. -7.7+/-0.4, $p<0.0001$) reflected. The non-cognitive symptoms evolution was also better under donepezil treatment, as the ADAS-Noncognitive behavior subscale (+2.6+/-0.4 vs. +8.2+/-0.7, $p<0.0001$), HAMD (increases of 4.5 vs. 8.2, $p<0.001$) and BPRS (increases of 6.7 vs. 14.2, $p<0.0001$) reflected. The evolution of GAF was better in the donepezil group (-10.5 vs. -27.5, $p<0.0001$) and the burden of caregivers was significant less in the same group (+10.2 vs. +30.8 on BI, $p<0.0001$).

Conclusion: Donepezil is efficient in controlling both cognitive and non-cognitive symptoms in mild to moderate AD and therefore it decreases also the caregivers burden.

Poster Session II: Antidepressants

P0025

Serotonin syndrome resulting from switching antidepressants in a patient with chronic pain. A case report

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Background: Serotonin syndrome is a disorder caused by drug induced excess of intra-synaptic 5-hydroxytryptamine (5-HT). Combination of drugs with different mechanisms of action is the most common cause of the reaction.

Aims: To report a case of serotonin syndrome in order to underline the interactions between antidepressant and pain relief medication.

Methods: Case study and description of a patient treated in out-patient clinic.

Results: A 48 year old gentleman was referred to a community mental health team for review of his depressive disorder and medication. The patient had a 15 year history of recurrent depressive disorder and a 10 year history of chronic back pain and migraine. The patient had been on medication for both conditions requiring frequent changes in drugs and doses. A recent episode of depression was managed by changing from sertraline to venlafaxine. His pain relief medication included sumatriptan and tramadol. He soon experienced agitation, confusion, restlessness, dry mouth, and sweatiness. The symptoms worsened for 10 days until the patient stopped venlafaxine and returned to sertraline.

Conclusions: In patients with chronic pain and depression a detailed drug history and awareness from clinicians to the risk of serotonin syndrome are vital due to potentially fatal complications.

P0026

The effect of acute and chronic Citalopram on response inhibition and contextual information processing in healthy males

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Background: Selective serotonin reuptake inhibitors (SSRIs) are thought to exert their therapeutic action through increased serotonergic neurotransmission and hippocampal neurogenesis. Both of these processes may also contribute to the disinhibiting effects of SSRIs currently considered to contribute to potential risk of suicide or self-harm.

Methods: This study examined the acute (3 hours) and chronic (28 days) effects of citalopram administration on response inhibition and contextual processing (a hippocampal related function). Twenty healthy male volunteers were randomised to either placebo or 20 mg of oral citalopram for 28 days in a double blind design. Response inhibition was measured with the degraded symbol continuous