

P0038

Personality types of cluster B: Similarities and dissimilarities in a Tunisian psychiatric outpatient unit

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Background and Aims: Cluster B personality disorders are the most common in psychiatric patients and are correlated with specific characteristics. However, dissimilarities may be noticed between different personality types.

This study aimed to compare sociodemographic and clinical features of patients with varied types of this cluster.

Methods: It's a comparative study held in the psychiatric outpatient unit. All five years first time attendances to the unit were retrospectively examined in order to identify those with diagnosis of cluster B personality disorder according to DSM-IV criteria (N=81). Statistical comparisons were performed for sociodemographic features, medical history and axis I comorbidity.

Results: Antisocial personality was the most common (n=32), followed by histrionic (n=28), then borderline personality (n=19).

Patients with antisocial personality were mainly of male gender (p<10-4) and had more antecedents of incarcerations (p<10-4) than the remainder.

Patients with borderline personality had reported less alcohol (p=0.035) and prescribed drugs (p=0.01) use than patients with antisocial personality and more alcohol use (p=0.013) than patients with histrionic personality. History of alcohol (p<10-4), cannabis (0.002) and prescribed drugs (p<10-4) use was more frequent in antisocial compared to histrionic personality. Also, patients with histrionic personality had more conversion disorder than those with antisocial personality (p=0.001).

Conclusion: Cluster B personality disorders seem to share similar family and personal past medical history, but are very different in matter of substance use and comorbid conversion disorder. These findings support the idea that adapted psychiatric care is needed for each type of cluster B personality disorder.

P0039

Medico-Legal acts and epilepsy

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Introduction: The « epileptic personality, rest on the psychiatric conceptions that combine the mental illness and the epilepsy. A multiplicity of factors could explain acts of violence committed by epileptics.

Cases report: Authors reports three observations of epileptics having committed medicolegal acts and hospitalized in a psychiatric service between 1991 and 2003, the average of our patients was 35 years old; two with mental retardation and three a schizophrenics patients, they have been declared irresponsible, two had commit homicide and one commit steal. It was difficult to determine if acts were the consequence of an epileptic fury or the consequence of a delirium. The syphilitic serology was negative. The evolution under neuroleptics and anti- epileptics drugs were marked by a stabilization of all patients. We deplore two deaths by cardiac arrest.

Discussion: The links between violent behaviours and epilepsy involve multiple factors, no characteristic type of crime is related with

epileptic patients. The violence is significantly higher (23%) during postictal psychotic episodes than during acute interictal episodes (5%) and postictal confusion (1%). The interictal violence is associated more with psychopathology and mental retardation than with epileptiform activity or other seizure variables. It is what we reported in our three cases.

Conclusion: A change in the law in our country is necessary to remove epileptic offenders from the legal ambit of insanity, and to save them the threat of detention in a mental hospital as a consequence of their crime.

P0040

Impaired making-decision and empathy disorder in psychopathy

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Background and Aims: The current study investigates the cognitive and emotional abilities of psychopathic individuals. To assess whether psychopathic individuals show decision-making impairment, group differences are mirrored by correlations between cognitive and emotional measures and psychopathy.

Methods: Twenty psychopathic individuals and a comparison group, as defined by DSM-IV criteria for antisocial personality disorder and the Psychopathy Checklist Revised (PCL-R), were tested a standardized psychometric measures of alexithymia and cognitive empathy (LEAS), a facial emotion recognition (RME). We also examined these patients with procedure designed to measure decision-making (Iowa Gambling Task) and standardized neuropsychological tests were applied to assess their cognitive intelligence, executive functioning, attention as well. Their results were compared with those of 20 controls subjects.

Results: Compared with controls, psychopathic individuals were characterized by a selective impairment for cognitive flexibility, cognitive empathy and decision-making. These results are interpreted with reference to amygdale dysfunction and to somatic markers hypothesis. Moreover, the psychopathic individuals show defective performance and absence punishment learning on the gambling task, who mimicked the gambling behavior of orbitofrontal patients.

Conclusions: Our findings suggest that emotional and social functioning is critically tied to on-going experience of autonomic arousal state. Furthermore our results extend the link between dysfunction of their orbitofrontal circuit, but also dorsolateral prefrontal circuit, and psychopathy. The implications of these results for models of psychopathy are discussed.

P0041

Screening of personality disorders for gender among Spanish college students by personality diagnostic questionnaire-4+ (PdQ-4+)

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Background and Aims: There are only a few epidemiology studies of personality disorders in the general population related with gender distribution. Due the important relevated actually increase in the clinic and non clinic environment of this type of disorders, the intention of this work is to study the prevalence of the personality disorder

(PD) by gender in a sample of 684 students of the city of Barcelona (Spain).

