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Mood Disorders
MEDICATION POSSESSION RATIO AMONG PATIENTS WITH DEPRESSION IN COLLABORATIVE CARE
R. De Jesus, F. North, M. Williams
Mayo Clinic, Rochester, Minnesota, USA

Background and Objectives: Medication possession ratio (MPR) has been used to reflect treatment adherence of patients with chronic conditions including depression. An MRP =/> 80% correlates with high compliance. Systematic reviews of interventions to improve antidepressant medication adherence found that proactive care and collaborative care management (CCM) were associated with significant degree of adherence and improved clinical outcomes (1, 2). We looked into MPR measured from our institution’s pharmacy insurance claim data among patients with depression seen at Primary Care Internal Medicine and enrolled in CCM from March 2010 until July 2012; we also determined predictors of medication non-adherence.

Methods: Data was analyzed on 515 patients who were enrolled in CCM and who gave research consent. Abstraction was done from the institution’s administrative pharmacy registry. Yearly mean MPR was calculated at 6 month intervals beginning December 2010 until July 2012.

Results: Rate of yearly MPR =/> 80% ranged from 27% to 42% but remained consistent beyond the timeframe of CCM enrollment. Race, presence of co-morbid hypertension and hyperlipidemia were associated with significantly decreased medication adherence (MPR<80%) in univariate analysis but were not independent predictors of nonadherence in multivariate analysis.

Conclusions: Approximately one third of patients with depression enrolled in CCM exhibited high medication adherence reflected by mean MRP =/>80%. While CCM has resulted in 46% remission rate at 12 months in this patient group, medication adherence appeared to be lower which implied that features intrinsic to CCM may account mostly for depression treatment effectiveness.
THIOBARBITURIC ACID REACTIVE SUBSTANCES (TBARS) IS A STABLE BIOMARKER OF OXIDATIVE STRESS IN BIPOLAR PATIENTS IN MANIC PHASE
M.C. Tsai, T.L. Huang
Department of Psychiatry, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan

Objectives: Oxidative stress may contribute to the pathophysiology of bipolar disorder. The aim of this study was to investigate the serum levels or activities of oxidative stress markers in bipolar patients in manic phase, and evaluate the changes in superoxide dismutase (SOD), catalase (CAT), glutathione peroxidase (GPx), thiobarbituric acid reactive substances (TBARS), protein carbonyl content (PCC) and 8-hydroxy 2'-deoxyguanosine (8-OHdG) after treatment.

Methods: We consecutively enrolled 23 bipolar inpatients in manic phase and 40 healthy subjects; 20 bipolar patients were followed up with treatment. Serum oxidative stress markers were measured with assay kits. All patients were evaluated by examining the correlation between oxidative stress markers and Young Mania Rating Scale (YMRS) scores.

Results: The serum TBARS levels in bipolar patients in manic phase were significant higher than healthy subjects (p=0.006). SOD, Gpx, CAT, PCC and 8-OHdG were no significant difference between bipolar patients and healthy subjects. The YMRS scores had a significantly positive association with CAT activity and PCC levels, and a negative association with GPx (p < 0.05). SOD, TBARS and 8-OHdG were no significant associated with YMRS scores (p>0.05). 20 bipolar patients were followed up, and their SOD, Gpx, CAT, TBARS, PCC and 8-OHdG levels or activities were measured at the end of treatment. We only found significantly decreased changes in TBARS levels in bipolar patients after treatment (p=0.019).

Conclusions: Our results suggest that serum TBARS levels in bipolar patient in manic phase were significant higher than healthy subjects. In addition, decreased TBARS levels were significant in bipolar patients in manic phase after treatment. Therefore, serum TBARS levels might be a stable biomarker of oxidative stress in bipolar patients in manic phase. Furthermore, CAT, PCC and GPx were significant associated with YMRS scores. Therefore, CAT, GPx and PCC might be indicators of bipolar severity in manic phase.
THE EFFECTS OF HOPEFUL THINKING STYLE AND RUMINATION ON DEPRESSIVE SYMPTOMS – A PROSPECTIVE STUDY

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² Castle Peak Hospital, Hong Kong
³ New Life Psychiatric Rehabilitation Association, Hong Kong

Objectives: This longitudinal prospective study aims to examine the relative roles of hopeful thinking style and depressive rumination on depressive symptoms.

Methods: Fifty-three patients diagnosed with Major Depressive Disorder who were receiving out-patient treatment from a psychiatric hospital in Hong Kong completed a package of psychometric inventories at two time points (T1 and T2) separated by a period of 2 months. Assessment included The Beck Depression Inventory, the Response Style Questionnaire, and the Hope Scale.

Results: Cross-sectional analyses revealed that rumination was positively correlated with depression (T1: r = .772, p < .01; T2: r = .685, p < .01), while hopeful thinking style was negatively correlated with depression (T1: -.448, p <.01; T2: -.602, p < .01). We then used the BDI-II cutoff score of patients at T1 to classify them as Severe Depression (BDI-II score = 29 or above, n = 28, 52.8%) and Moderate or below Depression (BDI-II score = 28 or below, n = 25, 47.2%). Subsequently hierarchical multiple regression analyses revealed that for patients with moderate or below depression, Time 1 hope and rumination explained an additional 32% of the variance in Time 2 BDI-II score (△R² =.32, F (2, 15) = 8.84, p <.005, even after the effect of T1 BDI-II score was taken into account in Step 1. Both T1 rumination (β = .64, p < .005) and hope (β = -.75, p < .005) were significant individual predictors of T2 BDI-II score.

Conclusions: For moderate to low depressive patients, more depressive rumination and lower hopeful thinking style tended to predict more depressive symptoms in future. However for the severely depressed group, the results were insignificant. The mechanism of rumination and hope in effecting depression as well as implication for intervention will be discussed in the presentation.
DEVELOPMENT OF A NEW POST-STROKE DEPRESSION SCALE

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2 School of Information Science and Engineering Southeast University, Nanjing, China
3 Nanjing Ruihaibo Rehabilitation Hospital, Nanjing, China

Background and Purpose: The use of effective skills to diagnose and measure Post-Stroke Depression (PSD) in stroke patients is lack currently. This study developed a new scale named as Post-Stroke Depression Scale (PSDS) which can distinguish differences of PSD and non-PSD patients simplify and effectively.

Methods: PSDS was proposed on the basement of the various depression scales and the experience of 65 senior psychiatrists or neurologists. PSDS was a self-report measure which consists of 8 items. The study recruited 158 post-stroke patients who were able to communicate adequately and complete the PSDS and Hamilton Depression Rating Scale (HAMD). The reliability of PSDS was examined by Cronbach α. The internal consistency and congruent validity were calculated by Spearman coefficients. The discriminant validity of PSDS was examined by Kruskal-Wallis Test. Then the cut-off score of PSDS was estimated by Receiver operating characteristic (ROC) curves which used to determine the ability of scale and categorized scales to the range of depression. Finally, Multiple linear regression was used to verify the special characters of PSD.

Results: The PSDS Cronbach α was 0.797 (95% CI), while the HAMD Cronbach α was 0.712 (95% CI). The spearman correlation coefficient between PSDS and HAMD score was 0.822 (p<0.000) which showed excellent congruent validity. The discriminant validity displayed a significant difference between PSD and non-PSD by Kruskal-Wallis Test (p<0.000). ROC curves determined the threshold value 6/24 and minor, major and severe PSD were divided by 6/24, 15/24, 17/24. The characteristic symptoms were the items of decreased Speech (don’t want to speak), easy fatigability, feeling of decreased capability and feeling of difficult to recover.

Conclusions: PSDS is a valid, reliable, sensitive, and specific tool for the evaluation of depression in stroke patients. It has 8 items which is feasible and acceptable for patients and can be widely used.
CLINICAL FEATURES IN BIPOLAR PATIENTS WHO HAVE BEEN MISDIAGNOSED AS OTHER MENTAL DISORDERS

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Objectives: Bipolar disorders are usually misdiagnosed. This study aims to probe the clinical features in bipolar patients who have ever been misdiagnosed as other types of affective disorder.

Methods: Seven hundred and thirteen consecutive patients with clinical diagnoses of affective disorder were evaluated using a Chinese version of SCID-I/P. We collected demographic information and clinical features on these patients, asked them to complete a 15-item checklist (HCL-15) about prior symptoms of hypomania, and administered the Hamilton Depression Rating Scale (HAMD-17). Univariate logistic regressions and multivariate forward stepwise logistic regressions were performed to identify factors associated with misdiagnosis of bipolar disorders.

Results: Two hundred and eighty two patients were identified as bipolar disorder. Among them, 56.7% (160/282) of patients had been misdiagnosed as other types of mental disorder. The following clinical features were more prevalent in patients who had been misdiagnosed: more initial syndrome as depression, more first onset, more melancholic feature, more bipolar II disorder, more hypomanic symptoms; In multivariate analysis, the following variables related to misdiagnosed of BD: greater age (OR=1.03), more first onset (OR=6.19), more initial syndrome as depression (OR=2.67), more bipolar II disorder (OR=2.09).

Conclusions: Misdiagnosis of bipolar disorder is common, when facing first onset patients with depression, it’s necessary to probe the history of hypomania symptoms.
THE IMPACT OF SECOND GENERATION ANTIPSYCHOTICS ON PSYCHOSOCIAL FUNCTIONING IN BIPOLAR DISORDER

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Objectives: Even though bipolar patients achieve remission, they do not reach premorbid psychosocial functioning. Factors such as residual depressive symptoms, number of episodes cause this effect. The impact of treatment modalities has not been adequately studied. The aim of this study is to evaluate the impact of treatment modalities on psychosocial functioning in remitted bipolar patients.

Methods: The study was carried out with 108 patients diagnosed with bipolar disorder. All patients were in remission and the remission state was confirmed scales. In the assessment of functioning, Functioning Assessment Short Test (FAST) covering the domains such as autonomy, occupational functioning, cognitive functioning, financial issues, interpersonal relations, and leisure time was applied. The treatment modalities are mood stabilizers (MS) versus mood stabilizers plus second generation antipsychotics (MS+SGA). While 38% (n=41) of the patients were on MS only, 67 patients (%62) were on MS+SGA. In the statistical analysis, multiple linear regression analysis was performed.

Results: In multiple linear regression analyses, the models concerning autonomy, interpersonal relations, and leisure time were statistically significant. In patients on MS+SGA, autonomy (Beta=3.086, p<0.01), interpersonal relations (Beta=2.807, p<0.01) and leisure time activities (Beta=3.293, p<0.01) were affected negatively. Similarly total HAM-D score have negative effects on the same domains.

Conclusions: Beside residual depressive symptoms, second generation antipsychotics used in the treatment seem to affect psychosocial functioning negatively.
INFORMATION PROCESSING OF MENTAL ROTATION IN MAJOR DEPRESSIVE DISORDER: EVIDENCE FROM EVENT-RELATED BRAIN POTENTIALS

Chen. J., Zhang. Z., Yang. L.
Affiliated ZhongDa Hospital, Neuropsychiatric Institute And Medical School Of Southeast University, Nanjing, China

Objectives: Mental rotation performance may be used as an index of mental slowing or bradyphrenia, and may reflect speed of motor preparation. The present study was conducted to investigate the event-related brain potentials (ERP) correlates of mental rotation and their mental slowing or bradyphrenia in major depressive disorder (MDD).

Methods: ERPs were recorded while we tested 25 MDD and 26 healthy controls (HC) by evaluating the performance of MDD on hand and letter rotation tasks at different orientations and their 400–600 ms window was measured and analyzed for latencies and amplitudes over the parietal electrodes.

Results: First, MDD were slower and made more errors in mentally rotating hands and letters than HC, and MDD exhibited a greater difference in response times and errors than HC between hands and letters. Second, the peak amplitude was lower, and the latency was longer in 400–600 ms window at parietal site in the hand task in MDD than HC, but that was not seen in letter task with only lower mean peak amplitude. MDD present the absence of a typical mental rotation function for the amplitude of the rotation-related negativity in the hand and letter tasks. Third, the scalp activity maps in MDD exhibited the absence of activation in the left parietal site for the mental rotation of hands as shown in HC. In contrast, their brain activation for letter task was similar to those of HC.

Conclusions: These data suggest that mental imagery of hands and letters relies on different cognitive and neural mechanisms and indicate that the left posterior parietal lobe is a necessary structure for mental transformations of human hands. Importantly, MDD’ deficits were more seriously present specific to the hands than the letters. Such impairment may also be an important and possibly defining marker of MDD in particular.
Long-term study of the effectiveness and safety of aripiprazole reinforcement therapy for treatment-resistant depression
H. Yonezawa1,2, Y. Otagaki2
1. Ishii Memorial Hospital
2. Kyobashi Psychosomatic Clinic2

[Background and aims] Strong evidence has been accumulated to suggest the usefulness of aripiprazole (ARP) reinforcement therapy for treatment-resistant depression (TRD). As TRD tends to recur easily, long-term treatment is necessary. However, there are almost no long-term data on ARP reinforcement therapy. This study aimed to investigate the effectiveness and safety of long-term (48 months) ARP reinforcement therapy.

[Methods] The subjects were 37 patients, who met the DSM-IV criteria and were diagnosed with TRD because of inadequate response to antidepressant drug treatment. Outcome measures included age, sex, basic antidepressant use, treatment effects, time of onset of effects, initial and maximum dosages of ARP, factors necessitating discontinuation of treatment, presence/absence of attenuation of effects, measures taken and their results, and proportion of patients completing the treatment for 48 months.

[Results] Fifty-one percent of the patients showed moderate or greater levels of improvement, and also showed onset of the treatment effects within 2 weeks. Within 6 months of the initiation of treatment, the effects were attenuated in most patients who initially responded to the treatment. However, temporary discontinuation of the drug enabled continuation of treatment in these patients; consequently, in 13 patients, treatment could be continued even after 48 months, and treatment discontinuation was not necessitated by the appearance of any adverse drug reactions.

[Conclusions] ARP therapy is effective and can be expected to be quick-acting. The effects in the patients showing response to the treatment were attenuated later. However, adjustments such as temporary discontinuation of the drug, allowed us to continue the therapy safely over the long-term.
INSOMNIA IS THE CENTRAL SIGN OF BMD THAT CONTRIBUTES IT TO INNATE CIRCADIAN OSCILLATORS
K.K. Pirkalani, Z. Talaee Rad
Mehr Medical Group, Tehran, Iran

Objectives: Evaluation of mood and personality interaction

Materials and Methods: Patients underwent evaluation with MCMI-III, clinical interview for psychological or non psychological reasons (4300) and Beck’s or Hamilton (320). Scores of mood and personality were studied for correlation. A model of cis-action and trans-action was developed.

Results:
1. Schizotypal, borderline, avoidant, dependent and self destructive personalities are more prone to mood disorders with more intense symptoms and less responsiveness to medication. P<0.03
2. Schizoid, paranoid, narcissistic and histrionic personalities are less prone to mood disorders than the general population. P<0.04
3. Schizoid, schizotypal, borderline and histrionic patterns show higher subclinical scores in mood disorder. P<0.1
4. Major depression augments schizoid, schizotypal, borderline, narcissistic, avoidant and dependent personality symptoms. Patients showed reduced personality scores and less symptoms after treatment for mood disorders. P<0.02
5. These latter personalities improve with their symptoms after antidepressants even if they do not fulfill clinical criteria for mood disorders as (MCMI-III and clinical interview). P<0.03
6. Curiously, almost all personality patterns improve with their symptoms even without mood problems if treated for short courses of antidepressants. P<0.01
7. Antidepressants probably disrupt persistent maladaptive neural circuits in almost all patients with different psychopathologies.

Conclusions:
1. Mood and personality interact in a cis pattern: they augment each other and trans pattern: they reduce the chance of the development or the expression and intensity of the other.
2. Personality disorders are not extreme of a spectrum of points of view and … but categorically distinguishable patterns with neuro-humoral backgrounds.
MATHEMATICAL THRESHOLD MODEL FOR CHRONIC RELAPSING REMITTING AND CHRONIC PROGRESSIVE DISEASE IN OTHER FIELDS OF MEDICINE AND ITS RELEVANCE TO BIPOLAR DISORDERS

By: K.K. Pirkalani, Z. Talaee Rad
Mehr Medical Group

Objectives:
Evaluation of mood and personality interaction

Materials and Methods:
Patients underwent evaluation with MCMIIII, clinical interview for psychological or non psychological reasons (4300) and Beck’s or Hamilton (320). Scores of mood and personality were studied for correlation. A model of cis-action and trans-action was developed.

