16.13% obese. Approximately 50% of the patients over 45 years were overweight or obese. Approximately 50% of the patients on sodium valproate were overweight or obese, although there was no statistically significant correlation between psychopharmacological treatment and BMI. Only 3.6% of the patients had systolic blood pressure above 140mmHg or diastolic blood pressure above 90mmHg.

Conclusions: The studied population has a frequency of overweight superior to the general portuguese population (25.8% vs 18.6%). The percentage of patients with hypertension is inferior comparatively to the general population (3.6% vs 20%). The results of the study show the importance of monitoring and controlling metabolic risk factors in bipolar patients. Attending to the specificities of bipolar patients it is important to study prospectively metabolic syndrome in this population.

P0118

The use of new anticonvulsants for the bipolar disorders treatment

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Introduction: bipolar disorder or manic-depressive psychosis is a serious chronic disease and frequent, as it affects about 5% of the population, regardless of culture or of the human race. The socio-economic cost it engenders is considerable.

Methods: Bipolar disorders are defined by criteria set in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). There are several types of bipolar disorder, that all involve episodes of depression and mania to a degree, bipolar disorder is a lifelong illness. There are currently several subtypes of bipolar disorder (bipolar disorder, type I), (bipolar disorder, type II), (bipolar disorder, Type III). Different subtypes of the disease bipolar belong to what is now called bipolar spectrum. This distinction is important clinically, because it is necessary for the therapeutic choice.

Results: Newer anticonvulsant medications, including lamotrigine, gabapentin, and topiramate are being studied to determine how well they work in stabilizing mood cycle. Four major mechanisms of action underlying the pharmacological effects of anticonvulsants:

Conclusion: Several anticonvulsant of the last generation are currently being evaluated in the treatment of bipolar disorder. So far, the Lamotrigine is studied as a mood stabilizer and antidepressant. These new treatments may represent a promising alternative for patients resistant to the former mood stabilizer, such as lithium and valproic acid. However, many studies are still needed to determine their effectiveness and their indications.

P0119

Lithium in combination with Olanzapine: Effect on plasma Homovanillic Acid

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Objective: To study the changes in plasma concentration of homovanillic acid (pHVA) and its relation with clinical outcome during treatment of Bipolar I patients with olanzapine plus lithium.

Patients and Methods: Fifty six (33 women and 23 men) Bipoar I patients, age 35.1±9.4 (SD) years, diagnosed according to DSM-IV, were treated initially with 10mg/day of olanzapine for 4 days and subsequently with 20 mg/day. On the 8th day lithium was added until a concentration of 0.6 to 1.2 mEq/L was reached in plasma. Patients were, at least, a week without neuroleptic or mood stabilizer medication.

Their clinical state was evaluated before and during 28 days of treatment with the Young scale and with the Clinical Global Impression.

Morning fasting levels of pHVA were analyzed the same days that scales were passed.

Results: Plasma HVA after 28 days of treatment does not decline as habitually happens with neuroleptic treatment alone. Moreover, there was a trend toward significance of a Positive Correlation between pHVA and clinical improvement.

Comments: The addition of Lithium to Olanzapine altered the pattern of pHVA response from the first days of treatment up to day 28, suppressing the habitual decline in pHVA concentration. These results are similar to those observed by Bowers et al. (1992) when lithium was combined with perphenazine. The correlation between changes in pHVA concentration during 28 days of treatment and clinical outcome was the opposite to that found in schizophrenic patients treated with neuroleptics alone.

P0120

Psychiatric Hospitalization in bipolar disorder in Sweden

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Background and Aims: In bipolar disorder, hospital treatment is generally required in acute manic episodes, due to lack of compliance and adherence to treatment, and in episodes with marked depressive symptoms, especially suicidal ideation. Analyzing patterns of hospital admission rates is important in order to estimate treatment outcomes in both the acute and remitting phases of the disease. The aim of this study was to analyze secular trends in admissions and re-admissions for bipolar disorder in Sweden.

Methods: For bipolar disorder and its subdiagnoses, the number of admissions, length of stay and days in hospital during 1997-2005 was calculated. Readmission rates over five years were calculated for patients discharged for the first and the second time during 2000.

Results: The number of admissions for patients with bipolar disorder in Sweden increased from around 3,500 to more than 4,000, partly explained by increasing rates of first admissions. Three fourths were readmissions. Hospital days increased, since the length of stay was not reduced. Manic episodes represented half the hospitalizations, depressive a quarter, and mixed ten percent. Patients with their second admission had 1.9 readmissions during five years, compared to 1.2 for patients with their first admission in 2000.

Conclusions: Physicians should consider early and effective treatment with long term outcomes in mind. The progressive course is

https://doi.org/10.1016/j.eurpsy.2008.01.410 Published online by Cambridge University Press

clearly shown by the increasing rates of readmissions after the second admission compared to the first. The increasing number of first admissions is an indication that more patients have received a bipolar disorder diagnosis.

