

**Results and discussion:** On the basis of this study, we wish to develop a blended E-Learning tool for professionals in psychiatry and primary health care that help to detect and treat people with gambling and suicidal behaviour.

## P255

Venlafaxine extended release as a treatment option after SSRI-s non-response and intolerance in obsessive-compulsive disorder: Case report

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Growing body of evidence suggests that serotonin-norepinephrine reuptake inhibitor (SNRI) (venlafaxine) may represent a valid alternative to the serotonin reuptake inhibitors (SSRIs), in a treatment of OCD patients, especially in the cases after SSRIs nonresponse and/or intolerance. Dosing strategies for venlafaxine is important, because, as a data from studies show, in «low» doses venlafaxine acts as a selective 5-HT reuptake inhibitor, whereas in higher doses (225 and 375 mg/d) acts as a dual 5-HT and NE reuptake inhibitor. We report the case of the patient diagnosed of severe OCD (DSM-IV-TR), who failed to respond on two SSRIs treatment trials (fluoxetine and sertraline) and showed a intolerance on one SSRI (fluvoxamine) treatment trial. As a augmentation for all previous SSRIs treatment trials in our case was used dopamine antagonist risperidone (mean dose=2 mg/d). After eight weeks of treatment with venlafaxine extended release, (150 mg/d) and risperidone (2 mg/d) as coadjuvant treatment, the patient had clinically significant improvement (measured by decrease in the score of the Yale-Brown Obsessive Compulsive (Y-BOCS) and the Clinical Global Impression (CGI) scales), with no clinically significant side-effects. Further improvement was subsequently maintained. In treatment-resistant OCD, or specific OCD patients with SSRIs intolerance, venlafaxine extended release may be the treatment of choice, but we emphasize the importance of venlafaxine dosing strategies.

## P256

Atypical antipsychotics and obsessive compulsive symptoms in schizophrenia: Literature review

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**Background:** Atypical antipsychotics are actually the first-line treatment in schizophrenia. Obsessive–compulsive symptoms (OCS) are common in patients suffering from schizophrenia and seem to worsen prognosis. Whilst atypical antipsychotics can be a useful augmentation strategy in refractory Obsessive Compulsive Disorder (OCD), their efficacy in case of comorbid obsessive compulsive symptoms in schizophrenia remains unclear.

**Aims:** The purpose of this literature review was to examine the relationships between atypical antipsychotics, Obsessive Compulsive Symptoms (OCS) in schizophrenia.

**Method:** A systematic MEDLINE database was run using the following key-words: atypical antipsychotics, obsessive compulsive symptoms and schizophrenia (27 articles).

**Results:** Clozapine, risperidone, olanzapine and quetiapine may induce or exacerbate OCS in patients with schizophrenia due to their anti-serotonergic properties. There was no study with ziprasidone, aripiprazole nor amisulpiride. For schizophrenic patients with comorbid OCS, the first line strategy appears to be combination therapy

with clomipramine or an Selective Serotonergic Reuptake Inhibitors (SSRIs) (fluvoxamine, sertraline, fluoxétine) and an atypical antipsychotic. Moreover, in these cases, cognitive behavioural therapy should also be considered.

**Conclusions:** Obsessive Compulsive symptoms and schizophrenia are an ongoing matter of debate in terms of comorbidity or constitution of a specific "schizo-obsessive" subtype. Nevertheless, according to the worsening prognosis of this phenomenon, combination therapy (atypical antipsychotics and SSRIs) remains the most relevant therapeutic approach. Moreover, cognitive behavioural therapy studies in this area are required.

## P257

Clinical characteristics and treatment response in obsessive-compulsive disorder (OCD) with poor insight: A 3-year prospective follow-up study

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The aim of this study was to evaluate the clinical characteristics of OCD patients with poor insight, and the predictive value of poor insight with respect to response to treatment with serotonin reuptake inhibitors (SRIs). One hundred ten patients fulfilling DSM-IV criteria for OCD were included in the study and assessed by standardized instruments. Seventy-nine patients were treated with SRIs and followed prospectively for 3 years. During the follow-up period, the clinical status of each patients was evaluated monthly during the first year and bi-monthly thereafter by means of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Hamilton Rating Scale for Depression (HDRS). Twenty-one percent of the patients did not recognize obsessive-compulsive symptoms as unreasonable or senseless. Patients with poor insight had a earlier age at onset, a greater severity of obsessive-compulsive symptoms at intake, a higher rate of schizophrenia spectrum disorders in first-degree relatives and a higher comorbidity rate of schizotypal or obsessive-compulsive personality disorders. At the end of the study, 62% percent of the patients with normal insight responded to SRIs, whereas none of the patients with poor insight was found to be responder. The study provides evidence that poor insight is associated with specific clinical characteristics and treatment failure in OCD. Further studies should aim at identifying additional treatment strategies that are effective in OCD patients with poor insight.

## P258

Topiramate in OCD comorbid with impulsive behaviour disorders

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**Background and aims:** Impulsive behaviours (impulse control deficit) and compulsive behaviours (over control) have been considered at the core of different disorders, but patients often present with mixed features of impulsive and compulsive behaviours (i.e. patients with OCD and borderline personality disorder). Therefore, a clinical spectrum from impulsivity to compulsivity could exist, in which obsessive compulsive disorder (OCD) and impulsive personality disorders (borderline personality disorder, antisocial personality disorder...) would be the endpoints.