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Conclusions:
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2. Personality disorders are not extreme of a spectrum of points of view and … but categorically distinguishable patterns with neuro-humoral backgrounds.
**BIPOLAR MOOD DISORDER (BMD) IS THE RESULT OF AMBIGUITY BETWEEN MASTER AND SLAVE CIRCADIAN OSCILLATOR**

K.K. Pirkalani, Z. Talaee Rad
Mehr Medical Group. Tehran. Iran

**Objectives:**
Derangement of the circadian system is a generally accepted theory for the pathogenesis of BMD. Unfortunately, there is no direct explanation about the mechanism. Our aim is to present a model that incorporates multiple genes in the pathogenesis.

**Materials and Methods:**
Oscillation of the circadian genes CLOCK, BMAL1 heterodimer within the suprachiasmatic nucleus is regarded as the master oscillator with a nearly curve of \( y=a \sin x +b \). It has suppressing effect on 3 slave oscillators. This is done through direct and indirect feedback loops. Besides, neuronal input from the retinal ganglion cells changes the sinusoidal curve into a more broken curve.

In the pathogenesis of BMD we have proposed that alternating reigning of the master and slave oscillators can cause a dying curve in the form of \( Y=f(X)g(\sin 1/x) \) where \( x \) is time and \( f \) and \( g \) are two functions typical for master and slave oscillator.

**Results:**
1. This model can predict the course of BMD disease spectrum.

**Conclusions:**
Finding molecular correlation with disease subtypes and activities is possible.

Although the circadian clock in the small-paired nucleus has the ability to function autonomously without need for external cues (indicating the presence of a pacemaker), environmental cues can reset the clock, especially the light-dark cycles. In mammals, the transcription factors CLOCK and Bmal1 (ARNTL) form a heterodimer that drives the expression of several genes such as period Per) and Cryptochrome(Cry) in mammals. Cry and Per proteins inhibit the transcription induced by CLOCK/Bmal1 complex, thus regulating their own expression. For example, there may be inherent differences between the SCN and other oscillators.
A STUDY OF LIPID PROFILE AND APOLIPOPROTEINS A1 AND B: THEIR RELATIONSHIP WITH ATTENTIONAL IMPULSIVITY IN FIRST EPISODE MANIA PATIENTS
A. R. Kavoor, D. Ram, S. Mitra
Central Institute of Psychiatry, Kanke, Jharkhand, India

Objective: Attentional/cognitive impulsivity has been associated with an increased risk for suicide, self-harming behaviours, and a severe course in patients with bipolar affective disorder. It has been proposed in literature that an alteration in various serum lipid fractions might be associated with an increased impulsivity. However, evidences are ambiguous and mainly based on data from the west. Present study analysed the relationship between attentional impulsivity and various serum lipid fractions in bipolar patients, from an Indian perspective.

Method: Sixty consecutive drug free/naïve first episode Mania patients attending our OPD were rated on the Barratt Impulsiveness Scale-11 (BIS-11), and Young Mania Rating Scale. Their BMI was calculated and blood samples were analysed for total cholesterol (TC), High, low and very low density lipoproteins (HDL, LDL & VLDL), Triglycerides (TG) and Apolipoproteins A1 & B.

Results: Based on the mean Attentional subscale score of BIS-11, the subjects were divided into with \((n=31)\) and without \((n=29)\) significant attentional impulsivity, and compared. Statistically significant differences emerged in terms of TC \((p = 0.042)\), TG \((p = 0.021)\), VLDL \((p = 0.029)\) and BMI \((p = 0.002)\), all being lower in those with attentional impulsivity.

Conclusion: This is a pioneering study, conducted in a developing population, and the results contribute to current literature on lower TC, TG and VLDL levels being associated with significant attentional impulsivity. Thus, patients presenting with low cholesterol and mood symptoms need increased clinical attention and may also warrant increased caution while implementing interventions aimed at lowering serum lipids.

Keywords: cholesterol, tri-glycerides, bipolar, mania, attentional impulsivity
THE EFFECTS OF 3 WEEKS REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION ON THE P200 AMPLITUDE IN PATIENTS WITH MEDICATION-RESISTANT MAJOR DEPRESSION

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Objectives
Previous studies have reported that the repetitive transcranial magnetic stimulation (rTMS) would be able to induce neuronal plasticity in the brain. Although event-related potential (ERP) is an expecting tool for exploring, a study of rTMS effects on ERPs in patients with major depression has not been fully explored. The aim of this study is to prove that rTMS treatment induces changes in brain function of patients with medication-resistant major depression using ERP.

Methods
Eighteen patients with medication-resistant major depression (five males and thirteen females) participated in this study. The patients received rTMS treatment for three weeks. All patients completed clinical scales including Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Scale (HAM-A), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (SAI, TAI), Ruminative Response Scale (RRS), Emotion Regulation Questionnaire (ERQ), and Cognitive Emotion Regulation Questionnaire (CERQ), and EEG assessment including ERP auditory oddball task, at their first visit (baseline) and second visit (3-weeks).

Results
In rating scales, HAM-D, HAM-A, BDI, SAI, and 'blaming others' scale of CERQ decrease significantly after rTMS treatment. In ERP auditory oddball task, when FP1, FP2, FZ, FCZ, CZ, and PZ channels were analyzed, P200 amplitudes showed a main effect for time of measure and increased after 3-weeks rTMS treatment. Standardized low-resolution brain electromagnetic tomography (sLOREA) showed significant activation in left middle frontal gyrus.

Conclusions
This study suggests that long-term rTMS treatment induces changes of brain function in patients with medication-resistant major depression, which can be identified using ERP.
MANIAC EPISODE AFTER ELECTROCONVULSIVE THERAPY IN PATIENT WITH MAJOR DEPRESSION: A CASE REPORT
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Objectives: Electroconvulsive therapy (ECT) is an effective treatment for patients suffering from severe mental disorders, particularly major depressive disorders with psychotic symptoms. In severe depressive disorders, ECT allows greater effectiveness than antidepressants, without increasing side effects. However, ECT has some iatrogenic effects as mental confusion, memory loss, headaches and nausea. The authors report a patient with mood switching, from depression to mania, induced by ECT. Following that a brief literature review on the issue was made.

Methods: Patient’s clinical records and PubMed database review, with “eletroconvulsive” and “mania” as keywords.

Results: A 64 years old lady with a forty years’ history of depressive symptoms was admitted in psychiatric ward, following a suicide attempt. After discharge the patient was treated with several antidepressants, from different classes, but only partial clinical remission was achieved. Three years later the patient was re-admitted due to severe depressive mood, anhedonia, apathy, psychomotor retardation, delusional thoughts of ruin, and suicidal ideation. Treatment with intravenous clomipramine only obtained partial response and thus the patient was proposed to ECT. After the second ECT session the patient developed inaugural manic symptoms such as euphoric humor, social disinhibition, running thoughts, accelerated speech, and decreased need of sleep. Total remission of the affective disorder was obtained after ECT discontinuation. In the international literature only four papers on ECT induced mania were found. Besides a recent single case report, there were two different old studies where 10 of 126 depressed patients treated with ECT suffered a manic switch.

Conclusions: Maniac episodes secondary to ECT are rare and poorly understood. Future studies should contribute to a deeper knowledge of these events and respective treatment.
COPING MECHANISMS AND HEALTH LOCUS OF CONTROLE OF PATIENTS WITH MAJOR DEPRESSION

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Objectives: In a previous study, we highlighted the correlations between individual perception of health management with depression. In the present study, we seek to know if the way to cope with one's problems can be correlated with depression.

Methods:
All the patients admitted in our unit for a Depressive Episode (N = 2360) between 1/1/04 and 31/12/12 are included in an open study. They completed various questionnaires: socio-demographic, Beck Depression Scale, Mutidimensional Health Locus of Control, Ways of Coping, VAS on stress levels (professional, social, family and couple), and life events over the past year and month.

Results:
Depression level and MHLC correlate negatively for internality (r = -0.108 ; p < 0.000 whereas the ratio Internality / Externality is r = -0.167 ; p< 0.000), and positively for chance (CHLC : r = 0.131 ; p < 0.000). These results confirm our previous findings. We also found correlations between the level of depression and coping mechanism. Depression correlates positively with accepting responsibility (r = 0.059 ; p < 0.004), direct confrontation with problems (r= 0.093 ; p< 0.000), and with escape (r = 0.269, p <0.000). By contrast depression is negatively correlated with positive reinterpretation (r = -0,273, p<0.000) and with seeking solving strategies (r = -0,270, p <0.000). Regression analysis shows that the MHLC accounts for 5.1% of the level of depression while coping mechanisms account for 15.8% of it. A model including both dimensions accounts for 18.6% of the variance.

Conclusions:
The internality of MHLC protects against depression while the belief in luck worsens it. Regarding coping mechanisms, direct confrontation or escape are aggravating factors whereas positively reinterpreting problems or adopting a strategic attitude toward solving the problems protects against depression. How to integrate these data with the model of vulnerability?
PREVALENCE OF CARDIOVASCULAR DISEASES IN PATIENTS WITH MOOD DISORDERS

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Objectives: It has been proven that Mood Disorders (MD) increase the risk of Cardiovascular disease (CVD) through activation of the hypothalamic-pituitary-adrenal axis. Patients with MD have higher risk factors for CVD than the general population and this translates into increased mortality rates due CVD.

Aim: To study the frequency and types of CVD in patients with MD.

Method: Research included 27 patients with Bipolar Affective Disorder (BAD) and 65 patients with a Depressive Disorder (DD) (ICD-10 diagnostic criteria), hospitalized during one year. Statistical analysis was performed with $\chi^2$ and t-test.

Results: Among patients with BAD there were 11 men (40.7%) and 16 (59.2%) women. Comorbidity was registered in 8 (72.7%) men, with an average age of 47 years, and 10 (62.5%) women, with an average age of 51.3 years. Patients with DD were 24 men (36.92%) and 41 women (63.07%). Somatic comorbidity was observed in 31 women (75.61%), average age 51.2 years, and 17 men (70.83%), average age 52.8 years. Analysis of somatic illnesses showed that CVD had the high prevalence – 12 patients (44.4% with BAD) and 25 patients (38.46% with DD). Among CVD, Hypertension was the most frequent. There was no statistically significant discrepancy in the prevalence of CVD and MD depending on gender ($p=0.64$ BAD), ($p=0.29$ DD) $\chi^2$ test, or age ($p=0.18$ BAD), ($p=0.25$ DD) t-test.

Conclusion: Patients with MD have a high prevalence of CVD at a rate of 40.2%, but there is no statistically significant difference depending on gender and age.

References:

1. Hughes, J. W., & Stoney, C. M. (2000). Depressed mood is related to high-frequency heart rate variability during stressors. Psychosomatic Medicine, 62, 6, pp. 796-803, 0033-3174
RISK OF MOOD DISORDER IN RELATION TO RECONSTRUCTION IN PATIENTS WITH EARLY STAGE BREAST CANCER
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Objectives: To investigate the factors influencing the choice of breast reconstruction; and to assess whether operative modes are associated with risk of anxiety/depression in early stage breast cancer patients.

Methods: This study identified 36,377 breast cancer patients receiving surgery from Taiwan’s National health Insurance medical claims from 2000 to 2008. We further classified the study patients into three groups with different operative modes, i.e., mastectomy alone (n=34,900), along with early reconstruction (n=1,080), and along with delayed reconstruction (n=397). We compared the characteristics of patients in relation to the choice of different operative modes. We also calculated the cumulative incidence rate of anxiety/depression for the three study groups, respectively. Multivariate analysis was conducted to estimate the risk and utilization of care for anxiety/depression in relation to operative modes.

Results: Age, insurance premium level, urbanization level, and post-surgery chemotherapy and radiotherapy were all significantly associated with choice of operative modes. After up to 11 years of follow-up, the patients with mastectomy alone, early reconstruction, and delayed reconstruction showed a cumulative incidence rate of anxiety/depression at 36.90%, 41.56%, and 33.89%, respectively. Compared to mastectomy alone, early (hazard ratio (HR)=1.06, 95% confidence interval (CI)=0.93-1.21) and delayed (HR=1.17, 95% CI=0.96-1.42) reconstructions were associated with a slightly elevated but insignificant risk of anxiety/depression. There were also no significant influences of operative modes on utilization of care for anxiety/depression.

Conclusions: Socio-economic variables and co-morbidities were significantly associated with patient’s choice of reconstruction, but receipt of reconstruction posed no significant influence on risk and utilization of care for anxiety/depression.
FAMILY DYSFUNCTION AND SUICIDALITY IN ADOLESCENTS WITH MAJOR DEPRESSION

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Objectives: Family problems are considered triggers of suicidality in adolescent depressive patients. We analyzed the association between family functioning and suicidality in adolescents with Major Depression.

Methods: We included 37 adolescents (ages 10-18) with diagnosed Major Depression (using the Center for Epidemiological Studies of Depression Scale and the Kid Neuropsychiatric Interview scale). The Family Problem Instrument was used to evaluate family functioning and the Okasha Suicidality Scale was used to evaluate suicidality. Clinical and demographic data was compared using the $\chi^2$ and Student-T test where appropriate. Pearson correlation tests were used to find correlations between variables. Logistic regression was used to compare other variables, to find associations and Odds Ratios between the various scale scores and sub-scores.

Results: Out of the 37 patients, 21 (56.7%) had high suicidality risk. Patients with high suicidality risk were older (average age 15.5 vs 13.7, respectively) and had higher depression scale scores compared with low risk patients. Total depression scores were positively correlated with suicidality scores ($r= 0.613, p = 0.001$). We found no association between suicidality and Family Problem Instrument scores and sub-scores, with the exception of the item dealing with disagreement between parents (OR: 5.28, 95% CI 1.06-26.3).

Conclusions: Adolescents with Major Depression and suicidality were older and had more severe depression compared with patients with no suicidality. Family dysfunction, as assessed by the Family Problem Instrument, does not seem to be strongly associated with suicidality in depressive adolescents. Family problems were not strong predictors of suicidality using our model.
ASSESSMENT OF DEPRESSIVE SYMPTOMS AMONG OBESE PATIENTS WITH FULL AND MODIFIED VERSION OF THE MONTGOMERY-ÅSBERG DEPRESSION RATING SCALE

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Objectives
Identification of depressive symptoms in patients seeking bariatric surgery should be performed briefly and systematically. However, vegetative symptoms of depression can be potential confounder to detect depression in this population. The objectives are to investigate the criterion validity of the Montgomery-Åsberg Depression Rating Scale (MADRS) among class III obese patients in comparison with standardized clinical interview; to analyze the performance of shorter versions of the MADRS.

Methods
Obese adults (body mass index >40kg/m²) were recruited consecutively from the waiting list of Bariatric Surgery clinic of the University of São Paulo, Brazil. The assessment tools were (a) 10-item MADRS and (b) the Structured Clinical Interview for DSM-IV (SCID-I). The internal consistency of the MADRS was estimated and Receiver Operating Characteristic curve analysis established the best cut-off point of the MADRS. Following, the performance of the MADRS was examined for 9-item to 5-item versions, after dropping vegetative items.

Results
The final sample of participants is comprised of 374 subjects (women 80%, mean BMI 47 kg/m², mean age 43.3 years). The alpha coefficient was 0.93. The best cut-off point was 13/14, compared with SCID-I, yielding 0.81 of sensitivity and 0.85 of specificity for 10-item MADRS. The overall ability to discriminate depression according to area under the curve was 0.87. Shorter versions of the MADRS presented comparable psychometric performance.

Conclusions
The MADRS is a homogeneous and valid tool to detect depressive symptoms among morbid obese patients seeking treatment. Shorter version of MADRS can be used with reliability and satisfactory validity in obese patients.
MOURNING AND MELANCHOLY IN JAPAN STUDY OF CASES OF DEPRESSION DUE TO PROLONGED BEREAVEMENT

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Objectives: It is difficult to distinguish normal grief from pathological grief. In Japan, the most aged society in the world, cases of pathological grief seem to be increasing because of the decline of religion, progression of the nuclear family and the lack of mourning.

Methods: We reviewed 14 cases that led to admission to our hospital with major depressive disorders due to the pathological grief after the death of someone such as their parents, spouse, and siblings. We diagnosed them based on the criteria of DSM-5. The period covers the past five years, from January 2009 to December 2013. Based on these cases, we examined the age, sex, history of admission to hospital with psychiatric disorder, family history, period from bereavement until hospitalization, causes of death, environment, and so on.

Results and Conclusions: Five cases (36%) were males and nine cases (64%) were females, and the age range was from 31 years old to 71 years old. Eight (57%) were after the death of a parent and five (36%) were after the death of a spouse. Five cases (36%) had been involved nursing the person who died for a period of more than 10 years. There were six cases of sudden death (43%) including suicide.

We report these findings and study the factors that led to hospitalization because of major depression due to pathological grief, taking into account the relationship with the social environment of Japan in recent years.
CHRONOBIOLOGICAL CHARACTERISTICS OF DEPRESSIVE AND MANIC PHASE OF BIPOLAR DISORDER

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Objective – to study circadian rhythms of the parameters of spectral analysis of heart rate variability in case of bipolar depression and mania.