P0121

Reducing medical comorbidity in obese refractory bipolar patients: A descriptive study of adjunctive topiramate in obese patients with bipolar disorder

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Objectives: To examine efficacy and tolerability of topiramate as an adjunctive treatment for overweight refractory bipolar patients.

Method: Patients (n=30) with Bipolar I or II, were provided with an open label treatment with topiramate as an add-on therapy. All patients deemed refractory to at least one mood stabilizer, were overweight, and were treated with topiramate as an adjuvant to existing medication for at least 12 weeks. The primary effectiveness measure was the Clinical Global Impression Scale (CGI). Other scales included the Young's Mania Rating Scale (YMRS), and the Hamilton Depression scale (HAMD21). Measures prior to adding topiramate were compared to those repeated at 4, 8 and 12 weeks. Tolerance, and weight changes were monitored.

Results: There was significant reduction in both depressive and manic symptoms with adjunctive treatment. The mean BMI at 12 weeks of topiramate treatment dropped by 2 points ($p<0.0001$).

Conclusion: Topiramate is an effective adjunctive treatment in bipolar refractory patients and the significant weight reduction effects may result in important medical risk reductions, and make topiramate attractive for some obese bipolar patients.

P0122

Connective tissue disorders disguised as psychiatric disorders

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Background and Aims: Psychiatric manifestations are very common in Connective Tissue Disorders as a manifestation of the disease process itself and not exclusively related to medication but are frequently overlooked by Psychiatrists and not taken into account by non-psychiatric Physicians.

Methods: A brief summary of literature on the topic and presentation of clinical cases in which psychotic manic-like or depressive-like episodes are the first manifestation of Connective Tissue Disorders and how these cases evolve resembling Bipolar Disorder.

Results: Atypical clinical presentations and other clinical signs and symptoms may lead to further diagnostic testing with positive Anti-nuclear and other auto-antibodies and the possible diagnosis of Connective Tissue Disorders.

Conclusions: Psychotic manic-like and depressive-like episodes may be the initial presentation of Connective Tissue Disorders. Screening of ANA and anti-DNAds may eventually be warranted on a routine basis.

P0123

Is it pediatric bipolar disorder, ADHD or both?

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One of the major topics of discussion among psychiatric colleagues as well as the general media is: What is pediatric bipolar disorder (PBPD)? And if it exists, how is it different from an Attention Deficit Hyperactivity Disorder (ADHD)? On the surface these two diagnoses can look quite similar. In both ADHD and PBPD the youngster may exhibit very high degrees of overactivity, inattention, and impulsivity. Both groups of children may have problems falling asleep, temper outbursts, can be highly distractible and exhibit destructive and/or dangerous behavior. In school there may be complaints of restlessness, problems concentrating, and silly intrusive behavior. Adding to the diagnostic confusion is the frequency with which the two disorders co-exist. This presentation will address the following questions:

1. How are these conditions Identified?
2. What's the difference between adult and pediatric bipolar disorder?
3. Why the confusion between BPD and ADHD in childhood?
4. How does one tease out the difference between PBPD and ADHD. (A chart differentiating the PBPD and ADHD will be shown)
5. Prioritizing Treatment- Which disorder do you treat first?
6. Pharmacologic Treatment of co-existing PBPD and ADHD

This talk will be supplemented with an audio-visual presentation of an affected child. (if the necessary equipment is available for use).

P0124

Liability to psychotic traits in bipolar I disorder might depend on gender and parent-of-origin

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Background: Recent studies found an association between the psychotic phenotype of bipolar (BP) disorder and the G72/G30 gene. As the psychotic features are considered a promissing phenotypic trait that might enhance the chance of identifying the genes underlying the BP, we tried to estimate the heritability of psychotic features in connection with the parent-of-origin and proband /affected relative gender.

Method: 244 unilineally affected families in which the proband had relatives diagnosed with BP, schizoaffective disorders, schizophrenia, recurrent MDD-UP were selected from our sample of 376 families ascertained through a BP-I proband from consecutive hospital admissions without regard to familial psychopathology. The data were analysed with SAGE 5.4-software (ASSOC and FCORR) (Elston et al, 2007).

Results: In the total familial sample the sex of the affected individuals significantly influenced the total variance of the PSYCHOSIS-liability. Females were more prone to PSYCHOSIS (OR=1.64, 95%CI=1.47-1.65) being 2-times more frequently psychotic than males. The parent-of-origin did not influence the variance of PSYCHOSIS-liability (p=0.75). Nevertheless in families with paternal (PAT) transmission (N=133) the heritability of PSYCHOSIS was higher than in maternal (MAT) families (N=111) . (11.56% versus

https://doi.org/10.1016/j.eurpsy.2008.01.410 Published online by Cambridge University Press