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Punding after bilateral subthalamic nucleus stimulation in Parkinson's disease

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“Punding” is the term used to describe a stereotypic motor behavior, in which there is an intense fascination with repetitive purposeless movements, such as taking apart mechanical objects, handling common objects as if they were new and entertaining, constantly picking at oneself. As phenomenon with features of both impulsivity and compulsivity, punding neurobiology is questioned.

to evaluate the pathophysiology of punding and specifically the glutamatergic role in this phenomenon, we screened a population of Parkinson's disease (PD) patients that attended an ambulatory for subthalamic nucleus deep brain stimulation (STN DBS).

We conducted a patient-and-caregiver-completed punding survey with 24 consecutive patients using a modified version of a structured interview, the UPDRS, the Obsessive Compulsive Inventory and the Sheehan Disability Scale.

Five (20.8%) of the 24 subjects were identified as punders, three men (60%) and two women.

The punders were comparable to the nonpunders in terms of age, disease duration, hour/night sleeping, obsessive compulsive symptoms, distress, total daily dose of L-dopa equivalent units, decrement in daily L-dopa equivalent units permitted by DBS and the impact of DBS on overall “on” and “off” motor function. The punder and nonpunder groups statistically differed only with regard to time-distance from DBS implantation: on average the punders started bilateral STN DBS 1.96 years before the nonpunder group.

Conclusion: Punding, defined as a disinhibition of motor learning programs, may be induced by STN DBS, and its prevalence is much more common than previously suspected. In our sample punding was ego-syntonic, non-disruptive, “cue elicited” and characterized by low craving.

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Obsessive-compulsive disorders in patients with schizophrenia

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Obsessive-compulsive disorder is a prevalent and clinically significant phenomenon in schizophrenia patients. It is estimated that 7.8%–46.6% of patients with schizophrenia also have obsessive-compulsive symptoms. Both schizophrenia and obsessive-compulsive disorder (OCD) are considered to be neurodevelopment disorders sharing dysfunctional frontal-subcortical circuitry.

The aim of the present study was to determine the rate of obsessive-compulsive disorder (OCD) in patients with schizophrenia never treated. We also examined the relationship of obsessive-compulsive symptoms to schizophrenic symptoms.

It is a prospective study on a sample of schizophrenic patients never treated in the Academic Psychiatric service of Marrakech since January 2007.

We have valued 31 patient, the instruments used were the Structured Clinical Interview for DSM-IV-R, the positive and negative

symptoms scale (PANSS) and Yale-Brown Obsessive Compulsive Scale.

The middle age of patients is of 27.35 years with a predominance masculine (93.5%). the majority (87.1%) without profession;

Seven of the 31 patients (22.6%) met the DSM-IV-R criteria for both obsessive-compulsive disorder and schizophrenia.

Identification of OCD in schizophrenia patients may have neurobiological, prognostic, and therapeutic implications.

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Diagnostic performance of Ceruloplasmin, an antioxidant in obsessive-compulsive disorder

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Objective: Various psychological, social, genetic, biochemical, factors are to be involved in the etiology of Obsessive-Compulsive Disorder (OCD)(1). Some molecules of free radicals are also found to play role in OCD(2). In the present study, we compared ceruloplasmin and total sulphhydryl(SH) levels as antioxidants in the plasma of OCD patients and controls and evaluated the diagnostic performance of those measures.

Method: 26 only OCD, 9 co-morbid OCD patients from Gaziantep University Sahinbey Research Hospital, Psychiatry Clinic, diagnosed according to the DSM IV criteria and 40 healthy volunteer controls were included. Blood samples were collected; ceruloplasmin and SH levels were measured. The mean levels of measures were compared within groups and ROC curves were drawn in order to see the diagnostic performance of biochemical markers.

Results: The mean ceruloplasmin levels in only OCD patients, co-morbid OCD patients and control group persons were $544.46 \pm 26.53 \mu\text{mol/dl}$, $424.43 \pm 31.50 \mu\text{mol/dl}$ and $222.35 \pm 8.88 \mu\text{mol/dl}$ respectively. The mean SH levels in only OCD patients, co-morbid OCD patients and control group persons were $0.47 \pm 0.006 \mu\text{mol/L}$, $0.48 \pm 0.01 \mu\text{mol/L}$ and $0.46 \pm 0.003 \mu\text{mol/L}$ respectively. The mean ceruloplasmin levels were significantly higher in only OCD and Co-morbid OCD patients than those of controls. ($p < 0.01$). There were no significance between SH levels of only OCD, co-morbid OCD patients and control group ($p > 0.01$). OCD can be predicted for ceruloplasmin over 342.85 level with %87.5 sensitivity and %100 specificity.

Conclusions: Elevated serum ceruloplasmin levels may play a role in OCD by exacerbating or perpetuating dopaminergic dysregulation as in schizophrenia(3). Ceruloplasmin levels may be used in OCD diagnosis.