Methods. 18 patients have been studied (F 31.1, F 31.3 - 31.4) – mean age 45.6±14.5 years. The patients have been divided into two groups: group 1 (9 patients) – F 31.3 - 31.4 and group 2 (9 patients) – F 31.1. Severity of depression was determined in accordance with HAMD-17, severity of mania was determined in accordance with YMRS. Assessing the autonomous regulation of the cardiovascular system the spectral analysis of heart rate variability was applied. The power spectrum density (PSD) of LF (low frequency) and HF (high frequency) range was established. The patients were examined at 1 a.m., 7 a.m., 1 p.m., 7 p.m. prior to the beginning of treatment. In order to determine the daily curve of changes in the indices under investigation the control group (15 mentally healthy people, mean age 44.9±9.3 years) was examined at 1 a.m., 4 a.m., 7 a.m., 9 a.m., 11 a.m., 1 p.m., 3 p.m., 4 p.m., 5 p.m., 7 p.m. in summer.

Results. Prior to the beginning of treatment de-synchronization of the circadian rhythms under study, in the morning/day hours (from 7 a.m. to 1 p.m.) the decrease in the spectrum power within LF-range in the group 1, and the increase in the spectrum power within LF-range in the group 2 were observed.

Conclusions. In the morning/day hours depression is associated with the decrease of sympathetic activity, while mania is associated with the increase of sympathetic activity (prior to the beginning of treatment).

References
PERSISTENCE TO ANTIDEPRESSANT TREATMENT IN PATIENTS WITH DEPRESSION
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Adherence to antidepressant treatment has been of clinical importance in the clinical outpatient setting. In this retrospective chart review, 6 month adherence to antidepressant was examined in 549 outpatients with a major depressive disorder (DSM IV), who started antidepressant treatment from May 2006 through August 2010. In this study, 280 patients were males, 33% of patients had previous history of treatment; and 58% were employed. Only 214 patient (39 %) continued antidepressant treatment for 6 months. Among 42% of patients who discontinued their initial treatment, 280 patients (51 %) of these patients did so without consulting their physicians. Among 214 patients who discontinued their initial antidepressant, 32% of these patients did so with no sign of improvement. Given a high rate of antidepressant discontinuation without consulting their physicians, closer communication between patient and their physicians should be encouraged.
EFFECTS OF THE ADDITION OF ARIPIPRAZOLE IN PERSISTENT DEPRESSION

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OBJECTIVES: To evaluate the efficacy of the addition of aripiprazole as adjunctive therapy in depressed patients with inadequate response to antidepressant treatment.

METHODS: A prospective nonrandomized study. Outpatients who met diagnostic criteria for depressive episode, following adequate antidepressant treatment dose and time, who had insufficient response, were selected for the study. After verifying their suitability for inclusion, aripiprazole was added to flexible dose. Response (MADRS, CGI, GAF), changes in functionality (FAST) and tolerability was assessed over a period of 6 months.

RESULTS: We recruited a total of 30 patients (14 women, mean age 55.9 years, 16 men, mean age 45.4 years). There were 9 dropouts (30%). The reasons for discontinuation were: failure (1), lack of efficacy (3) side effects (5). The most common side effects reported were restlessness (3) anxiety (2) and insomnia (2). The dose range used throughout the study was 2.5 mg to 15 mg (mean baseline: 5.41 mg, mean 6 months: 7.5 mg).

Variable efficacy: mean baseline MADRS: 33.83; MADRS mean 6 months: 6; 3 months response was reached in 53.57% of patients and remission in 25% of patients.

Variable functionality: FAST baseline mean: 44.5, mean FAST 6 months: 19.5

CONCLUSIONS: The efficacy is similar to that found in other studies. The functionality of the patients at 6 months improved more than 60% from baseline. Aripiprazole is a valid therapeutic option as an enhancer of antidepressant treatment in those patients whose depressive symptoms persisted. At moderate doses used has adequate tolerability with a favorable side effect profile. However studies are needed with larger numbers of patients and randomized placebo design.
QUETIAPINE AUGMENTATION FOR DEPRESSION WITH CO-MORBID ANXIETY: A MULTICENTRE, RANDOMIZED CONTROLLED TRIAL

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Objectives: Depression and anxiety are highly co-morbid but patients with co-morbidities are often excluded from treatment studies. Among the first-line agents for depressive and anxiety conditions are atypical antipsychotics (AAPs). The AAP, quetiapine, is approved for use for both depression and anxiety, but there is no published data on its benefit in co-morbid samples. The aim of this multi-centre, double-blind, placebo-controlled study was to examine the efficacy, tolerability and safety of quetiapine as augmentation in patients with depression and co-morbid anxiety.

Methods: Seventy-four adults (18-65 years), with a primary diagnosis of unipolar depression co-morbid with one or more anxiety disorders, were randomly assigned to receive flexible-dose quetiapine XR 50-300 mg/day or placebo for 12 weeks, in a 2:1 ratio. Pre/post measures included the Hamilton Depression Rating Scale (HAM-D), the Hamilton Anxiety Scale (HAM-A), the Clinical Global Impression Scale (CGI), the Penn State Worry Questionnaire (PSWQ), the Leibowitz Social Anxiety Scale (LSAS), the Panic Disorder Severity Scale (PDSS), the Post-traumatic Disorder Scale (PDS) and the Quality of Life Enjoyment and Satisfaction Scale (QLESQ). Adverse event data was collected at each study visit.

Results: The quetiapine and placebo groups showed comparable improvement on the HAMD, QLESQ and PSWQ, but there was no change in symptom severity on the PDSS and PDS (p>0.05). The quetiapine group did show significant improvement in scores on the HAMA (p=0.048), CGI (p=0.019) and LSAS (p<0.04), compared to the placebo group. Mean doses were 138.5 mg/day for quetiapine and 155.5 mg/day for placebo. Side effects were generally mild, with drop out mainly due to lack of efficacy, and similar drop-out rates for both groups (p=0.066).

Conclusions: Quetiapine provided significantly greater benefit in improving anxiety symptoms in patients with depression and co-morbid anxiety, though it did not benefit depression itself. It was also reasonably well tolerated.
ASSOCIATION OF POSITIVE FAMILY HISTORY WITH RISK OF VIOLENCE IN BIPOLAR AFFECTIVE DISORDER

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Objectives: Bipolar Affective Disorder (BPAD) relapses are associated with psychosocial impairment and risk of violence to others. Research suggests BPAD may consist of subgroups with differing symptomatic profiles and treatment responses, plus BPAD, substance use & violence to have shared genetic aetiology. We couldn’t find studies directly examining association between family history of BPAD and risk of violence. To describe association (if any) between a positive family history of BPAD and risk of violence to others during a relapse.

Method: Persons meeting ICD10 criteria for a relapse of BPAD, admitted to Teaching Hospitals Peradeniya/Kandy over a consecutive 10weeks period were eligible. Each participant’s risk of violence assessed using the interviewer administered Historical, Clinical, Risk-20 Scale (HCR20). A second researcher who was blinded to the outcome of the HCR20, assessed for a family history of BPAD by obtaining a history from at least two caregivers independently, and/or by perusal of the participant’s records. Analyzed using SPSS, Ethical approval obtained from Ethical Review committee, University of Peradeniya.

Result: 74 participants included. Mean age 39y, 52% (n=39) females, 36% (n=27) had positive family history of BPAD. Of those included in the study, 35% (n=26) were experiencing mania with psychotic features. Patients with a positive family history of BPAD had a significantly higher risk of violence to others as measured by the HCR20 (p=.019 at CI 95%). Higher risk of violence was also significantly associated with a greater number of previous episodes (p=.03) and with harmful alcohol use (p=.049).

Conclusions: Among participants of our study, a positive family history of BPAD was associated with a higher risk of violence. A positive family history may be a potential identifier of those at higher risk of violence. Further research is required to exclude confounders and to explore this hypothesis further.
COGNITIVE FUNCTION IN DEPRESSIVE PATIENTS AFTER CLINICAL REMISSION: A LONGITUDINAL STUDY

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Objectives: The aim of the study was to analyze the cognitive performance between remitted depressive patients (RP) and non-remitted depressive patients (NRP).

Method: This observational cohort study included 88 patients with DSM-IV-TR diagnostic of acute episode of major depressive disorder. The instruments used for clinical assessment were: 17-item Hamilton Depression Rating Scale, Mini-Mental State Examination and the Clinical Global Impression Rating Scales. Instruments for cognitive assessment were Trail Making Test parts A and B, Digital Span subtest of WAIS, Stroop-Colour Word Test, Tower of London (ToL), Controlled Verbal Fluency Task, Semantic Verbal Fluency, and Finger Tapping Test.

Results: Sample study was mainly composed of women and there were statistical differences between demographic characteristics. At 6 month follow-up, NRP scored significant lower in Trail Making Test – A (\( \bar{X}_{NRP} = -2.45; p=0.028; IC: -3.36 \rightarrow -1.54 \)), Trail Making Test – B (\( \bar{X}_{NRP} = -3.75; p=0.009; IC: -4.67 \rightarrow -2.84 \)), Digital direct Span A subtest of WAIS (\( \bar{X}_{NRP} = 0.63; p=0.039; IC: 0.24 \rightarrow 1.01 \)), ToL total movements (\( \bar{X}_{NRP} = -0.41; p=0.015; IC: -0.67 \rightarrow -0.15 \)), ToL total time (\( \bar{X}_{NRP} = -0.74; p=0.030; IC: -1.06 \rightarrow -0.42 \)), and Semantic Verbal Fluency (\( \bar{X}_{NRP} = -1.29; p=0.008; IC: -1.55 \rightarrow -1.02 \)).

Conclusions: Data suggest that cognitive impairment may persist despite clinical remission. Nevertheless RP patients perform better than NRP in cognitive domains associated to executive functions.
BREATHING FOCUSED YOGA AS AUGMENTATION IN UNIPOLAR AND BIPOLAR DEPRESSION

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Objectives: Complementary and alternative medicine therapies are increasingly used by patients with mental illnesses to self-treat symptoms, often without medical supervision. Yoga is a popular physical therapy with some evidence of benefit in unipolar depression, but without published data in bipolar depression. It is thought that the antidepressant benefits of yoga may derive from its controlled breathing component, which may normalize disordered sympathetic-parasympathetic activity. The aim of this 16-week study was to compare the efficacy of breathing focused yoga versus psychoeducation, as augmentation to medication, in alleviating residual depressive symptoms in unipolar and bipolar depression.

Methods: Adult patients (18-65 years), diagnosed with unipolar depression or bipolar disorder, and stabilized on medication and reporting significant residual depressive symptoms, were randomized to receive 8 weeks of manualized breathing focused yoga followed by 8 weeks of psychoeducation, or the reverse, in a cross-over design. Efficacy measures included the Montgomery-Asberg Depression Rating Scale (MADRS), Hamilton Depression Rating Scale (HAM-D), Clinical Global Impression Scale (CGI), and the Quality of Life Satisfaction and Enjoyment Scale (Q-LES-Q), and were completed pre and post each treatment, i.e. baseline, week 8 and week 16.

Results: 41 patients completed one treatment and 29 patients completed both treatments. The breathing focused yoga group demonstrated significantly greater improvement in clinician-rated and self-reported depression than the psychoeducation group (p<0.05). Quality of life improved in both groups, but the improvement was greater with breathing focused yoga than with psychoeducation (p<0.05).

Conclusions: Breathing focused yoga may be effective as an augmentation treatment for patients with mild severity of unipolar or bipolar depression or residual depressive symptoms. Of note, breathing focused yoga showed better efficacy than psychoeducation, an established treatment for depression, in the patient sample. Study limitations include the small sample size and lack of placebo alone group.
PATTERNS OF DISEASE AND THERAPY IN CHINESE BIPOLAR DISORDER: AN INTERIM ANALYSIS OF RETROSPECTIVE DATA FROM A LARGE AMBISPECTIVE STUDY IN CHINA (CAST-BD)


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Objectives: The Chinese ambispective study of clinical management of Bipolar Disorder (CAST-BD, NCT01770704) aims to describe clinical management and clinical outcomes related to BD in real-life settings. The interim analysis of retrospective data was to evaluate baseline disease characteristics and treatment approaches for patients with BD.

Methods: Multicenter, observational and ambispective study of patients with BD-I or BD-II with ≥1 mood event in the preceding 12 months, followed-up for 9 months prospectively. Site and patient selection provided a sample representative of BD populations. The study collected details relating to demographics, diagnosis, medical history and clinical management. Medication use during the retrospective phase is presented.

Results: 520 patients (mean age 36 years; 48% male, 52% female) were recruited from February to October 2013: 399 (77%) BD-I and 121 (23%) BD-II. Time (years) from first symptoms to diagnosis was 1.64 (BD-I) and 2.75 (BD-II). 70% (61% BD-I, 91% BD-II) of patients was misdiagnosed as having major depressive disorder before BD diagnosis. During the retrospective period, 98% (97% BD-I, 99% BD-II) of patients received medication treatment. Among BD-I and BD-II patients, respectively, the most patients were prescribed ≥3 agents (52%, 48%); while 35% and 32% were prescribed two agents, and 10% and 19% were prescribed one. Drug classes most commonly used (BD-I, BD-II, respectively) were traditional mood stabilizers (92%, 89%), antipsychotics (89%, 72%) and antidepressants (37%, 80%).

Conclusions: This ongoing study provides detailed insight on BD patient management practices in the Chinese clinical setting.
INTERVENTIONS FOR IMPROVING PSYCHOSOCIAL DIFFICULTIES IN DEPRESSION

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Objectives: Most of the studies reporting the efficacy of various interventions for depression have focused mainly on the reduction of symptoms as a main outcome¹. Moreover, the few meta-analyses addressing psychosocial difficulties (PSDs) beyond the symptoms analyze only a limited number of them². Our aim is to provide comprehensive clinical recommendations reporting the available interventions for improving the whole range of PSDs in depressive disorders.

Methods: This study is carried out as part of the Marie Curie Initial Training Network project MARATONE (Mental Health Training through Research Network in Europe). The definition of psychosocial difficulties is based on the World Health Organization’s International Classification of Functioning, Disability and Health (ICF). A multi-informant approach including an online expert consultation has been designed to gather extensive information on the efficacy of interventions.

Results: Clinical experts and researchers in the field of depression will enrich the results of this study by means of an online survey where they can rank the efficacy of existing interventions according to their expertise, specifying the treatments effective for particular difficulties and reporting the determinants of efficacy.

Conclusions: This project will provide sufficient information not only on the available interventions for improving PSDs, but also on the specific difficulties managed and omitted by the interventions. Its multi-informant approach and comprehensiveness will be beneficial for the clinical practice and research in depression.

References:
DEPRESSION AND QUALITY OF LIFE IN DIALYSIS PATIENTS
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Objectives: Depressive Disorders are frequently encountered in patients undergoing dialysis for their end-stage renal disease (ESRD) and are associated with increased morbidity and mortality. End-stage renal disease (ESRD) is a progressive and chronic disease of the kidneys requiring regular medical and nursing care. The main objectives of this study was to assess the prevalence of depressive disorder in patients undergoing dialysis for ESRD (n = 48), and to compare the Quality of Life (QoL) between patients who had depressive disorder and those that did not have depressive disorder.

Methods: For this descriptive, cross-sectional survey, patients aged 18 and above who were undergoing dialysis treatment were recruited. The diagnosis of depressive disorder and QoL of the patients were measured by standard questionnaires from October to December 2013. The data was analysed with descriptive statistics, the $\chi^2$ and t test using the SPSS WIN program.

Results: The prevalence of depressive disorder among the patients was 31.25% (n=15). The QoL was significantly worse in the patients who had depressive disorder when compared to patients who did not have depressive disorder.

Conclusion: It is very important to diagnose co-morbid depressive disorder in ESRD patients undergoing dialysis in order to deliver effective treatment and to improve their quality of life. Further research is needed to evaluate the utility of such treatments and outcomes in long run.
**MISDIAGNOSIS OF BIPOLAR DISORDER.**

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**Objectives**
To present a case report that exemplifies the importance of considering the diagnose of bipolar depression among subjects with depressive symptoms and poor response to antidepressant treatment.

**Methods**
47-year-old woman with family history of completed suicide on two second-degree relatives. She attends for the first time to psychiatric services at the age of 44, after attempting suicide in relation to anxious-depressive symptomatology. Since then she has been treated with antidepressants (paroxetine, escitalopram) and benzodiazepines (alprazolam, clonazepam) and has repeated three more suicide attempts. On the last visit to the emergency department she presented with mixed symptomatology and it was thought her husband’s interview, that he referred her having mood swing periods. He describes her having at the age of 45 an episode of 4-5 days in which she was more irritable and aggressive, with increased goal-directed activity, engaged in unrestrained buying sprees, more talkative and decreased need for sleep. Bipolar II disorder was the diagnostic orientation. Antidepressants were removed and mood stabilizer (lithium carbonate) was introduced, improving progressively until reaching euthymia.

