Further psychotic diseases were associated with less mixed episodes (0-MX: 71.3%, 1-MX: 69.2%, >1-MX: 57.5%).

Conclusion: The high hospitalization rate suggests the need for a careful medical monitoring and optimized pharmacotherapy to prevent bipolar relapse in patients with mixed episodes. The present data reveal a want for more detailed analysis.

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Attention deficit hyperactivity disorder and bipolar disorder: comorbidities and psychosocial impairment

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Background and aims: This study aims to compare ADHD and Bipolar Disorder(BPD) regarding comorbid axis I psychiatric disorders, personality disorders, existence of general psychopathology as measured on SCL-90-R and in areas of educational attainment and psychosocial adjustment.

Method: 38 patients who were diagnosed with ADHD in Marmara University Hospital, Psychiatry Department Adult ADHD Outpatient Clinic and 38 patients receiving treatment for Bipolar Disorder in Mood Disorders outpatient clinic during the same period, have been included in the study. The socio-demographic characterization was done using a semi-structured interview. To evaluate the presence of psychiatric comorbidity, structured clinical interviews (SCID-I and II) were conducted by two general psychiatrists experienced in ADHD and trained in SCID administration. All groups were given SCL-90-R for general psychopathology assessment and BDI for depression assessment.

Results: The ADHD and BPD patients did not differ in terms of marital status, the number of suicide attempts and family psychiatric history. However, ADHD patients had significantly greater scores on SCL-90 general psychopathology scale ($F(1,66)=27.303$, $p<.001$) and higher scores on depressive symptomatology ($F(1,63)= 10.988$, $p<.005$). ADHD patients had comparable frequency of comorbid axis I disorder and significantly higher frequency of comorbid axis II personality disorders ($F(1,64)= 24.438$, $p<.001$). Besides, repeating educational years ($F(1,66)=7.447$, $p<.005$) were more likely to be seen in ADHD patients in contrast to BPD patients.

Conclusion: ADHD is a disorder that affects, no less significantly than BPD, educational achievement, and psychiatric comorbidity, especially in terms of increased presence of axis II disorders and psychiatric symptoms.

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The effect of quetiapine monotherapy on subjective estimates of sleep in acute mania

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Objective: This study aimed to investigate the effect of quetiapine monotherapy on subjective feelings of sleep in patients with acute mania.

Method: In a Korean multicenter, open-label, 6-week study, patients with a DSM-IV diagnosis of bipolar I disorder (manic or mixed episodes) were included to treatment with quetiapine (flexibly dosed up to 800mg/day). Clinical Improvement was evaluated using Young Mania Rating Scale (YMRS). Side effects were measured by Simpson-Angus Rating Scale (SARS) and Barnes Akathisia Rating Scale (BARS). Modified version of Leeds Sleep Evaluation Questionnaire (LSEQ) was used to assess the subjective measures of sleep, which included the factors covering four areas: i) getting to sleep (GTS), ii) quality of sleep (QOS), iii) awakening from sleep (AFS), and iv) behavior following wakefulness (BFW). All assessments were done at baseline and days 7, 14, 21 and 42 after treatment with quetiapine.

Results: Fifty-six of 79 patients were completed the all assessments. Mean changes of YMRS from baseline were significant at days 7, 14, 21 and 42. There were no significant differences in SARS and BARS at any assessment. While mean changes of GTS, QOS and AFS from baseline were significantly improved at days 7, 14, 21 and 42, BFW was not differed between baseline and post-treatment assessments.

Conclusion: Quetiapine monotherapy showed improvements of self-perceived sleep without any impairment following sleep in acute manic patients.

Poster Session 2: ECT

P148

Are the ect machines with high dosage (>576mc) advantageous? A preliminary study

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Background: Missed seizure (motor seizure duration <15 seconds and/or EEG seizure duration <20 seconds) in ECT even with the maximum stimulus dose delivered by the machine is clinically challenging. The maximum deliverable dose in many countries is up to 576mC, although in UK and some parts of Europe this is nearly double.

Objective: This study examined the incidence of missed seizures at the standard dose of 500mC set on the ECT machine. The effect of using higher stimulus intensity in in-patient with missed seizure was evaluated.

Methodology: All patients who were initiated a course of ECT over one year period formed the sample (n=70; F=52, M=18). The tool used in data collation included demographic, clinical and ECT parameters. The ECT parameters included stimulus laterality, dosage administered, motor and EEG seizure duration of the last ECT treatment.

Results: Six (8.5%) patients had missed seizures at 500mC. Two of them had adequate seizures at a higher stimulus dose (706 and 760mC each).The remaining four failed to have adequate seizures even when the stimulus dose was set at 1000mC. Of the six patients four were females, five received bilateral ECT and three each were on mood stabilizers and benzodiazepines. The average age and number of ECT treatment were 63.3 years and 12 respectively. All had moderate to severe depression except one (bipolar depression).

Conclusion: In a proportion of patients with missed seizures higher stimulus (>576mC) produces adequate seizures. The effect of this on cognition need to be further studied.

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