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Effectiveness of fluoxetine on different clinical subtypes of obsessive-compulsive disorder

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Background and Aims: Obsessive-compulsive disorder (OCD) typically begins early in life and has a chronic course. Despite the need for long-term treatment, the information about therapeutic effect on different clinical subtypes is limited.

Method: Continuous out patients with OCD were evaluated for response to a 2 months Fluoxetine therapy course by Yale-Brown

Obsessive Compulsive Scale according to the clinical subtype of the disease.

Results: Of 265 patients, Fluoxetine significantly decrease the symptoms in general. Yale-Brown Average score in washers and patients with obsessive thoughts significantly decreased after the intervention, while the decrease in Y-BOCS in checkers didn't reach the statistical significance.

Conclusions: Fluoxetine demonstrated sustained efficacy among patients with OCD and was generally well tolerated. Fluoxetine demonstrated greater efficacy in washers and on obsessive thoughts than checkers.

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Functional neuroimaging and pathogenetic basis of obsessive-compulsive disorders

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The aim of study to evaluate possibilities of functional neuroimaging (18F-FDG PET and +H MRS) in diagnosis and treatment evaluation in patients with resistant obsessive-compulsive disorders.

18F-FDG PET was performed in 19 patients with treatment resistant OCD. Besides, single voxel MRS was used to image the heads of the caudate nucleus in 13 patients. Examinations were executed at the time of treatment cancellation in all cases. Moreover 18F-FDG PET and H MRS were carried out during every periods of complex treatment (including psychotherapy, psychosurgery (in all cases) and combined stimulation of the head of caudate nucleus and vagus nerve (in 3 cases). Parameters of stimulation and its duration were defined using neuroimaging data.

Our results show that application of functional neuroimaging in patients with resistant forms of OCD enables to optimize treatment using adequate medicinal therapy and to prove a choice of brain structures-targets for stereotactic effects. Long-term neuropsychiatric monitoring, neuroimaging data and results of neurostimulation allow to advance a hypothesis about three brain levels of OCD formation in contrast to accepted assumption about four symptom dimensions: symmetry/ordering, hoarding, contamination/cleaning, and obsessions/checking.

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Bipolar obsessive-compulsive-disorder

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Background and Aims: Clinical research is largely focused on depressive comorbidity in obsessive-compulsive disorder (OCD). However in practice, treating resistant or severe OCD sufferers revealed many cases who seem to have an authentic OCD with a hidden co morbid bipolar disorder.

Methods and Results: To explore mood co morbidity, a sample of 33 OCD patients were administered structured self-rating questionnaires for major depression, hypomania and mania (DSM-IV criteria), and self-rated Angst's checklist of hypomania and cyclothymic temperament.

Results: The rate of bipolar co morbidity in OCD was notable; 18% of the patients were BPI. Furthermore, the hypomania checklist of Angst showed that 39% had a cut-off score of 10. Analysis of the self-rated questionnaire for cyclothymic temperament showed that 52% scored 10.

Conclusions: Our data extend previous research on « OCD-bipolar comorbidity » as a highly prevalent and largely under-recognised and untreated class of OCD patients.

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Emotional burden and psychological morbidity in caregivers of patients with obsessive-compulsive disorder

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Introduction: The objective of this study was to evaluate the emotional burden, psychological morbidity and level of family accommodation in caregivers of obsessive-compulsive disorder (OCD) patients, according to sociodemographic and clinical factors.

Method: Fifty Brazilian DSM-IV OCD patients and their caregivers were evaluated using the Family Accommodation Scale, the Zarit Burden Interview (ZBI), the Self Report Questionnaire (caregivers), the Yale-Brown Obsessive-Compulsive Scale and the Beck Depression Inventory (patients).

Results: Most caregivers (80%) were aged between 30 and 59 years-old and lived with the patient (88%). Forty-two percent presented a common mental disorder and their mean ZBI score was 28.9. Family accommodation was moderate in 26% and severe or very severe in 24%. Caregivers' levels of psychological morbidity, accommodation and emotional burden were associated with each other and with the severity of patient obsessive-compulsive and depressive symptoms.

Conclusion: The results suggest that caregivers of OCD patients have important levels of burden and psychological morbidity and should receive orientation and support to minimize this emotional impact.

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Obsessive compulsive disorder in reproduction age women in Fatemi Hospital Ardebil in 2006

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Background and Objective: obsessive-compulsive disorder is an anxiety disorder is Approximately 2% of the general population. Recent reports suggest that OCP occurs in menstrum, Pregnancy perpeurium periods. The aim of study determined of onset OCP in women.

Methods: in a retrospective study 53 women out patients with OCP meeting DSM-IV criteria For (OCP) completed and asked a questionnaire by interview.

Results: Finding showed the in 88.7%(47)of samples onset o obsessive disorder not in menstruation priod.85.4%(41)of obsessive not onset in pregnancy 51.7%(4) of obsessive samples onset of obsessive in second pregnancy.81.1%onest of OCP not beginning after delivery.28.8%after first pregnancy onset once of OCP.30% after delivery had mental disorders.