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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6.86%). In PAT families the parent-offspring transmission was significant (p=0.046), while the sibling effect (that includes parent-offspring correlation and environmental influences) was not significant (p=0.22). In MAT families the parent-offspring transmission was not significant (p=0.41), while the sibling effect was significant (p=0.0022).

**Conclusion:** Our data show that sex and parent-of-origin may modify the liability to psychotic BP. Genetic factors seem to be stronger in PAT families.

## P0125

Suicide in bipolar patients: is it possible to predict & prevent?

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**Background and Aim:** Risk of suicide in bipolar disorder (BP) patients is one of the highest in psychiatric disorders. It is stated that long term treatment with lithium, selectively, can reduce the risk of suicide commitments and attempts. In our study, rates of suicide attempts of BP patients before and after treatment with a mood stabilizer (MS) and the relationship between suicide and other risk factors are investigated in a specialized tertiary outpatient mood disorder clinic in Istanbul, Turkey.

**Method:** Charts of 608 bipolar disorder patients (DSM-IV) followed in our outpatient mood disorder clinic were evaluated retrospectively and 89 containing incomplete or unreliable data about the suicide history were excluded.

**Results and Conclusion:** Lifetime rates of suicide attempts were 19,9% for BP-I patients (n=95), 50% for BP-II patients (n=8), 8,3% for BP-NOS patients (n=2) respectively. The rate of suicide was higher in BP-II patients. Duration of illness and onset as depressive episode were found as significant predictors of suicide attempt in logistic regression analysis. The rate of suicide attempt before treatment with MS was higher than the rate after treatment with MS (15,6% vs. 6,2%; p<0,001). Our findings suggest that the risk of suicide attempts in bipolar patients and especially in BP-II is highly increased, predicting the factors of suicide earlier and treating patients adequately could prevent this risk efficiently.

## P0126

Aripiprazole monotherapy in acute bipolar I mania: A randomized, placebo- & lithium-controlled study (Cn138-135)

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**Purpose:** To evaluate the efficacy and safety of aripiprazole monotherapy as acute and continuation therapy for acute bipolar I mania.

**Methods:** Patients with acute bipolar I mania were randomized (1:1:1) to double-blind aripiprazole (15–30 mg/day; n=155), placebo (n=165) or lithium (900–1500 mg/day; n=160) for 3 weeks. At the end of Week 3, patients randomized to placebo were blindly switched to aripiprazole. Key efficacy outcome measures were mean change from baseline in YMRS Total score at Week 3 (LOCF; primary endpoint) and Week 12.

**Results:** Improvements in YMRS Total scores from baseline were significantly greater versus placebo as early as Day 2 with aripiprazole (p=0.003) and Day 7 with lithium (p=0.040; LOCF). At Week 3, improvements from baseline in mean YMRS Total scores were significantly greater with aripiprazole (−12.96; p<0.001) and lithium (−12.03; p=0.005) versus placebo (−9.01; LOCF). These improvements were maintained to Week 12 (LOCF) with both aripiprazole (−14.48) and lithium (−12.71). Response rate was significantly greater versus placebo as early as Day 2 with aripiprazole (p=0.026), and Day 10 with lithium (p=0.006; LOCF). Response rates continued to increase over the study period and at Week 12 were 56.5% with aripiprazole and 49.0% with lithium.

**Conclusions:** Aripiprazole significantly improved symptoms as early as Day 2 and throughout the 3-week, placebo-controlled portion of this study in acutely manic patients. The beneficial effects of aripiprazole were sustained through Week 12 and were similar to lithium, confirming the robust efficacy of aripiprazole in these patients.

## P0127

Treatment of acute manic and mixed episodes in bipolar disorders

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**Objective:** Risperidone has shown to be effective and generally well tolerated in the treatment of patients with acute manic episodes in bipolar disorder when given as monotherapy or in combination in randomized-controlled-trials. This non-interventional study served to add evidence for therapeutic benefit of risperidone in this indication in a clinical routine-setting.

**Methods:** Prospective, multi-center non-interventional trial (RISBIM-4001) performed in Germany. Inpatients with a baseline score ≥20 in the Young-Mania-Rating-Scale (YMRS) were eligible for enrollment. All patients were evaluated based on intent-to-treat-analysis (ITT).

**Results:** 251 patients were evaluated (54% female, median age 46 years). The most frequent concomitant medications during the study were valproic acid (40%), lorazepam (36%), diazepam (33%) and lithium (24%). The mean daily dose of risperidone at endpoint was 4.5±1.5mg/day. Mean YMRS total score improved significantly from baseline to endpoint (33.6±8.5 to 14.6±8.8; p<0.0001), also mean MADRS total score (13.14±5.83 to 7.18±5.8; p<0.0001) and mean BPRS total score (13.5±5.1 to 7.4±3.6; p<0.0001). A total of 185 AEs was documented in 100 (39.84% out of the total ITT-patients), thereof 102 AEs (55,1%) in 59 patients (23.51%) were evaluated by the physicians an at least possible causal relationship to risperidone. Most frequent were EPS (6.4%).

**Conclusions:** In this non-interventional trial oral risperidone treatment was associated with a significant and clinically relevant improvement of psychopathology. These data are in line with the results of previous randomized controlled trials and support the good tolerability and safety of risperidone in the treatment of bipolar inpatients with acute moderate to severe manic symptoms.

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