**Results**
Bipolar disorder is a complex illness to manage, and its misdiagnosis results in further treatment complications. Initial misdiagnosis results in delay of appropriate treatment, which in turn increases the risk of recurrence and chronicity of episodes. The most common misdiagnosis for bipolar patients is unipolar depression. Lack of insight is one of the characteristic features of mania that contributes significantly to misdiagnosis. Therefore, the use of collateral information from family members and taking comprehensive longitudinal history of symptoms can help in improving the chances of accurate diagnosis of bipolar disorder.

**Conclusions.**
Clinicians need to be highly aware of this disorder. Consequences of misdiagnosis can result in ineffective treatment which might further worsen outcome.
IMPACT OF DIFFERENT COMPONENTS OF THE SOCIAL NETWORK AND THE SUBJECTIVE PERCEPTION OF LONELINESS ON DEPRESSION.
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Aims: To analyse the impact that different components of the social network and the subjective perception of loneliness have on depression.

Methods: Data was collected from COURAGE in Europe project, a cross-sectional survey of nationally representative samples from Finland, Poland, and Spain. A total of 10,800 non-institutionalized participants were interviewed. Loneliness was assessed with the 3-item UCLA Loneliness Scale (1) and depression with the Composite International Diagnostic Interview (2). The size, intensity and quality of the social network were also evaluated. A nested logistic regression was used to evaluate the impact of the components of the social network and loneliness on depression, controlling for socio-demographics and the number of people living in the household.

Results: When the block comprising the components of the social network was introduced in the model, size and quality of the network were inversely related with the presence of depression. After including loneliness in the model ($\chi^2(1)=430.91; p<0.001$), this effect disappeared and loneliness was the factor that had the strongest association with depression [O.R.=1.51; 95%CI=(1.46, 1.57)].

Conclusion: Loneliness has a higher impact on depression than the components of the social network. Psychological interventions to prevent feelings of loneliness and learn to cope with loneliness might be more effective interventions to prevent depression than increasing the size and quality of their social networks, and the frequency of the contact.

References:
ADMISSIONS AND TREATMENT OF BIPOLAR DISORDER IN A CRISIS PSYCHIATRIC UNIT

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Objectives
Evaluate sociodemographic characteristics, cause for admission, and pharmacological treatment in patients with bipolar disorder that required admission in a crisis psychiatric unit.

Methods
The sample was admissions in 1 year (N=70). We utilised ICD-10 criteria, and studied: sex, age, life together, reasons for admission, period of admission, number of admissions in one year and treatment. Statistical study was conducted with SPSS 17.0.

Results
Bipolar disorder is more frequent in women (57,1%). Mean age is 46,54 year. Patients usually live in their home (90%) and usually are singles (52,9%). Just 8,6% are in an institution. The pharmacologic treatments more used are: mood stabilizers (82,9%), atypical antipsychotic (78,6%), benzodiazepines (74,3%) and antidepressants (68,6%). The mean of medicines used per patient is 5,57. The most frequent causes of admission are mania or hypomania (28,6%), behavioural disorders (20%) and depresive episode (20%). The mean of the admission period is 19,60 days. The mean of admissions per year is 1,81. There is certain relation between the use of atypical antipsychotics and the period of admission but it is not statistically significant. There is certain relation between less days of admission and the use of depot treatment but it is not statistically significant. Patients who use depot treatment have less admissions in one year, these is statistically significant (p=0,033).

Conclusions
Mania or hypomania are the leading cause of admission, being more frequent depressive episodes can be managed on an outpatient basis. As expected the most commonly used drugs were mood stabilizers and atypical antipsychotics and is remarkable reduction in the number of admissions experienced by patients treated with depot medication.
INERGENERATIONAL CHILD ABUSE, REPORT OF A CASE

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-Objectives and Methodology: There are various conditions that makes child vulnerable to any form of aggression within the context of child abuse. One of them is lack of sufficient maternal elements to provide a good upbringing. Updated literature review from a clinical case.

- Results: 23 year old woman who came to Mental Health due to the insistence of her partner and his mother-in-law, she has a son from a month old, delegating all the responsibility of its care. She is the youngest of three brothers, separated parents over 10 years ago. Organic Background: natural abortion at age 12; at 6 years was referred to USMIJ by constipation and encopresis without organic cause. After initiation of a behavioral program, highlights the lack of compliance with our instructions, detected a strong family dysfunction. At school, she presented exhibitionist behaviors and abundant language about sex. Difficulty integrating with her peers, with neglect hygiene and care. She had few personal resources, mild mental retardation, with a history of emotional deprivation and basic needs that make us know that the patient has been abused as a child, so she has not the necessary resources to take care of her son.

-Conclusions:

-It is known that factors that break the cycle of abuse are the presence of a relationship of emotional support, participation in psychotherapy and the ability to develop and integrate the experiences of child abuse. Attachment theory is used to explain the mechanisms related to the transmission of abuse from one generation to another.

- The subjects from dysfunctional families express insecurity and dysfunctional relationships with their children.

- References:

- J De Paúl, Pérez-Albéniz, P.M. Paz, N Alday. Recuerdos de maltrato infantil en maltratadores y potencial de maltrato en víctimas de maltrato físico y abuso sexual.
MULTIFACTORIAL STUDY OF BIPOLAR DISORDER IN A SHORT STAY INPATIENT UNIT

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OBJECTIVES: The purpose of this study was to analyze a sample of patients diagnosed with bipolar disorder requiring admission throughout the year 2013.

METHODS: A retrospective study of 43 patients diagnosed with bipolar disorder who were admitted during the year 2013 in our Short Stay Inpatient Unit. Characteristics of the sample were analyzed: reasons for decompensation, family history of bipolar disorder, comorbidity with consumption of toxic substances, treatment, and seasonality of decompensation.

RESULTS: The 55.81% of the sample were women. The main reason for decompensation were the manic episodes in a 48.83% of the subjects (33.31% accompanied by psychotic symptoms), depressive episodes in 32.56% (35.71% with psychotic symptoms), 9.3% with hypomanic episodes and 9.3% for mixed episodes.

62.79% of the sample consumed toxics, being the most prevalent alcohol (56.25%), cocaine (37.5%) and cannabis (37.5%). 27.9% of the sample had a family history of first degree of bipolar disorder. In regard to treatment, the most prescribed drug in this sample were mood stabilizers (35.78%) (using two stabilizers in 23.07% of the sample), followed by antipsychotics (33.03%), antidepressants (10.09%) and anxiolytics (21.10%).

In addition, we found some seasonal predominance in the frequency of decompensation: higher in summer (32.2%), followed by autumn and winter (25.42% respectively) and spring as the less prevalent season (16.94%).

CONCLUSIONS: There was a higher prevalence of Bipolar disorder in women. The most common clinic involves manic symptoms and it is at summer. Over half of the sample had toxic consumption comorbidity. We found a family history of bipolar disorder in a quarter of the sample. The most commonly prescribed drug in these patients, to control symptoms were mood stabilizers followed by antipsychotic drugs.
BODY MASS INDEX IN BIPOLAR DISORDER IS ASSOCIATED TO A DEPRESSIVE PROFILE OF THE ILLNESS.


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Objectives The metabolic and nutritional disorders are a common problem in patients with mental illness. Lifestyle, side effects of drugs and neurobiological abnormalities are some of its causes. However there is little evidence about the role that obesity might have on the clinical course of bipolar disorder.

Methods This is part of a larger long-term follow-up study on the outcome of a cohort of bipolar patients under ambulatory treatment. Body mass index (BMI) was considered at the basal line, with three categories: healthy (BMI<25), overweight (BMI 25-29,9) and obesity (BMI >30). Clinical data were obtained retrospectively, at the basal line, and through the prospective up to 7 years follow-up. Univariate associations of clinical items to BMI were studied. Social adjustment was also measured at baseline, according to the Self-Evaluation Scale.

Results A total of 336 cases were included. The BMI was ≥25 in 68.2% and ≥30 in 27.1% of patients. 76.3% of men and 62.7% of women had a BMI ≥ 25. BMI scores were highly correlated to the basal age of patients. A higher BMI was significantly associated with more medical comorbidity, an older age at base line, more previous major depression episodes, and with a higher number of major depression episodes also in the prospective follow-up. Likewise, patients with a higher BMI had a significantly lower self-reported social adaptation.

Conclusions. Overweight and obesity are very frequent in bipolar patients. In this study, the association between obesity and a more depressive clinical profile, suggested by other authors, is confirmed in the retrospective as well as in the prospective follow-up. A significant association between overweight and a lower social adjustment was also found.
DEPRESSIVE PSEUDODEMENTIA: APPEARANCE DISTORTS REALITY
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Introduction
It is not uncommon to find patients with overlapping affective and dementia symptoms, which can induce to wrong diagnosis. It is important to pay attention to the profile to make the right discrimination between these entities for both therapeutic and prognosis implications.

Objectives
Analyze a clinical case in order to point out the differences between affective disorders and affective symptoms in patients with dementia, with special attention to the so-called depressive pseudodementia.

Methods
61 years old woman with irregular follow-up in our Mental Health Services since 1995. In December 2011 she consults for major depressive disorder with cognitive impairment. She is admitted to hospital in January 2012 for lack of self-care, gait disturbance, urinary and fecal incontinence and motor apraxia. Social Services confirm the insalubrity of her apartment. Psychopharmacological treatment is adjusted. In March 2012 she is admitted to Nursing Home with diagnosis of frontal-subcortical dementia and depressive disorder. Four months later she was euthymic and she had gained 15kg. In September 2012 she remained asymptomatic and she could return to her apartment.

Results
The depressive symptoms began before the dementia symptoms. In addition, there was a complete recovery after the antidepressant treatment. This, altogether, leads to the diagnosis of depressive disorder.

Conclusions
About 18-57% of elderly patients with depressive disorder have dementia; and about 8-15% of elderly patients with dementia have actually depressive disorder. Currently, clinical evolution and treatment response are the most used criteria for the differential diagnosis between dementia and affective disorder 1.

1 Richly P, Abdulhamid P, Bustin J. [Depressive pseudodementia. Differential diagnosis or meeting point?]. Vertex. 2012 Nov-Dec;23(106):421-7
DEPRESSION TREATMENT WITH BUPROPION WHEN CHRONIC ILLNESSES CO-EXIST WITH DEPRESSIVE SYNDROME
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Objetives:
The aim of this study was to examine the efficacy and the safety of Bupropion in the treatment of patients with major depression and medical co-morbidity.

Methods:
Depressed outpatients (N=8) with co-morbidity medical illness who receiving no efficacious antidepressant treatment were included in this case's study. Participants met DSM-IV-TR criteria for major depressive episode. We focused in disabling medical illness with impairment on physical function (Multiple Sclerosis, Degenerative Myopathies, Rheumatoid Arthritis and others) to examine the depression treatment when chronic illnesses co-exist with depressive syndrome. Hamilton Depression Rating Scale-17 (HDRS-17) and EuroQol Scale-5 (EQ-5D) scores were obtained before and after treatment (3, 6, 16 weeks, and 12, 24 months). During a 24-months follow-up period, five HDRS, EQ-5D and assessments were completed.

Results:
Two males and six females (mean age: 41.24; mean HDRS: 32.75; mean EQ-5D: 12.25) received Bupropion with initial daily dose of 150 mg, and 300 mg at third week (mean HDRS=25). Substantial global improvement was found at sixth week (mean HDRS 25/mean EQ-5D 6.38) and at 16 weeks all patients remained euthymic (HDRS <7). During the follow-up all of them were kept stabilized, being able to reduce the maintenance dose to 150 mg daily after one year of treatment. Also during the second year of follow-up there was no relapse. No adverse effects or interactions with other drugs for medical conditions were reported.

Conclusions:
Regardless of these limitations, these study findings confirm the efficacy and the safety of bupropion without unfavorable side-effects. Functional recovery was found and residual symptoms like anhedonia, insomnia and fatigue improved with a substantial enhancement of physical health. The small N and the methods used in this study do not generalize the results, although they represent a clinical finding that should be verified in further studies to establish the evidence.

IS THERAPIST-GUIDED COMPUTERIZED CBT EFFECTIVE FOR MAJOR DEPRESSION? A META-ANALYSIS AND A SYSTEMATIC REVIEW

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Objectives: Cognitive behavioural therapy (CBT) is effective for major depression, but access is limited due to lack of trained therapists. Computerized CBT (CCBT) has a possibility to solve this problem and several evidence suggest that it may help for enhancing depression treatment. Although CCBT compromise low adherence, recently a modified CCBT that adjust personal needs -therapist-guided CCBT has been increasing. We aimed to investigate the effectiveness of therapist-guided CCBT for major depression.

Methods: We searched 3 major data base by September 2013. All RCTs for adult major depression comparing therapist-delivered CCBT to control with proper allocation, concealment strategies and well-defined outcome assessment (depressive symptoms, function measures, and dropouts) were included. The mean differences (MDs) and standard mean differences (SMDs) with 95% CIs were calculated for each outcome except for dropouts, for which relative risk ratios were calculated. We assessed heterogeneity using an SMD forest plot and the I² statistics. A random effects model was used.

Results: In total, 8 studies met the criteria. All 8 studies used appropriate random sequence generation and intention-to-treat analyses, and used BDI as the primary outcome. Therapist-guided CCBT highly decreased depressive symptoms compared to control at post-treatment (1.5 to 4 months) (8 comparisons; MD -8.05, 95% CI -9.75 to -6.35). This effect was maintained during the continuous treatment (>6 months: 5 comparisons; MD -8.79, 95% CI -11.63 to -5.96). Therapist-guided CCBT did not significantly improve post-treatment functionality (4 comparisons; SMD -0.13, 95% CI -0.64 to 0.38) or reduce dropout rates (6 comparisons; RR 1.2, 95% CI 0.77 to 1.91) compared to control.

Conclusions: Therapist-guided CCBT showed a reduction in depressive symptoms at post-treatment and the effect maintained during continuous treatment in adults with depression.
IS MANIA PRECIPITATED BY LIFE EVENTS?

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Objectives

To describe the prevalence of life events as precipitants of manic episodes in patients with bipolar affective disorder.

Methods

A descriptive cross sectional study. Fifty three inward patients with mania were selected by simple random sampling method during the study period of one month. The data was obtained through an interviewer administered questionnaire and Holmes and Rahe Stress scale.

Results

Thirty two (60.3%) of the study subjects were females and the mean age was 35.8 years (range 18-62). Bipolar affective disorder current episode mania with psychotic symptoms was the diagnosis in 52.8% (n=28). Thirty one patients (58.5%) had experienced life events in the month preceding the onset of manic episode. Eight (25.8%) of the life events were above 50 life change units of Holmes and Rahe Stress Scale. The most commonly occurring life events were marital separation (n=5, 16.1%), trouble with in laws (n=5, 16.1%) and change in living conditions (n=4, 12.9%). The other precipitant identified was defaulted treatment which was present in 43.3% (n=23), while 3.7% (n=2) share the combination of treatment default and life events.

Conclusions

This study reveals that life events have played an important role in precipitating manic episodes in patients with Bipolar Affective disorder.
RESTING STATE NETWORKS AND BRAIN FUNCTIONAL CONNECTIVITY UNDER ELECTROCONVULSIVE THERAPY

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Objectives: Electroconvulsive therapy (ECT) is highly effective in patients with depression and there is evidence that ECT impacts on neuronal networks considered to play an important role in the neurobiology of depression. Electroencephalography (EEG) offers a unique tool to noninvasively measure brain electric activity. Aim of this study was to investigate neuronal processes and connectivity in sensor and source space before and under ECT using resting state EEG.

Methods: EEG recordings of 20 severely depressed patients (51.3±10.7 y.) were investigated before and after completion of right unilateral ECT. EEG power and sLORETA analyses were calculated from artifact-free epochs; spectrottemporal dynamics were analyzed in sensor and source space.

Results: Data revealed significantly increased delta and theta power in frontal sensor EEG electrodes, whereas EEG significantly connectivity decreased in both sensor and source space. sLORETA analyses indicated sources of current density increases in inferior frontal, superior frontal, insular, and temporal cortices. Statistical non-parametric mapping showed increased delta activity in middle frontal gyrus (xyz=35,35,-10; BA47, p<0.01), inferior frontal gyrus (xyz=35,30,-15; BA 11, p<0.01), insular cortex (xyz=30,25,0; BA13, p<0.05) and superior temporal gyrus (xyz=45,25,20; BA38, p<0.05).

Conclusions: ECT is associated with changes in both brain electric activity and EEG connectivity in frontal brain regions, a key anatomical region in the pathophysiology of depression. Low frequency power increases and EEG connectivity decreases may be a neurophysiological correlate of the mechanisms of action of ECT.
GENDER SPECIFICITY OF CLINICAL MANIFESTATIONS OF DEPRESSIVE DISORDERS IN MALE PATIENTS
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Objectives: A personificated therapy of depressive disorders assumes detailed researches of a gender specificity of their clinical-psychopathological manifestations.

