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

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