Regarding treatment, SSRI have demonstrated high efficacy in the treatment of both impulsive and obsessive-compulsive symptoms. On the other hand, topiramate has been described as an effective agent in treating impulsive behavior.

The aim of this study is to test the hypothesis that coadjuvant treatment with SSRI and topiramate would improve the outcome of patients with comorbid OCD and impulsive behaviour disorders.

**Methods:** We will describe two clinical cases admitted to our Psychiatric Hospitalization Unit. Case 1 is a 39 years old female diagnosed with OCD, borderline personality disorder and alcohol dependence and case 2 is a 38 years old male with OCD, mixed personality disorder and cocaine abuse.

**Results:** Treatment with topiramate (range dosage: 250-400 mg/daily) as well as SSRI (paroxetine 40 mg/daily- case 1; sertraline 200 mg/daily-case 2) improved affective instability and impulsive symptoms in both patients. Topiramate was well tolerated without important side effects.

**Conclusions:** Topiramate could be an interesting alternative in the coadjuvant treatment of OCD with impulsive features.

## P259

The prevention of gambling behavior in Switzerland

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**Aims:** The present study addresses the empirical basis for alerting health professionals to potential risk factors for excessive gambling. On the basis of international and Swiss literature on gambling, an explanatory model for the development of gambling problems is developed.

**Hypotheses:** This work is based on the hypothesis that the prediction rule for excessive gambling, based on a sample of the general population and for different types of frequent gambling preferences, differs from the prediction rule for disordered gambling in patients, seeking psychiatric treatment. The goal of this study is, therefore, to contribute to an early identification of disordered gambling behaviour in the general population, as well as in the target group of patients seeking psychiatric treatment.

**Data:** Various sources of information were analysed separately, in order to develop and test a prediction rule for excessive gambling, namely the 2002 Swiss Health Survey, which is a survey of the general population, involving 19'706 participants, as well as the data of psychiatric patients of Lausanne/Geneva, recruited consecutively from 1996 to 2004 at the Psychiatric Hospital of the University of Lausanne. This patient population comprised a total of 886 patients. Further data from the Centre for Excessive Gambling are presented, covering 105 patients.

**Outcomes:** Results show that indicators of depressive behaviour as well as smoking are good candidates for the early identification of gambling problems. On the basis of these data it is safe to assume that signs of depressive behaviour should encourage health professionals to enquire about gambling problems.

## P260

White matter abnormalities in obsessive-compulsive disorder: A diffusion tensor imaging study

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**Background and aims:** The subdivisions of the corpus callosum (CC) were attempted to define corresponding areas of the cortex from which the fibers originate. Previous neuroanatomic studies of the CC provide impetus for investigating its role in obsessive-compulsive disorder (OCD).

**Methods:** In this study diffusion tensor imaging (DTI) was employed to microstructural abnormalities of white matter of the CC in OCD patients. Nine patients with OCD and matched control subjects underwent DTI. Fractional anisotropy (FA), an index of the integrity of white matter tracts, was determined in the seven subdivisions of the CC. We placed each regions of interest (ROI) over the sagittal plane and all subdivisions were measured.

**Results:** Significant reduction in FA was found in the rostrum of the CC of patients with OCD compared with one of controls. FA of the other subdivisions except the rostrum in OCD patients did not differ significantly compared with control subjects. Higher FA in the rostrum correlated significantly with lower Y-BOCS scores ( $r = -0.803$ ,  $p = 0.009$ ).

**Conclusions:** The rostrum contains fibers from inferior premotor as well as medial and caudate/orbital prefrontal regions. These results supported the theory of dysfunction of prefrontal cortex and striatal circuits in OCD and suggested the implication of the orbitofrontal circuit for symptom severity in the OCD patients.

## P261

Feasibility and acceptability of short message service (SMS) text messaging to support adherence in patients receiving quetiapine: A pilot study

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**Aim:** To investigate the feasibility, and patient/psychiatrist acceptability, of an SMS text messaging system reminding patients receiving quetiapine to take their medication.

**Methods:** 8-12(mean:9.4) week, non-interventional, psychiatrist assessed, pilot study of 27 outpatients receiving quetiapine (mean age[range]: 35.3[19-57] years). Patients were asked to reply to SMS messages sent twice daily to their cellular phone to remind them to take their medication (morning) and enquire about their well-being (evening). Patients' response (morning-yes/no; evening-positive/negative/neutral) was monitored by psychiatrists (n=7) via a website, and subsequently used to assess technical feasibility. Psychiatrists rated acceptability and feasibility of the system by completing case report forms (CRFs). Data are from the LOCF population.

**Results:** Patients responded to 77% (compliance) of the 5,000 SMS messages sent (84% correctly, 13% inaccurately, 3% responded late [eg, day after]). 7/27 patients withdrew prematurely. The most common benefits expressed by patients were that they felt cared for (n=11/21) and were reminded to take their medication (n=7/21). Psychiatrists' ratings of the system improved over time, with SMS compliance and increased patient contact seen as the most valuable aspects. At study end, CRF data showed psychiatrists felt the system