Methods: With the clinical-psychopathological method and the Hamilton Depression Rating Scale (HDRS) 62 male patients with depressive reaction (F43.21 according to ICD-10) and 55 male patients with depressive episode (F32.0, F32.1 according to ICD-10) were examined. The group of comparison was consisted of 51 female patients with depression F43.21 and 47 female patients with depressions F32.0, F32.1.

Results: It was defined that affective disorder, depressive episode (F32.0-32.1) in male patients more often manifested as boredom (32.7%) and apathic- adynamic (25.5%) variants of depressions with predominance of boredom (58.2%), daily mood fluctuations (54.5%), anhedonia (41.8%), indifference (36.4%), a significant feelings of guilt (3.7±0.2 points (HDRS)), ideas of worthlessness (78.2%), decreasing body weight (27.3%), and constipations (43.6%) in their clinical picture.
Depressive reaction (F43.21) in male patients was presented with grief (45.2%), sadness (41.9%), fear (25.8%), difficulties with decisions of problems (64.5%), rigidity of thinking (30.6%), obsessive thoughts (29.0%), significant (3.2±0.1 points (HDRS)) disturbances in the urinary system (41.9%), and sexual disturbances (46.8%).

Conclusions: The results obtained should be taken into account in pharmacotherapy and psychotherapeutic treatment.
Efficacy and Safety of Lurasidone Adjunctive with Lithium or Valproate in Bipolar I Depression: Results of Two 6-Week Studies

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Objectives: To evaluate the efficacy and safety of lurasidone adjunctive with lithium (Li) or valproate (VPA) in bipolar I depression.

Methods: Data were pooled from 2 studies in which patients with bipolar I depression received 6 weeks of double-blind treatment with lurasidone 20-120 mg/day (N=355) or placebo (N=327), adjunctive with Li or VPA. The efficacy measure included the Montgomery Asberg Depression Rating Scale (MADRS), Clinical Global Impression Bipolar Severity of Illness (CGI-BP-S), Quick Inventory of Depressive Symptomology – Self Report (QIDS-SR₁₆), and the Hamilton Anxiety Rating Scale (HAM-A).

Results: At week 6, treatment with lurasidone (vs. placebo) was associated with improvement vs. placebo in the mean MADRS (-14.4 vs. -11.9; p=0.003), CGI-BP-S (-1.7 vs. -1.3; p=0.001), QIDS-SR₁₆ (-7.4 vs. -5.7; p≤0.001), and HAM-A (-7.0 vs. -5.0; p≤0.001). Minimal changes were observed for adjunctive lurasidone vs. placebo in mean weight (+0.1 vs. +0.2 kg), median total cholesterol (-4.0 vs. -1.0 mg/dL), LDL (-3.0 vs. -1.0 mg/dL), triglycerides (+4.0 vs. -2.0 mg/dL), and glucose (0.0 vs. 0.0 mg/dL). Discontinuation rates due to adverse events were similar for lurasidone vs. placebo (5.8% vs. 4.8%); adverse events (≥5% incidence) were nausea (13.9% vs. 10.2%), Parkinsonism (12.8% vs. 8.1%), somnolence (11.4% vs. 5.1%), and akathisia (10.8% vs. 4.8%).

Conclusions: Results of this pooled analysis demonstrated that adjunctive therapy with lurasidone and Li or VPA was effective in treatment of patients with bipolar depression, with a low rate of discontinuation due to adverse events and minimal effect on weight or metabolic parameters.

Sponsored by Sunovion Pharmaceuticals Inc.
LURASIDONE TREATMENT FOR BIPOLAR I DEPRESSION: EFFECT ON CORE DEPRESSION SYMPTOMS

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Objectives: To evaluate the antidepressant effect of lurasidone using the 6-item MADRS subscale which has been shown to be a unidimensional measure of “core” depressive symptoms (Bech et al, Psychopharm 2002;163:20-25).

Methods: Patients with bipolar I depression were randomized to 6 weeks of double-blind treatment with lurasidone in a monotherapy study with fixed-flexible doses of 20-60 mg/d and 80-120 mg/d vs. placebo (total N=485); and in an adjunctive therapy study of lurasidone (20-120 mg/d) with either lithium or valproate vs. placebo (total N=664). The criterion for severe depression: baseline MADRS score ≥30.

Results: Lurasidone monotherapy resulted in significantly greater Week 6 improvement on the MADRS-6 for the 20-60 mg and 80-120 mg dose groups vs. placebo (-10.4 and -10.4 vs. -6.9; P<0.001 for both comparisons). In the severe depression group, lurasidone therapy (combined doses vs. placebo) was associated with significantly greater Week 6 improvement on the MADRS (-17.3 vs. -11.8; P<0.001) and on the MADRS-6 (-11.7 vs. -7.5; P<0.001). Week 6 effect size was larger for the severe (vs. less severe) depression group on the MADRS (0.56 vs. 0.44), and the MADRS-6 (0.62 vs. 0.44). Treatment with adjunctive lurasidone was associated with significant improvement on the MADRS-6 (P=0.003), but effect sizes were smaller for the severe depression group (0.25 vs. 0.49).

Conclusions: Treatment of bipolar I depression with lurasidone was associated with significant improvement in core depressive symptoms. In patients with severe depression, treatment with lurasidone was associated with larger effect sizes in the monotherapy study.

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TO ASSESS THE EFFICACY OF TREATMENT FOR 60 DAYS WITH SUBLINGUAL ALPRAZOLAM COMBINED WITH ESCITALOPRAM 10 MG DAILY, IN MAJOR DEPRESSION ASSOCIATED WITH INSOMNIA

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Introduction: Usually, insomnia was considered a secondary manifestation of some psychiatric diseases, like Major Depression. Often it was not treated expecting that improvement of primary disorder, would improve insomnia. However insomnia is usually a symptom of Major Depression or a risk factor to develop it. 1,2.

Objectives: To assess the efficacy of treatment with sublingual 0.5 mg of alprazolam combined with escitalopram 10 mg daily, in Major Depression associated with insomnia. Secondly, to establish whether there is a correlation between insomnia improvement and better antidepressant response

Material and Methods: Subjects (n:93) with Major Depression (Hamilton Depression Scale17 average:24) and Insomnia (Pittsburgh Sleep Quality Index average:13.8) were randomized to treatment with escitalopram/placebo (n:43) and with escitalopram/alprazolam (n:50), in a 60 days prospective, comparative, multicenter, randomized, double-blind, placebo-controlled trial.

Results: At day 60 depression improved in both groups. Escitalopram/alprazolam group reached an HAM-D17 average of 5.33 (remission) whereas escitalopram/placebo group just reached 8.55 (response) p = 0.03. Otherwise escitalopram/alprazolam group averaged PSQI score of 3.98 (good sleeper) while the other group had an PSQI average of 7.13.

Conclusions: The treatment allowed to achieve remission and PSQI good sleeper status just in escitalopram/alprazolam group. Simultaneous treatment of depression and sleep disturbance may be a good choice in patients with Major Depression and Insomnia.

BIPOLAR DISORDER AS THE FIRST MANIFESTATION OF NIEMANN-PICK TYPE C, DIAGNOSED IN AGED ADULT.


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Introduction: Niemann-Pick disease type C (NP-C) is a rare and complex lysosomal lipid storage disorder caused by mutations in either NPC1 or NPC2 genes characterized by the intralysosomal accumulation of unesterified cholesterol and sphingolipids in almost all cells. Patients present a broad clinical variability involving neurological, psychiatric and systemic manifestations and there is wide evidence that many patients remain undiagnosed.

Case description: A 61-year-old man with a bipolar disorder diagnosed 30 years before. Three years ago he developed a progressive walk and speech disorder.

Diagnostic Assessment: Neurological exam showed bilateral pyramidal syndrome, bilateral cerebellous syndrome, prosodic speech disorder, and vertical supranuclear gaze palsy. The genetic study demonstrated a NPC1 mutation p.Gin775Pro. The filipin staining in cultured skin fibroblasts demonstrated free cholesterol accumulation in lysosomes. He was admitted with functional impairment, worsening ataxia, and language impairment and a urinary infection. Antibiotics were given and lithium was reduced from 800 to 600 mg/day achieving an important improvement. Patient was readmitted with hyperactivity, megalomanic and paranoid delusions. Olanzapine 15 mg/d was added. Sialorrhea, urinary incontinence and worsening of dysarthria and ataxia were observed so olanzapina was discontinued and lithium reduced to 400 mg/d. After three weeks, maniac symptoms and side-effects were resolved and he was discharged.

Discussion: The rarity of the disease, the heterogeneity of NP-C symptomatology, manifestation in different age groups and diverse patterns of disease progression may considerably delay the diagnosis of NP-C. An inhibitor of glucosylceramide synthase (miglustat), has been shown to stabilize and, in some cases improve the neurological hallmarks of the disease. Several studies have highlighted this early treatment is most beneficial in retarding disease progression, leading to improved outcomes in NP-C patients; whereby an early diagnosis of NP-C has thus become even more important.

THE EFFICACY OF VORTIOXETINE ON COGNITIVE DYSFUNCTION IN ADULT PATIENTS WITH MAJOR DEPRESSIVE DISORDER (MDD): A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY

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Objective: To evaluate the efficacy of acute treatment of vortioxetine (VOR) 10mg/day and 20mg/day versus placebo on cognitive dysfunction in MDD.

Methods: Patients aged ≥18 and ≤65 years with recurrent MDD according to DSM-IV-TR, a current major depressive episode ≥3 months, and a MADRS total score ≥26 at both screening and baseline were eligible for this multi-national, randomized, double-blind, placebo-controlled study (FOCUS: NCT01422213). The primary efficacy endpoint assessed cognitive function as the weighted sum of the z-scores in the objective neuropsychological tests Digit Symbol Substitution Test (DSST) [speed of processing, executive functioning, attention; (correct symbols)] and the Rey Auditory Verbal Learning Test (RAVLT) [learning; (acquisition), memory; (delayed recall)] at Week 8 using a mixed model for repeated measurements (MMRM).

Results: On the primary efficacy endpoint, both VOR doses were statistically significantly superior to placebo (n=194) in the composite z-score of 0.36 (VOR10, p<0.0001, n=193) and 0.33 (VOR20, p<0.0001, n=204). The difference to placebo in mean change from baseline to Week 8 in the MADRS total score (FAS, MMRM) was -4.7 (p<0.0001) for VOR10 and -6.7 (p<0.0001) for VOR20. The protocol-specified path analysis showed that VOR10 had a 64% (95% CI: 47-82%) direct effect on the primary cognition efficacy endpoint (p=0.0007) and VOR20 had a 48% (95% CI: 23-73%) direct effect (p=0.0246) after correcting for the effect on the MADRS.

Conclusions: VOR10 and 20 mg/day were statistically significantly superior to placebo on the primary cognitive function measure, comprising executive functioning, processing speed, attention, and memory.

Commercial support: This study was sponsored by H Lundbeck A/S and the Takeda Pharmaceutical Company, Ltd.
With the release of dysthymic disorder as a diagnostic category was described by a large group of affective pathology, characterized on the one hand, well-known clinical polymorphism and relative unexpressed constituent symptomological manifestations - on the other. A number of clinical varieties of dysthymia were detected. However, to date remain under cover such aspects of the study of dysthymia as general laws of its course, the different trends in the development of the disease. The purpose of this study is a clinical study of dysthymia, developing at the time of obsessive-phobic disorders.

Subjects included 66 patients with dysthymia (37 men and 29 women), the selection criteria were the presence of persistent subdepressive states with obsessive-phobic disorders showing up in the clinical picture for at least 2 years; unsharply expressed psychopathological changes, conservation, albeit at a reduced level, professional activity in the absence of signs of social and labor maladjustment and disability.

The study revealed the general patterns of flow of dysthymia. Clinical manifestations of dysthymia are heterogeneous and find differences as well on the specifics of how obsessive-phobic symptoms as personality changes in structure and are divided into three options.

1. With the predominance of simple phobias and changes of personality’s anancastic depression structure (26 observations). Psychopathological disorders are elementary in its manifestations. Among the psychopathically changes, prevail emotional impoverishment with limitation contacts, as well as rigidity with regulation of all routine life. In the foreground, a sharp contraction of activity in the social and labor spheres, monotony and stereotyped entire way of life.

2. With the predominance of isterofoby and personality changes schizo-hysterical structure changing (24 observations). Among the psychopathically changes are the mannerisms, marked egocentrism, violations of the emotional contact with close relatives, as well as rudeness, stereotypeness and stereotyped hysterical reactions. Dominating behavior prevails with a demonstration of their suffering and attempts to manipulate others, having the purpose to subdue to their own interests.

3. Option with a predominance of abstract phobias and personality changes such as "fershroben" (16). Obsessions are exhausted by the obsessions of abstract content, psychopathic disorders - marked autism expressed, strange behavior, paradoxical views - combine with mildly marked thinking abnormality (amorphous, inconsistency, slipping)
“NOTHING ELSE WHITE MATTER(S)?” – CLINICAL IMPLICATIONS OF WHITE MATTER LESIONS IN BIPOLAR DISORDER

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Objectives: White matter lesions (WML) are more common in patients with Bipolar Disorder (BD) than in Healthy Controls. [1] In the general population WML are related to age and vascular risk factors. They seem to independently predict dementia (Alzheimer and Vascular). [2] In nondisabled older subjects WML are predictors for depressive symptoms. [3] Conclusive data is lacking if clinical important affective parameters are linked to WML-load in patients with BD.

Methods: In a cross-sectional design a total amount of 79 euthymic individuals (41 male, 38 female) with BD was enrolled for the present study. Participants were scanned using a 3T MRI FLAIR sequence at the Medical University Graz. Clinical data and diagnosis were obtained using Structured Clinical Interview according to DSM-IV. Current sub-threshold depressive and manic symptoms were evaluated using HAM-D, BDI and YMRS scales. FSL-software was used to assess WML-load, divided into periventricular (PV) and deep WML. For statistics, partial correlation analyses between WML-volumes and number of (hypo)manic/depressive episodes in lifetime as well as WML and current affective symptoms corrected for age, vascular risk factors and illness duration were conducted.

Results: No general differences in the amount of WML have been detected between men and women.

Number of manic/hypomanic episodes (r= 0.744; p=0,000) and depressive episodes (r= 0.524; p=0,000) were independently associated with WML-load (deep and PV) in men. By trend HAM-D scores were associated with deep WML in men (r= 0,284; p=0,062). No significance or trend towards these parameters has been found in women.

Conclusions: Our results suggest that WML are independently related to the number of depressive episodes and even more to the number of manic/hypomanic episodes in male patients with BD. This correlation is stronger than the correlation with age, the most important known factor for the progression of WML in the general population. No gender difference in the amount of WML has been detected. These observations lead to the conclusion that WML have a strong relation to the course of disease in male BD-patients but not in female BD-patients.

References:
2. Debette S, Markus HS; The clinical importance of white matter hyperintensities on brain magnetic resonance imaging: systematic review and meta-analyses; BMJ 2010: 341:c3666
A RANDOMIZED EXPERIMENTAL INVESTIGATION INTO THE EFFECTS OF RECEIVING PERSONALIZED GENETIC FEEDBACK ABOUT DEPRESSION SUSCEPTIBILITY

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Objectives. To examine the psychological effects of learning about one’s own genetic risk for depression, given that direct-to-consumer genetic testing is already available and personalized genomic analyses are expected to become an increasingly routine part of healthcare, including for psychiatric disorders.

Methods. After providing baseline ratings of their mood and answering a self-report questionnaire measuring depression symptomatology (the BDI-II), participants exposed their saliva to a glucose test-strip disguised as part of a DNA testing kit, after rinsing their mouths with a solution that secretly contained glucose. They were then randomly assigned to one of two conditions. In the “susceptible” condition, participants were told that the resulting colour change on the test-strip indicated heightened genetic risk for depression. In a control condition, they were told that the colour change (which was identical for all participants) simply indicated an average level of genetic susceptibility to depression. After receiving this feedback, participants again rated their mood, as well as rating their perceived levels of self-efficacy in controlling their moods in the future.

Results. Compared to control participants, those in the “susceptible” condition experienced a significantly greater increase in negative affect from baseline after receiving the results of the “DNA test.” They also rated their self-efficacy in controlling their moods as significantly lower.

Conclusions. Laypeople appear to interpret information about increased genetic susceptibility to depression as an indication of decreased ability to control their moods—an interpretation that is at odds with scientific understandings of DNA’s role in mood disorders. Pairing personalized genomics information with education about the non-deterministic role of genes in psychiatric disorders may be beneficial.
SOCIAL COGNITION IMPAIRMENTS IN BIPOLAR DISORDER. IMPACT OF CLINICAL VARIABLES.

