

**P01.134**

## PLASMA LEPTIN IN PATIENTS WITH EATING DISORDERS

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A decreased production of leptin has been reported in women with anorexia nervosa (AN) and has been attributed merely to the patients' reduced body fat mass. The extent to which eating patterns, purging behaviour, psychopathology and endocrine changes may contribute to the genesis of leptin alterations has not been deeply investigated. We measured plasma levels of leptin, glucose and other hormones in three groups of eating disorder patients with different body weight (BW), eating patterns and purging behaviours. Sixty-seven women (21 with AN, 32 with bulimia nervosa, BN, and 14 with binge-eating disorder, BED) and 25 healthy females volunteered for the study. We found that circulating leptin was significantly reduced in AN ( $p < 0.0001$ ) and BN ( $p < 0.0001$ ) patients, but significantly enhanced in women with BED ( $p < 0.005$ ). In anorexics, plasma glucose was decreased ( $p < 0.02$ ), whereas plasma cortisol was enhanced ( $p < 0.005$ ). Plasma concentrations of 17 $\beta$ -estradiol and prolactin (PRL) were reduced in AN ( $p < 0.0001$  and  $p < 0.0001$ ), BN ( $p < 0.0001$  and  $p < 0.005$ ), and BED ( $p < 0.0001$  and  $p < 0.02$ ) patients. In all subject groups, a strong positive correlation emerged between plasma levels of leptin and the subjects' BW or body mass index, but not between leptin and psychopathological measures, plasma glucose, cortisol, PRL and 17 $\beta$ -estradiol. Since leptin was reduced in both underweight anorexics and normal weight bulimics, but increased in overweight BED women, who compulsively binge without engaging in compensatory behaviours, we suggest that factors other than BW may play a role in the determinism of leptin changes in eating disorders.

**P01.135**

## CROSS-CULTURAL ASPECT OF ALCOHOL USE AND MISUSE

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It is common knowledge, that tradition can either contributed to the development of a. dependence or be protective factors in this respect. Low average level of a. consumption in Muslim countries, caused by religious conviction of people, can serve as a classical example of the protective influence of tradition. It may become of interest, how the attitude of the Muslim towards a. changes when they spend a long period of time in a country with high level of a. consumption, and, consequently with rate of alcohol-related problems. The aim of the research was to study the attitude to alcohol of Muslim students of Medical School, who have come to Belarus from Syria, Pakistan a.a. 103 males participated in the research. Besides, 103 male students, who are citizens of Belarus, took part in the research as well. The AUDIT test was applied in the research. All the tested Muslim students rejected the fact of taking a. in their home countries. During their study in Belarus 30% students started taking a. 12% of them received more than 8 points which indicates the signs of the problem. Among the 1st-2nd students 7.4% started taking a. 54% of 3d-4th years students started taking a. 19% of them received more than 8 points. 44% of 5th-6th years students started taking a.. 19% of them received more than 8 points, he majority of the students preferred light drinks. Among the native students, participating in the research 93% taken a. 61% of them received more then 8 points.

**P01.136**

## RELATIONSHIP OF SCHIZOTYPAL DIMENSIONS AND HYPOMANIC TRAITS WITH CREATIVE THINKING IN NORMAL SUBJECTS

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**Background:** There is enough evidence to affirm that personality traits related to psychoses but not these disorders themselves are related with a greater degree of creative thinking. The study aims to see whether schizotypal (and what dimensions in particular) or hypomanic traits are associated with a heightened creative thinking in subjects with an homogeneous intellectual functioning.

**Methods:** We administered the Hypomanic Personality Scale (Eckblad and Chapman, 1986) and the Oxford-Liverpool Inventory of Feelings and Experiences (Mason et al., 1995) to a sample of 425 college students. Three groups were selected: 'schizotypal' subjects, 'hypomanic' subjects, and control subjects. These subjects were then evaluated with the divergent thinking test 'The parallel bars' by Torrance. Intelligence was controlled for with the Series I of the Superior Raven Matrices.

**Results:** Subjects with extreme scores on hypomanic traits obtained the highest scores on one of the four indices of divergent thinking, 'elaboration', being clearly better than the positive schizotypals and control subjects as shown by an ANOVA between groups. When intelligence was included as a covariate this effect remained unchanged.

**Conclusions:** The association between a heightened divergent thinking with hypomanic traits in normal subjects is further confirmed, although this is not the case for the positive schizotypal traits. This results go in line with the current believe that certain cognitive and affective characteristics of the bipolar spectrum play a major role in individual differences on creativity.

**P01.137**

## NEUROLOGICAL ABNORMALITIES IN AFRICAN-CARIBBEAN AND WHITE BRITISH FIRST-EPISODE PSYCHOSIS PATIENTS

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**Background:** An excess of minor neurological abnormalities has been reported in schizophrenic patients, which could reflect subtle neurological impairment. A greater psychosis incidence has been described in African-Caribbean population in UK. This has been explained in terms of social rather than biological factors.

**Hypothesis:** African-Caribbean patients would show less neurological abnormalities than White British patients.

**Methods:** First-onset psychosis patients from the London arm of the AESOP study were assessed with an extension of the Neurological Investigation Scale, investigating Primary and Integrative neurological dysfunction, using a narrow and a broad definition of abnormality.

**Results:** The sample is composed of 46 African-Caribbean and 44 White British. Groups were not different in terms of age, sex, and diagnosis. Using the narrow definition of abnormality, a lower number of African-Caribbean showed Primary neurological impairment (38.1% vs. 65.0%;  $p = 0.015$ ). Also, using the broad definition, more White British patients showed an impairment in the Integrative signs, (54.8% vs. 75.0%;  $p = 0.055$ ). There were no significant differences in the mean total scores between the two ethnic groups.