Methods: It has been administrate the questionnaire Personality Diagnostic Questionnaire-4+ (PDQ-4+) Spanish version. That assessed the 12 PD following DSM-IV criteria (the 10 PD specifics of the axis II and the 2 PD of the appendix) (Huang and cols., 2007).

Results: The analysis obtained, there are the comparison of dimensional scores (t test of Student) and the prevalence's by gender (test χ^2).

Conclusions: In general, the totally scores of the PDQ-4+ show that the woman obtain higher scores of PD presence than the man. Related with the specific scales, the scores of the woman is significantly in the two analysis paranoide, avoidant, obsessive-compulsive and depressive; on the contrary the man in the antisocial.

P0042

Open-label treatment with olanzapine in patients with borderline personality disorder

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Background and Aims: To evaluate open-label treatment with olanzapine in patients with borderline personality disorder (BPD).

Methods: In two concurrent studies, patients received 12 weeks of open-label olanzapine after completing 12-weeks of double-blind treatment with either olanzapine or placebo. Open-label olanzapine dosing started at 2.5 or 5mg/day and could be increased up to 20mg/day (Study 1) or 15mg/day (Study 2).

Results: Mean ZAN-BPD total scores decreased from approximately 17 points to approximately 8-10 points during the acute phase. After 12 weeks of open-label olanzapine treatment, mean ZAN-BPD total scores were approximately 6-7 points. Patients treated with placebo during the acute phase and then open-label olanzapine showed changes in weight, prolactin, and other laboratory values similar in magnitude to those seen in acutely olanzapine-treated patients. Patients treated with olanzapine during the acute phase showed smaller changes in weight and laboratory values during the open-label extension.

Conclusions: Overall BPD symptom severity was low by the end of the open-label olanzapine treatment period. The types of treatment emergent adverse events appeared to be consistent with those seen previously in patients treated with olanzapine. The direction and magnitude of effects on safety measures depended on the treatment received during the prior double-blind period.

P0043

Personality factors and profile in variants of irritable bowel syndrome

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Background and Aims: To study the association between irritable bowel syndrome (IBS) variants (constipation, diarrhea or both) with personality traits in non-psychiatric patients.

Methods: IBS was diagnosed using the Rome II diagnostic criteria after exclusion of organic bowel pathology. The entry of each patient was confirmed following a psychiatric interview. Personality traits and score of each factor was evaluated using NEO five factor personality inventory.

Results: One hundred and fifty patients were studied. The mean age (\pm SD) was 33.4(\pm 11.0) years (62% female). They scored higher in Neuroticism, Openness and Conscientiousness compared to our general population. Our studied population consisted of 71 patients with D-IBS, 33 with C-IBS and 46 with A-IBS. Score of conscientiousness and Neuroticism was significantly higher in C-IBS compared to D-IBS and A-IBS. Conscientiousness was the higher dimension of personality in each of variants. Patients with C-IBS had almost similar personality profile, composed of higher scores of Neuroticism and Conscientiousness, a low level of Agreeableness with Openness and Extraversion close to general population.

Conclusions: Differences were observed between IBS patients and general population as well as between IBS subtypes in term of personality factors. Patients with constipation predominant IBS showed a similar personality profile. Patients with each subtype of IBS may benefit from psychological interventions, which can be more practical considering characteristics of each subtype.

P0044

Influence of topiramate in risk behaviors reduction with borderline personality disorder patients treated by DBT

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Background: Psychotherapy is considered the primary treatment for Borderline Personality Disorder (BPD) and Dialectical Behavior Therapy (DBT) is one of the most effective, based on empirical data (Lieb et al.,2004). Pharmacotherapy strategies have been successful in decreasing some core symptoms like impulsivity (Oldham,2005). Topiramate has been effective against BPD anger, considered as an expression of affective instability and a proxy measure of impulsivity (Nickel et al.,2004;2005).

Aim: To analyze the topiramate contribution in the aggressive impulsivity decrease with BPD patients treated by DBT.

Method: 23 BPD patients, treated with DBT, participated in the study. Patients were evaluated with SCID-I and SCID-II. Topiramate dosage was adapted to the frequency and severity of self-aggressive impulsive behaviors.

The influence of topiramate in behavior outcomes was analysed using step by step multivariate regression analysis.

Results: Topiramate didn't decrease suicidal attempts number, but had strong influence in parasuicidal behaviors (Standardized Beta=0.57;t=3.16,p<0.05) and in the reduction of emergencies visits (Standardized Beta=0.22;t=2.151, p<0.05). The medium topiramate dosage was 200 mg UID (100-500mg).

Conclusions: Topiramate can be helpful, as a symptom-targeted pharmacotherapy, for self-aggressive impulsive behavior with BPD patients treated by DBT.

References

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