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Objective(s): To analyze social cognition in a sample of patients with a diagnosis of type I bipolar disorder (BD1) and to determine the impact of number and type of relapses on social cognition status.

Methods: A sample of 31 patients with euthymic BD1 was selected from the Vic Hospital Center for Mental Health and 31 healthy controls with similar age, sex, and education level were recruited. Social cognition was evaluated in both study groups using the Movie for the Assessment of Social Cognition (MASC). Five years of patients’ medical records were reviewed to determine the number and type of relapses reported. All data analysis used the SPSS 20.0 statistical package.

Results: The mean MASC score was 25.8 (SD=6.1) for the patient group and 32.1 (SD=4.4) for the control group; this difference between the two groups was significant (p < .05).

The analysis of relapses over the preceding 5 years used the Pearson correlation coefficient and showed an inverse relationship between the social cognition score and a greater number of relapses in the depressive phase (r= -0.424) and a higher number of subsyndromal depressive phases (r=-0.327).

Conclusions: In recent years, a large number of publications have addressed the impact of bipolar disorder in patients who, despite long periods of euthymia, often cannot recover their premorbid level of functioning. Cognitive deficits, the impact of the psychotic symptomatology, the existence of depressive subsyndromal symptomatology, and a social cognition deficit are some of the factors suggested by researchers to explain this phenomenon. Our study observed that patients had a worse social cognition score than healthy controls, and that patient scores appeared to be negatively correlated with having experienced a higher number of depressive and subsyndromal depressive phases.

References


AGE AT ONSET AND SEVERITY IN BIPOLAR DISORDER
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Introduction: Bipolar disorders (BD) are heterogeneous and age at onset can be used to define more homogeneous subtypes, which may be useful for more targeted clinical interventions as well as for research. Early onset has been associated with a greater familial risk of BD, high recurrence, higher rates of comorbidity and poor outcome.

Methods: A cohort of bipolar outpatients was gathered from two Mental Health Centers and a General Hospital outpatient Clinic. All patients were diagnosed according to DSM-IV-TR criteria and the Mini-International Neuropsychiatric Interview and were recruited from November 2004 to August 2011. We explore possible relation of juvenile-onset (<20 years) with clinical and sociodemographic variables related with severity of the disease.

Results: 431 patients were recruited, 23.2% of them with an early onset of the illness. In this group, single and separated people are more frequent. We also found more axis II comorbidity, more previous drug abuse or dependence, more previous hospitalizations for manic episodes and more previous suicide attempts. The years of diagnostic delay were higher in the early-onset group. We do not found significant differences between groups in some other sociodemographic or clinical variables like gender, BD clinical subtype or family affective history. Other variables related with severity of the illness like social adaptation, global functioning, or CGI at basal line do not have meaningful differences between groups either. The number of affective episodes in the follow-up was also similar in both groups.

The limitation of this study may be its largely retrospective assessment of onset-age in patients.

Conclusion: We replicated partially the results of the literature. Some variables related with severity like more previous hospitalizations or suicide attempts are more frequently found in juvenile-onset group. However, social adaptation, global functioning or the number of the affective episodes are quite similar in both groups.
VALIDATION OF THE ITALIAN VERSION OF THE BIPOLAR DEPRESSION RATING SCALE: DIFFERENTIAL CLINICAL CHARACTERISTICS OF UNIPOLAR AND BIPOLAR DEPRESSION

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Introduction

Failure to distinguish bipolar from unipolar depression may lead to inappropriate treatment and poorer outcomes (1). However, the available scales for the assessment of depressive symptoms may not catch these psychopathological nuances.

Objectives

We aimed to validate the Bipolar Depression Rating Scale (BDRS, 2) in an Italian population and to describe with this tool the differences between unipolar and bipolar depression. We also wanted to explore the relationships between bipolar depression and the temperamental features of depressed patients.

Methods

We recruited 155 patients with a current depressive episode (unipolar depression N = 30; bipolar depression N = 125), according to DSM-IV criteria. All patients were evaluated with the Italian version of the BDRS (2), Hamilton Depression Rating Scale (HAM-D), Montgomery-Åsberg Depression Rating Scale (MADRS), Young Mania Rating Scale (YMRS). Depressed patients were assessed also with the Temperamental and Character Inventory (TCI-R).

Results

The BDRS showed a strong internal consistency (Cronbach’s α 0.82) and it correlated positively with the psychometric scales for affective psychopathology (MADRS r 0.67, p < 0.001; HAM-D r 0.81, p < 0.001; YMRS r 0.46 p < 0.0001). The evaluation of BDRS scores suggested that bipolar depression is characterized by mixed affective symptoms and that anhedonia may have an important role in discriminating between unipolar and bipolar depressed subjects. No significant correlation was found between BDRS scores and TCI-R subscales.

Conclusions

Our results confirm that the Italian version of the BDRS had a good internal validity and that it has a strong agreement with other rating scales for depression. The BDRS seems sensitive to the complex features of bipolar depression and represents a valid tool to distinguish unipolar from bipolar depression (3).

References

1) Bowden C.L. J Aff Disord. (2005), 84:117-125.
FACIAL AFFECT RECOGNITION IN SINGLE MANIC EPISODE OF BIPOLAR I DISORDER
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OBJECTIVES:
Facial affect recognition (FAR) is the ability to recognize and discriminate emotions in the faces of others. Several studies have shown an impairment of FAR in bipolar disorders. However, few studies have explored FAR in first episode of bipolar disorder. We compared the performance on a task of FAR inside a group of 10 bipolar I disorder, single manic episode patients to the performance of 10 chronic bipolar I disorder patients and 10 healthy controls.

METHODOLOGY:
10 hospitalized patients with DSM IV bipolar I disorder, single manic episode (mean age=27.7years, S.D. 6.44), 10 hospitalized patients with DSMIV bipolar I disorder in the manic phase(mean age=32.3, S.D 5.57)and 10 healthy controls (mean age=28 years, S.D 7.29), were recruited for our study.
2 pairs of slides of two posers inspired from the EKMAN test were shown to our sample. Each poser showed the six basics emotions, and then the sample selected on a score sheet the emotions shown by each poser. Groups were compared in terms of accuracy in identifying emotions.

RESULTS:
Compared to the controls group, the bipolar patients groups showed significant deficits in the recognition of sad, surprise, fear and disgust emotions, while no differences were found in the recognition of anger and happiness.
When directly comparing the two patients groups, single manic episode group performed worse in FAR than chronic bipolar I disorder group except in the recognition of disgust.

CONCLUSION:
Our results support some of the previous findings regarding the impairments in FAR, early present in Bipolar disorder, that can represent a “trait marker “of these disorder.

REFERENCES:
MANIA EPISODE AFTER ANEURYSM INTRACRANIAL RUPTURE: A CASE REPORT
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Objectives: the association between late life depression with both cerebrovascular risk and cerebrovascular disease is well established. It is known that bipolar disorder among older people (“late onset”) when compared to patients who have their first episode of illness in early adult life ("early onset") may be distinct in terms of their symptoms and risk factors. This work describes the clinical case of a 69 year old woman with no psychiatric history, who had suffered a basilar tip aneurysm rupture in the previous 18 months, that presented to a hospital consultation with a manic episode. In this case, the discussion based on literature review, is made on the possible association between symptoms and the basilar tip aneurysm rupture.

Methods: a detailed report of the clinical case was made as well as a literature review on the concept of mania and stroke.

Results: description of the clinical case.

Conclusions: this case report emphasizes the cerebrovascular risk as a likely important factor for the expression of bipolar disorders later in life.
RECOGNITION AND TREATMENT OF BIPOLAR MIXED STATES
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Objectives: To review the nosological status of bipolar mixed states and its treatment.

Methods: Online search/review of the literature has been carried out, using Medline/Pubmed, concerning “mixed states”, “affective disorder”, “bipolar disorder”.

Results: The presence of depressive symptomatology during acute mania has been termed mixed mania, dysphoric mania, depressive mania or mixed bipolar disorder. Highly prevalent, mixed mania occurs in at least 30% of bipolar patients. Correct diagnosis is a major challenge. The presence of mixed features is associated with a worse clinical course and higher rates of comorbidities. There is ongoing debate about the role of antidepressants in the evolution of such states.

Conclusions: Clinical vigilance and careful evaluation are required to ensure mixed states are not missed in the clinical context. Atypical antipsychotics are emerging as the medications of choice in the pharmacological management of mixed states.

COMO TRATAR A DEPRESSÃO BIPOLAR?
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Objectivos: Expor e discutir as opções terapêuticas no tratamento da depressão em doentes bipolares.

Métodos: Foi realizada uma revisão da literatura, através da plataforma online Medline/Pubmed, usando os termos “bipolar depression” e “treatment”.

Resultados: Embora a característica clínica mais distintiva da perturbação afectiva bipolar seja o humor patologicamente elevado, esta elacção do humor geralmente, não constitui o estado predominante na perturbação bipolar. A maioria dos pacientes com perturbação bipolar passa muito mais tempo em estado depressivo, sendo que a depressão bipolar é a principal responsável pela morbidade e mortalidade nestes doentes.

Conclusões: O tratamento farmacológico da depressão bipolar consiste na utilização de diferentes classes de fármacos, incluindo estabilizadores de humor e antipsicóticos atípicos. O uso de antidepressivos no tratamento da depressão bipolar é ainda alvo de forte controvérsia.


CORRELATES OF MARITAL STATUS FOR MALE PATIENTS WITH MOOD DISORDERS

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Objectives
To explore the difference of marital status between male patients with bipolar disorder and depression, to investigate the influence of marital status on mood disorders (number of admission and length of inpatient stay).

Methods
This was a retrospective study of male patients with mood disorders (bipolar and depression) who were admit to our ward between January 2013 and January 2014. A total of 95 patients who fulfilled the inclusion criterias were enrolled, of whom 46 patients were bipolar disorder and 49 patients were depression. The datas about the marital status (single, married, divorced), number of admission and length of inpatient stay for bipolar disorder patients in the past 5 years, for depression patients in the past 1 year were collected. Marital status of bipolar disorder and depression were compared, the influence of marital status on bipolar disorder and depression (number of admission and length of inpatient stay) were compared separately.

Results
For patients with bipolar disorder, 37% were married, 56.5% were single, 6.5% were divorced, the average number of admission was 4.2, 4.3, 1.3 respectively, and the average length of inpatient stay was 19.6, 21.3, 17.3 days respectively. For patients with depression, 55% were married, 33% were single, 12% were divorced, the average number of admission was 1.1, 1.4, 1.3 respectively, and the average length of inpatient stay was 7.1, 10.4, 16.0 days respectively.

Conclusions
The married and divorced patients are more associated with depression, while single status is more associated with bipolar disorder. For patients with bipolar disorder, single status is more associated with increase of inpatient stay, and both married and single status are more associated with increase number of admission. For patient with depression, there was no obvious association between marital status and number of admission, while divorce is more associated with increase of inpatient stay.
CORONARY ARTERIAL DISEASE DURING ECT: A CASE REPORT
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Objectives: Unipolar Depression (UPD) is one of the leading causes of global burden of diseases. Its treatment may be particularly challenging in the elderly due to antidepressants’ often poor therapeutic response and cardiovascular side effects. In such cases, ECT is highly recommended due to its safety and efficacy. Its principal physiological effects are also cardiovascular and may include raise of blood pressure, heart rate and myocardial demand. Nevertheless, ECT has no absolute contraindications and rare cardiac complications. This report presents a case of a 67-year-old male inpatient that developed a rare cardiac complication during ECT.

Methods: Clinical case report with patient’s consent and bibliographic review.

Results: The patient diagnosed with a recurrent severe psychotic UPD (initial MADRS = 36 points) was hospitalized in a general hospital psychiatry infirmary and ECT was indicated after fail of combined trials with antidepressants and antipsychotics. His ECT medical pre-evaluation revealed only unspecific abnormalities in ECG, which did not prevent ECT. During the 7th session, it was observed ST segment depression and few hours later, an angina equivalent episode with discrete elevation of cardiac enzymes, large hypoperfusion observed in myocardial perfusion scintigraphy (20% after dipyridamole infusion and 14% after resting) and severe arterial obstruction in cardiac catheterization (DA: 80%, RA: 80%, Cx: 70%). Thus, it was diagnosed an unstable angina and indicated a myocardial revascularization. Eventually, the patient was able to successfully complete ECT sessions with satisfactory outcome both psychiatric and cardiac, despite the coronary arterial disease then discovered.

Conclusions: Even though the safety and efficacy of ECT are well established, cardiac complications may develop during or immediately after the sessions. Therefore, it is important that patients with electrocardiographic abnormalities receive a thorough cardiologic assessment before the procedure in order to recognize and attempt to prevent potential cases of myocardial ischemia associated with ECT.

Abbreviations:
ECT: Electroconvulsive Therapy
MADRS: Montgomery–Åsberg Depression Rating Scale
ECG: Electrocardiogram
DA: Descending Artery
RA: Right Artery
Cx: Circumflex Artery
ANXIETY AND DEPRESSION, RELATION WITH SALIVARY CORTISOL IN MULTIPLE SCLEROSIS

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Objectives:
- Assess clinically the levels of anxiety and depression, with the use of the Hospital anxiety and depression scale (HADS-Portuguese version);
- Correlate salivary cortisol levels with anxiety and depression, disease activity and progression, evaluated in terms of disability (EDSS- Expanded Disability Status Scale) and presence of lesions uptake contrast in Magnetic Resonance Images.

Methods: Sixty consecutive patients with Multiple Sclerosis (MS) were recruited at hospital during their regular clinical appointments from January to May of 2013. After signing informed consent, each patient filled the HADS, and a saliva sample were taken from each patient to quantify the salivary cortisol (Inder, et al, 2012). Physical disability were assessed with the use of EDSS (Cohen, et al, 2012), administered by a senior neurologist. The results of Nuclear Magnetic Resonance (Bendszus et al., 2008) and clinical data were collected from the local database and clinical records.

Results: Prevalence rates of anxiety and depression in our study were of 45% and 28.3% among MS patients. Our results confirm the classic correlation between anxiety and depression in MS patients (r=0.44, p<0.01) this results are in line with results obtained in studies of Beiske et al, 2008 and Jones et al., 2012. Negative correlation were found between depression and disability (r=-0.28, p=0.03), but not between depression or anxiety and salivary cortisol. Positive correlation were found between age and EDSS, this result are in line with the results of recent study (Stankoff et al., 2007).

Conclusions: In this study, the patients had higher levels of depression that, curiously, were negatively correlated with the disability. No significant correlation was found between the levels of anxiety, depression and salivary cortisol levels in these patients.
ADDENBROOKE'S COGNITIVE EXAMINATION — REVISED FOR THE ESTIMATION OF COGNITIVE DISORDERS ASSOCIATED WITH EPILEPSY

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Objectives: Use of Addenbrooke’s cognitive examination-revised (ACE-R) to evaluate the cognitive disorders associated with epilepsy (CDAWE) in general medical practice. Neuropsychological tools plays important role in differentiation of CDAWE. However it is far not always accessible in the conditions of territorial policlinic or somatic in-patient department. As a result the indexes of exposure of cognitive disorders in general medical practice remain subzero, especially when diagnostics is base on only the clinical impression of doctor. All of it stipulates the necessity of application for general medical practice of simple and reliable psychometric instruments for early diagnostics of cognitive disorders. One of the methodologies worked out for these aims is modified Addenbrooke’s Cognitive Examination — Revised» — ACE-R.

Methods: The study was conducted in two steps at somatic hospitals and city polyclinics. It enrolled 31 patients with (18 men and 13 women) with epilepsy spectrum disorders. Work did not include patients with a mental backwardness, violations of physical development and chemical addictions. Diagnostics was conducted by doctors-psychiatrists. The psychometric characteristics of ACE-R and the possibilities of its use were estimated to detect CDAWE. The differences in the spectrum of cognitive impairments were analyzed in patients with different types of CDAWE.

Results: ACE-R is shown to be an effective neuropsychological tool for the primary diagnosis detection, and evaluation of CDAWE in the general medical network. The results of ACE-R use indicate that the spectrum of cognitive impairments has substantial differences in patients with different types of CDAWE.

Conclusions: ACE-R showed a high sensitiveness for patients with epilepsy, it can be used for an estimation both clinically outlined organic and subclinical cognitive disorders.
CLINICAL IMPLICATION OF LDAEP IN PATIENTS WITH ATYPICAL DEPRESSION

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Objectives: Loudness dependence auditory evoked potential (LDAEP) has been proposed as a useful biomarker of serotonin, and LDAEP value was low in patients with melancholic depression. This study aimed to evaluate the LDAEP level in patients with atypical depression.

Methods: Fifty five patients with atypical depression, and 68 patients with non-atypical depression were recruited. The Atypical Depression Diagnostic Scale (ADDS), Hamilton Rating Scale for Depression (HAMD), Hamilton Rating Scale for Anxiety (HAMA), Beck scale for Suicidal Ideation (BSI), Behavioural Inhibition System and Behavioural Activation System (BIS/BAS) scales, and Hypomanic Personality Scale (HPS) were evaluated. To evaluate the LDAEP, the peak-to-peak N1/P2 were calculated at five stimulus intensities, and the LDAEP was calculated as the linear-regression slope.

Results: Patients with atypical depression showed stronger LDAEP value, higher BAS and HPS scores compared to those of non-atypical depression. Among atypical depression group, LDAEP showed significant negative correlation with BSI score, and significant positive correlation with BAS score. HPS score was positively correlated with LDAEP in both atypical and non-atypical depression group.

Conclusions: Our results suggest that patients with atypical depression are in state of relative deficiency of serotonergic activity and LDAEP reflects mood reactivity. And the transient drop of serotonergic activity induced by mood vulnerability may contribute suicidal tendency in patients with atypical depression.
REASONS FOR PRESENTATION TO A SPECIALIST INPATIENT MOOD DISORDERS UNIT IN SINGAPORE

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Objectives: To explore the reasons for presentation to a specialist inpatient mood disorders unit in Singapore.

Methods: Patients discharged from a specialist inpatient mood disorders unit between November 2013 and February 2014 were included, and reasons for presentation were studied.

Results: 63 patients were included. The mean age was 37.5 years. The majority of patients were Chinese (64%), followed by Indians (16%), Malays (11%), Caucasians (3%), Eurasians (3%) and others (3%). 70% of patients presented with major psychiatric diagnosis such as bipolar affective disorder (27%), depression (22.5%), schizoaffective disorder (6.5%), mixed anxiety and depression (5%), anxiety disorders (3%), obsessive-compulsive disorder (3%), organic brain syndrome (1.5%) and drug-induced psychosis (1.5%). 30% presented with minor psychiatric diagnosis such as adjustment disorder (25.5%), acute stress reaction (3%) and accidental overdose of drugs (1.5%). 67% of patients had associated suicidality, with the majority (43%) having suicidal thoughts, and 24% having a suicide attempt prior to admission. 71% patients had previous psychiatric or psychological issues, and 12.7% had associated alcohol and/or drug issues. The average length of stay was 13.5 days for all patients; however, on further breakdown by diagnosis, it was 17.5 days for those with major psychiatric diagnosis and 3 days for the minor psychiatric group.

52.4% presented due to a direct consequence of a major psychiatric condition (first presentation or relapse). 58.7% had an underlying trigger for presentation, with relationship difficulties being the most common, followed by enlistment into mandatory national service, financial strain, anger issues, health issues, academic stress and accidental overdose of illegal substances.

Conclusions: A large proportion of admissions to the specialist mood disorder unit were for major psychiatric diagnosis. However, enlistment into mandatory national service appears to be a significant risk factor for presentation to the inpatient mood disorder service, alongside more commonly expected reasons for presentation.
THE EFFECTIVENESS OF WALKING THERAPY FOR INPATIENTS
WITH MAJOR DEPRESSIVE DISORDER
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Objectives
Mood disorders are commonly treated with antidepressants and/or psychological therapy. However, a substantial number of people prefer alternative approaches, such as exercise. The objective of this study was to evaluate a pragmatic intervention promoting rhythmic walking exercise to a group of patients who had been diagnosed with major depressive disorder.

Methods
Twelve participants (9 males; mean age ± standard deviation, 41 ± 16 years) who met the DSM-5 criteria of major depressive disorder were enrolled in walking therapy with physical assessments. The daily walks consisted of a distance of 640–1,500 m and burned 84–176 kcal. The frequency was 3 or 4 times a week for 90 days on average. Each participant was assessed for body weight and with the Center for Epidemiologic Studies-Depression scale (CES-D) at the beginning and end of the therapy.

Results
The CES-D scores were improved significantly (p < 0.005) after the intervention. Although 3 patients exhibited body weight gain, 9 patients successfully obtained dietary effects. Physical complications, such as hypertension or hyperlipidemia, were also ameliorated.

Conclusions
In spite of the effects of pharmacotherapy, the results of this study showed the benefit of walking exercise in patients with major depressive disorder by encouraging the process of self-discovery and resolving physical problems related to obesity.

References
INHIBITORY CONTROL OF ATTENTIONAL ORIENTING TOWARDS EMOTIONAL FACES IN BIPOLAR DISORDER

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Objectives. An antisaccade experiment, using happy, sad, and neutral faces, was conducted to examine the effect of mood-congruent information on inhibitory control in bipolar patients in their different mood states. The present manipulation also sheds light on the question of neuropathological specificity being a state (e.g., as revealed by differences between symptomatic vs. asymptomatic BD patients) or a trait (e.g., as revealed by differences between BD patients vs. healthy individuals).

Methods. Patients during the different episodes of bipolar disorder (BD) – manic (n = 22), depressive (n = 25), and euthymic (n = 24). A group of 28 healthy controls was also included. An antisaccede task was conducted while the eye-movements were recorded. Participants looked at the fixation point. As soon as the face appeared, the participants had to direct their gaze as quickly as possible away from the face to its mirror position on the screen.

Results. Results revealed that symptomatic patients committed more antisaccade errors than healthy individuals, especially with mood-congruent faces. The manic group committed more antisaccade errors in response to happy faces, while the depressed group tended to commit more antisaccade errors in response to sad faces. Additionally, anti-saccade latencies were slower in BD patients than in healthy individuals.

Conclusions. Taken together, these findings revealed the following: (a) slow inhibitory control in BD patients, regardless of their episode (i.e., a trait), and (b) impaired inhibitory control restricted to symptomatic patients (i.e., a state). Thus, preattentive judgments of facial stimuli could impede and retard inhibitory control and influence the generation and regulation of affective responses in bipolar disorder.
DEPRESSION AMONG HEMODIALYSIS PATIENTS IN JAPAN
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Objectives: Depression is one of the most challenging issues psychiatrically among patients with hemodialysis. DOPPS study suggests that up to 20% among those patients are diagnosed as Depression using DSM and other measures. In Japan, diagnosis of Depression among patients with hemodialysis are reported less frequently, comparing to other countries. Unfortunately, there are just few studies done here to assess individuals with hemodialysis for Depression. In this study, the patients were assessed by psychiatrists for Depression to validate such reports mentioned above.

Methods: One hundreds and three patients with hemodialysis at the Clinic, suburb of Tokyo agreed to participated in this study. The psychiatrists interviewed them according to SCID guidelines. We then gathered such data and objectively analyzed them to find patients who may be diagnosed of Depression at the time of the study.

Results: Of one hundred and three patients, three patients were diagnosed of Depressions in this study. Even though, numbers of participants in this study were relatively small, overall prevalence rate of diagnosing Depression by psychiatrists was 2.9 %, which is significantly lower than similar studies done in other countries.

Conclusion: Lower prevalence rate of Depression among Japanese patients may suggest a few reasons very unique to Japan. There are still few kidney transplants done here, and more patients rely on hemodialysis for longer period of time than other countries. Also, demographic difference between the patients and healthy individuals are small, which may make not just patients and their families, but physicians pay more attention to emotional side of patients with hemodialysis.
CHARACTERIZATION OF PATIENTS WITH MOOD DISORDERS FOR THEIR PREVALENT TEMPERAMENT AND LEVEL OF HOPELESSNESS
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Objectives: The present study was designed to characterize patients with Mood disorders (MD) MD for their prevalent affective temperament and level of hopelessness.

Methods: 559 consecutive adult inpatients were assessed using the Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Autoquestionnaire version (TEMPS-A), the Gotland Scale for Male Depression (GSMD), the Beck Hopelessness Scale (BHS) and the Mini International Neuropsychiatric Interview (MINI).

Results: Higher cyclothymia (27.7% vs. 20.0%, p < 0.05) and irritable (34.7% vs. 22.9%, p < 0.05) temperaments were found in bipolar disorder-I (BD-I) patients compared to those with other Axis I diagnoses. Major depressive disorder (MDD) patients had lower hyperthymia than BD-I and BD-II (22.9% vs. 44.6% vs. 40.7% p < 0.05) and higher anxiety than patients with other Axis I diagnoses (52.1% vs. 22.3%, p < 0.05). Severe “male” depression was more common in BD-II patients compared to BD-I and MDD, respectively (33.7% vs. 16.3% vs. 22.9% p < 0.05). BD-I and patients with other axis I diagnoses reported lower BHS≥9 scores (41.6% and 36.6% vs. 61.6% and 62.5%, p < 0.05) than those with BD-II and MDD.

Conclusion: MDD patients were more likely to have anxious prevalent temperament, higher hopelessness and lower hypethimic temperament while BD-I patients had more frequently cyclothymic and irritable temperaments than patients with other Axis I diagnoses. The implications of the present results were discussed.
PATIENTS’ PERSPECTIVES IN HOW TREATMENT CAN IMPEDE THEIR RECOVERY FROM DEPRESSION: A QUALITATIVE INTERVIEW STUDY.

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Objectives
Poor recovery from major depressive disorder (MDD) is a major public health problem. More than 50% of all MDD patients experience insufficient improvement from the available treatment options. The aim of our study was to explore patients’ perspectives on impeding characteristics of professional treatment for the recovery of MDD.

Methods
In-depth individual interviews in a purposive sample with 27 recovered MDD patients who had received professional treatment. Participants were recruited through several MDD-related websites in The Netherlands. Data were qualitatively analysed using constant comparison.

Results
Participants’ accounts yielded four major impeding themes: Lack of clarity and consensus about the nature of the participants’ MDD and the content of their treatment; precarious relationship with the clinician; unavailability of mental health care; and insufficient involvement of significant others.

Conclusions
This study identified a comprehensive overview of impeding characteristics in MDD treatment from patients’ perspectives that may slow down their recovery, engagement in treatment and clinical outcome. These results may help clinicians to understand how patients experience MDD treatment, and to incorporate patients’ perspectives about treatment into their joint decision-making. More awareness of the patients’ perspective may increase treatment adherence, motivation and finally success.
MANAGEMENT OF TREATMENT RESISTANT BIPOLAR DISORDER: A COMPARISON OF TREATMENT AND RESTRAINT PROCEDURES BETWEEN ECT AND NON-ECT GROUPS IN PSYCHOTIC MANIA

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Objective: ECT is suggested as an alternative treatment for bipolar patients who are resistant to treatment. The purpose of this study is to analyze the effects of ECT on clinical symptoms, treatment protocol, restraint and additional treatment applications in manic patients with psychotic features.

Method: Eighty three psychotic bipolar inpatients in Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery were included in this study. ECT and non-ECT groups were 39 and 44, respectively. Written informed consent was obtained from all patients. The mood and psychotic disorder modules of SCID-I, Young Mania Rating Scale (YMRS), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impressions Scale (CGI) were administered during the first three days, in the first, second and third week and on the day of discharge. A form including sociodemographic and clinical features, Bipolarity Index and the additional treatment and restraint applications were also filled.

Results: The initial YMRS and BPRS scores of the ECT group were higher and this group received higher doses of antipsychotics compared to the non-ECT group. The excitations of these patients were more intense and they were harder to sedate. As a result, restraint application and additional treatment rates were higher in the ECT group. Treatment resistance was the main indication for the ECT in the ECT group. Length of stay in a hospital was longer in the ECT group.

Conclusion: It was observed that patients with psychotic mania who were resistant to treatment and who had higher psychopathology received more intense management.

Keywords: Electroconvulsive Therapy, Bipolar Disorder, Manic Episode
SLEEP DISTURBANCE IN ADJUSTMENT DISORDER AND DEPRESSIVE ILLNESS
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Objectives: Depression is associated with, among other symptoms, disturbance of sleep. Although adjustment disorder may present with many of the symptoms seen in depression, there is a paucity of evidence regarding the prevalence of specific depressive symptoms. We hypothesised that patients with a diagnosis of adjustment disorder likely to suffer from sleep disturbance to a similar degree as those with a diagnosis of depression, and sought to identify any differences in sleeping pattern in the two diagnoses.

Methods: We examined sleep disturbance in 185 patients with adjustment disorder, and compared them with 185 patients with a diagnosis of depression, using the sleep disturbance items on the Schedule for Clinical Assessment in Neuropsychiatry (SCAN) and the Inventory of Depressive Symptoms – Clinician-rated-30 (IDS-C30).

Results: Patients with a diagnosis of adjustment disorder were less likely to report disturbed sleep than those with a diagnosis of depression. However, the pattern of disturbance differed in the 2 groups, with patients with adjustment disorder less likely to report early wakening (p<0.001) or hypersomnia (p<0.01). Patients with adjustment disorder were significantly less likely to have been prescribed hypnotics. On multivariate analysis, sleep disturbance was significantly associated with reduced energy levels (p<0.05) in adjustment disorder and with reduced appetite (p<0.05) and reduced energy (p<0.05) in depression. On multivariate analysis, functional disturbance due to sleep disturbance was significantly associated with single marital status in adjustment disorder (p<0.05) and with overall severity of depressive symptoms (p<0.01) and with negative life events (p<0.05) in depression.

Conclusions: Disturbance of sleep is a significant symptom in adjustment disorder, but as anti-depressant medications are not indicated, may pose treatment challenges. With further research, patterns of sleep disturbance may be useful in differentiating adjustment disorder from depression.
PALMITATO DE PALIPERIDONA COMO TRATAMIENTO DE MANTENIMIENTO EN PACIENTES CON TRASTORNO BIPOLAR

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OBJETIVOS:
En el presente estudio tratamos de determinar las características de los pacientes diagnosticados de trastorno bipolar y tratados con palmitato de paliperidona como tratamiento de mantenimiento, así como su efecto sobre la evolución de la enfermedad.

MÉTODOS:
Se trata de un estudio observacional, naturalístico, longitudinal y prospectivo, sobre una muestra de 5 pacientes diagnosticados de trastorno bipolar tratados con palmitato de paliperidona como tratamiento de mantenimiento en el Programa de Trastornos Bipolares del Hospital Clínic Barcelona. Se realizó un análisis descriptivo de las características sociodemográficas, clínicas y evolutivas de la muestra, así como un análisis estadístico comparativo de medidas repetidas para estudiar la evolución de los pacientes antes y después del inicio del tratamiento de mantenimiento con palmitato de paliperidona.

RESULTADOS:
El 100% de los pacientes tratados con palmitato de paliperidona como tratamiento de mantenimiento estaban diagnosticados de trastorno bipolar tipo I, presentaban polaridad predominante maníaca y eran pacientes con una mala adherencia al tratamiento psicofarmacológico oral. Solamente uno de los pacientes presentaba comorbilidad con consumo de tóxicos (alcohol). La dosis media de mantenimiento se situó en 55 mg. En uno de los pacientes fue necesaria la suspensión del tratamiento debido a la aparición de efectos adversos (distonía tardía) (Tabla 1).

Después de realizar un análisis estadístico de medidas repetidas, comparando el número de episodios antes del inicio del tratamiento y después, hallamos una diferencia estadísticamente significativa (p=0.005) indicando una reducción en el número de episodios después del inicio del tratamiento (media de episodios antes del inicio del tratamiento = 1.80, media de episodios después del inicio del tratamiento = 0.40) (Gráfico 1).

CONCLUSIONES:
Los pacientes con trastorno bipolar tipo I, con polaridad predominante maníaca y con mala adherencia al tratamiento farmacológico, se podrían beneficiar del tratamiento de mantenimiento con palmitato de paliperidona, con unas dosis inferiores a las recomendadas para los pacientes con trastorno esquizofrénico, ya que observamos una reducción significativa del número de episodios después del inicio del tratamiento. Son necesarios estudios controlados y aleatorizados con un mayor tamaño muestral para confirmar estos hallazgos preliminares positivos.
DETECTION OF HYPOMANIC SYMPTOMS IN PATIENTS WITH DEPRESSIVE DISORDER RESISTANT TO ANTIDEPRESSANT TREATMENT

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Objectives: Evaluation of patients with Depression Disorder, resistant to adequate antidepressant treatment, for the presence of affective symptoms that could lead to a possible diagnostic of Bipolar Disorder.

Methods: The authors applied the HCL-32 questionnaire for Energy, Activity and Mood (European Portuguese version) to patients with Depressive Disorder who, after at least eight weeks of treatment with antidepressants in an adequate dosage, didn't achieve remission of their symptoms (in- and out-patients);

Results: A total of 32 patients, who met the conditions above mentioned, completed the HCL-32 scale (8 in-patients, 24 out-patients). Twenty-eight of these patients scored at least 14 points in the list of positive symptoms.

Conclusions: The application of this scale, to this sample of patients, allowed the detection of symptoms of hypomania, not identified during psychiatric evaluation. These results may explain their absence of answer to treatment with antidepressants.
DYNAMICS AND RELATIONSHIPS OF NEUROBIOLOGICAL PARAMETERS IN TREATMENT OF AFFECTIVE-DELUSIONAL CONDITIONS

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Objectives: The goal of the study was to reveal some neurobiological correlates of efficacy of treatment of affective-delusional conditions to better understanding of their brain mechanisms.

Methods: Resting EEG was recorded, and plasma levels of auto antibodies to nerve growth factor and to basic myelin protein were measured twice (before treatment and at the stage of remission establishing) in 2 groups of patients (by 10 persons, all females, age 22-65) suffered with depressive-delusional (group 1) or manic-delusional (group 2) disorders in the frame of attack-like schizophrenia. Clinical condition of patients was assessed quantitatively using Hamilton’s depression rating scale (HDRS-17), Young’s mania rating scale (YMRS), and positive and negative symptoms rating scale (PANSS). All patients were administrated with adequate syndrome based pharmacotherapy.

Results: Decrease of EEG slow-wave (theta and delta) spectral power in the group 1, and it’s increase in the group 2 were noticed with improvement of clinical conditions by the end of the treatment course, while the pronounce of beta activity was decreased in both groups of patients. Correlation analysis has revealed statistically significant (p < 0.05) links of clinical rating scales scores before and at the end of treatment course with values of theta-2, alpha-1 and alpha-3 EEG sub-bands spectral power in the group 1, and with values of spectral power of all EEG sub-bands (in 2-30 Hz band) in the group 2, and with plasma levels of auto antibodies to nerve growth factor and to basic myelin protein, as well, that reflected the acuity of pathologic process.

Conclusions: The data obtained are discussed in the frame of the role of neuroplasticity and of brain inhibitory systems in pathogenesis of affective disorders of different polarity that have probably different neurophysiologic mechanisms.
ELECTROCONVULSIVE THERAPY: PATTERN OF USE IN A GENERAL HOSPITAL.

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1. Introduction and objectives. Electroconvulsive therapy (ECT) is an important treatment in the modern psychiatric clinical practice. It is acknowledged as an effective acute treatment for severe mood and psychotic disorders, and it is used mainly in treatment-resistant depression. Our aim was to describe clinical characteristics and treatment parameters of patients who received ECT in last year in a General Hospital’s short-term hospitalization unit of Psychiatry.

2. Methods. A cohort of inpatients who received ECT throughout year 2013 was gathered. Clinical data were obtained retrospectively. We measured the total of hospitalization days, number of ECT sessions and days until ECT was initiated since the beginning of hospitalization. We also considered the presence of relapses in a three-months follow-up period.

3. Results. 15 patients were recruited (60% female). Mean age was 56.87 years. 53.33% of patients presented diagnosis of severe depression, 25% of them associated psychotic features. 33.33% of patients had bipolar disorder (80% depressive episode and 20% mixed episode). Other diagnoses were schizophrenia (6.67%) or severe OCD with psychotic features (6.67%). It took an average of 20.67 days to initiate ECT treatment, with 62.13 days as mean length of hospitalization. We gave an average of 9.2 ECT sessions. A substantial group of patients (53.33%) presented a relapse in the three-months follow-up period.

4. Conclusions. ECT is a therapeutic strategy in the treatment of severe mood and psychotic disorders frequently used in our clinical practice. Due to high relapse rates, continuation and maintenance ECT could be an adequate treatment option for a subset of patients with demonstrated severe and highly recurrent illness, prescribed in addition to combination pharmacotherapy.

5. References.


SINDROME DE COHEN: REVISIÓN Y MANEJO A PROPÓSITO DE UN CASO

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INTRODUCCIÓN:
Se presenta el caso de un paciente varón, de 24 años de edad, con síndrome de Cohen, en seguimiento por el Equipo de Salud Mental de Cáceres desde octubre de 2009.

CASO CLÍNICO:
El paciente presenta alteraciones de conducta con auto y heteroagresividad que motivan múltiples ingresos en la Unidad de Hospitalización Breve de psiquiatría para control de sintomatología y ajuste de tratamiento. Los tratamientos pautados durante la evolución de este paciente han sido diversos. Se le han prescrito antipsicóticos, benzodiacepinas y estabilizadores del ánimo. El último tratamiento pautado es ácido valproico (1200mg/d), topiramato (600mg/d), olanzapina (30mg/d) y clonazepam (4mg/d). Con este tratamiento ha mejorado la clínica del paciente.

CONCLUSIONES:
El síndrome de Cohen es una enfermedad rara, con patrón de herencia autosómico recesivo con locus en el cromosoma 8q22. Su clínica características es la asociación de obesidad, hipotonía, retraso mental, microcefalia, dismorfia craneofacial típica, miopía y distrofia coriorretiniana. Asociado al retraso mental, muchos pacientes presentan alteraciones de conducta, cuadros de agresividad y agitación. A propósito de este caso clínico, se revisan y describen las manifestaciones clínicas y la evolución de la enfermedad y se discuten las diferentes formas de tratamiento.

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TELEMEDICINE IN THE APPROACH OF BIPOLAR DISORDER
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Objectives
The objective of the study was to compare the efficacy of an innovative treatment (TPT) based on a psychoeducational intervention (21 sessions) with support through telemedicine (12 videos) versus treatment as usual (TAU) based on regular psychiatry review (21 sessions) in a group of bipolar patients.

Methods
38 patients with bipolar disorder were included in the study and randomly distributed in two groups. The psychoeducational therapy was the Colom and Vieta’s program with 21 session of 90 minutes each. The telemedicine treatment was performed through the www.puedoser.es web platform provided by Astra Zeneca. In the web platform there are available forums, emails and virtual sessions as a reinforcement of psychoeducation. In order to assess the effectiveness of treatments, FAST scale was administered at baseline and 6 months after the intervention. Both methods were compared using comparative data analysis.

Results
Patients in TPT group had worse daily general functionality at baseline comparing with TAU group (t=-2.876; p=0.008). The most affected issues were: interpersonal cognitive area (t=-2.611; p=0.014) and interpersonal area (t=-2.617; p=0.014). After intervention there is an improvement in the general FAST score (z=-2.74; p=0.006) of the TPT group at 6 months assessment time. This improvement occurred mainly in cognitive area (z=-3.24; p<0.001), leisure area (z=-1.85; p=0.065) and interpersonal area (z=-1.72; p=0.086). No significant improvements were observed in the TAU group.

Conclusion
The psychoeducational program combined with telemedicine support shows to be more effective than TAU in the improvement of general patient functioning of individual with bipolar disorder.
THE SAFETY AND TOLERABILITY OF VORLIOXETINE IN SHORT- AND LONG-TERM TREATMENT OF ADULTS WITH MAJOR DEPRESSIVE DISORDER (MDD): A POOLED ANALYSIS

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Objective: To assess the safety and tolerability of vortioxetine.

Methods: Tolerability was based on the nature, incidence and severity of adverse events (AEs) during 6-8 weeks of treatment in 10 randomised, double-blind placebo-controlled short-term studies in MDD (NCT00672958, NCT00672620, NCT00735709, NCT01153009, NCT01163266, NCT01179516, NCT00839423, NCT00635219, NCT00811252, NCT01140906), 6 with active reference, and 5 long-term studies including relapse prevention (NCT00761306, NCT00694304, NCT01323478, NCT00707980, NCT00596817). Symptoms following discontinuation were assessed through the Discontinuation-Emergent Signs and Symptoms (DESS) checklist.

Results: In the short-term studies, patients were treated with placebo (n=1621), vortioxetine (5-20mg/day) (n=2616), venlafaxine (225mg/day) (n=113), or duloxetine (60mg/day) (n=753). The overall AE withdrawal rate with vortioxetine (5-20mg/day) was 4.5-8.4%: compared to placebo (3.5%), venlafaxine (14.2%) or duloxetine (8.8%). Common AEs (incidence ≥5% and >2x placebo) with vortioxetine (5-20mg/day) were nausea (20.9-31.2%), versus placebo (8.6%), venlafaxine (33.6%) and duloxetine (34.1%) and vomiting (2.9-6.5%): compared to placebo (1.2%), venlafaxine (3.5%) and duloxetine (4.1%). The mean DESS total score was 1.55 and 1.58 (vortioxetine 10-20mg/day), 0.96 and 1.19 (placebo), and 1.33 and 2.85 (duloxetine) in the first week and second week following abrupt discontinuation. There were no clinically significant trends within or between treatment groups regarding clinical laboratory values, ECG or vital sign parameters, or new safety or tolerability findings arising uniquely during long-term treatment with vortioxetine. The mean weight increase from baseline to last assessment was <1 kg for patients treated with vortioxetine for up to 1 year.

Conclusions: Vortioxetine (5-20mg/day) appears safe and generally well tolerated in short- and long-term treatment for MDD.

Commercial support: This analysis and the component studies were sponsored by H Lundbeck A/S and the Takeda Development Center Americas, Deerfield IL, USA.
VORTIOXETINE VERSUS PLACEBO IN THE TREATMENT OF ADULTS WITH MAJOR DEPRESSIVE DISORDER (MDD): A META-ANALYSIS

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Objectives: To compare the efficacy of therapeutic doses of vortioxetine (5-20mg/day) versus placebo using patient-level data from the 10 completed randomised placebo-controlled short-term clinical trials of adults with major depressive disorder (MDD) included in the FDA submission.

Methods: Analyses were based on the randomised, double-blind short-term placebo-controlled studies in MDD in which vortioxetine (5-20mg/day) was compared to placebo (NCT00672958, NCT00672620, NCT00735709, NCT01153009, NCT011363266, NCT01179516, NCT00839423, NCT00635219, NCT01140906, NCT00811252). The meta-analyses included the 9 short-term studies in adults, both positive and negative, while the elderly study (NCT00811252) was described separately. For inclusion, patients had to meet the DSM-IV criteria for a major depressive episode (MDE) and be at least 18 years old. Patients had a score ≥22 (1 study), 26 or 30 on the Montgomery-Åsberg Depression Rating Scale (MADRS). The principal outcome measure for this meta-analysis was the estimated treatment difference in change from baseline to endpoint of study in the MADRS total score, using MMRM or ANCOVA (LOCF) based on the full-analysis set (FAS).

Results: In the 9 adult studies, 1215 patients were treated with placebo and 2416 with vortioxetine (5mg/day: n=847, 10mg/day: n=687, 15mg/day: n=436, 20mg/day: n=446). The mean difference from placebo for vortioxetine in change from baseline to week 6/8 in MADRS total score was -2.6 points (5mg, p=0.008), -3.5 (10mg, p<0.001), -2.6 (15mg, p=0.105) and -4.5 points (20mg, p<0.001) (FAS, MMRM). Vortioxetine showed a broad clinical effect across MADRS single items and on the HAM-A.

Conclusions: Vortioxetine (5-20 mg/day) shows increasing efficacy versus placebo with increasing dose.

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THE IMPACT OF ANXIETY RELATED SYMPTOMS ON INTERPERSONAL RELATIONSHIP PROBLEMS IN DEPRESSIVE DISORDERS

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Objectives
Although a lot of research has suggested that anxiety is one of the risk factors for later depression, there are few studies to identify specific mechanism. One of the promising mediators of possible mechanism is interpersonal dysfunction influenced by anxiety related symptoms. Based on this background, we aimed to investigate the influence of various anxiety-related symptoms such as state anxiety, trait anxiety and anxiety sensitivity on interpersonal problems in depressive disorders.

Methods
A total of 155 outpatients diagnosed with depressive disorders completed questionnaire measuring socio-demographic, clinical symptom severity such as depression and anxiety, and interpersonal problems. Beck Depression Inventory (BDI) was used to measure depression severity and State and Trait Anxiety Inventory (STAI) and Anxiety Sensitivity Index (ASI-R) were used to evaluate various anxiety related symptoms. Interpersonal relationship problems were measured by the short form of the Korean version of the Inventory of Interpersonal Problems Circumplex Scales (KIIP-SC). After dividing patients into two groups based on their STAI and ASI-R score, Analysis of Covariance (ANCOVA) was performed to determine whether specific or general interpersonal relationship problems severity is different between two groups. Depression symptoms severity and other social-demographic factors affecting interpersonal problems were controlled as covariate.

Result
General interpersonal problem was affected by trait anxiety and anxiety sensitivity. General and any other specific interpersonal problems were not significantly different according to state anxiety. Patients with higher trait anxiety and anxiety sensitivity score tend to more distant, socially inhibited and non-assertive interpersonal pattern. More domineering and intrusive interpersonal pattern was observed in patient with high anxiety sensitivity.

Conclusion
Trait anxiety and anxiety sensitivity affected general and several specific area of interpersonal problem but no association was observed between state anxiety and interpersonal problems. These finding suggest the possibility that interpersonal problem act as a mediator of anxiety and later depression.
COGNITION IN BIPOLAR DISORDER
THE RELATIONSHIP BETWEEN NEUROCOGNITIVE DYSFUNCTIONS AND OBESITY

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Objectives. Neurocognitive deficits in bipolar disorder (BD) are pervasive, persistent across illness phases, and associated with psychosocial impairment [1, 2]. Recently, poor cognitive function has been related to obesity in BD [3]. This study aimed to assess the differences in diverse cognitive domains (attention, learning/memory, executive functions) between normal-weight, overweight and obese BD patients compared to healthy controls.

Methods. A total number of 119 euthymic individuals with BD was investigated using a cognitive test battery including tests of attention (d2 Test of Attention), mental processing (Trail Making A), learning/memory (California Verbal Learning Test), and executive functioning (Trail Making B, Stroop interference task). Additionally, anthropometric measures including body mass index (BMI), waist-to-hip-ratio, waist-to-height-ratio, and lipometry were assessed. For comparisons, data of 63 healthy controls (HC) were conducted using the same measures. MANCOVAs with group and weight as independent variables, cognitive performance as dependent variables, and age as covariate were performed. Bonferroni correction was used to adjust the p values for multiple comparisons.

Results. In the present study, 34.3% of BD participants were overweight (BMI = 25–29.9), and 32.1% were obese (BMI ≥ 30), which was higher than in HC (overweight: 25%, obese: 13.1%). Results further indicated that individuals with BD perform significantly worse than HC in measures of executive functions (F(2,169) = 6.252, p = .002), and attention/psychomotor speed (F(2,163) = 8.324, p = .000). In learning/memory, differences between normal-weight and primarily obese subjects were observed (F(15,516) = 2.047, p = .011). Partial correlations (controlled for age) between anthropometric variables and cognitive measures revealed that indicators of all cognitive domains were related to abdominal obesity in the BD group (p < .05), but not in the control group.

Conclusions. Executive function seems to be more BD specific, while learning and memory function is altered in obese (not in overweight) compared to normal-weight subjects independently from BD diagnosis. Findings show that especially abdominal body fat is related to a worse cognitive performance.

References.
THE LATE-ONSET BIPOLAR DISORDER: A CASE REPORT
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The prevalence of bipolar disorder after 65 years is 0.1 to 0.4%. Mania represents 4.6% to 18.5% of all psychiatric admissions in geriatrics in the USA. Specificity in terms of clinical presentation, evolution, prognosis and treatment. We must eliminate the organic pathology. We report the case of a patient who presented a first manic episode after 65 years.

E.H, 62 years old, married, father of four children, without personal and familial psychiatric history, addressed to psychiatric emergencies for psychomotor agitation. He presented one month ago a manic access with insomnia, the aggressive behavior toward his children and his wife, delusions of grandeur and persecution, a very irritable mood with excessive spending. The balance sheet was unremarkable (blood count, thyroid balance, serology: TPHA, VDRL, hepatitis B and C, HIV). The cerebral RMN was normal. The patient has been received a risperidone 4 mg/day and diazepam 30 mg/day. The evolution after two weeks was favorable.

The late-onset bipolar disorder is characterized by: a less intense euphoria, replaced by anger and irritability, a more elements of persecution, disinhibiting and impulsivity, more mood depressive at the end of manic access, the most common confounding symptoms and behavioral disorders. A higher frequency of neurological diseases is noted in elderly subjects with a bipolar disorder. The neuropsychiatric rigorous evaluation is very important to eliminate an organic pathology of manic access. The prescription of psychotropic drugs in the elderly must be under monitoring.

The Late-onset bipolar disorders are not exceptional. The clinic is often misleading. The elimination of somatic disorder, particularly neurological is not easy. The treatment is not codified.

References:
MANIC EPISODE INDUCED BY ENDOGENOUS HYPERCORTISOLISM - A CASE REPORT
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Cushing’s syndrome is a rare disease caused by chronic, excessive and inappropriate exposure to glucocorticoids. It is associated with increased incidence and prevalence of psychopathology (approximately 65%). It is estimated that the incidence of depressive episode is around 63% and of hypomanic or maniac episode, 3%.

Objectives/ Methods: In this paper, the authors propose to describe a case of a patient that was diagnosed with maniac episode, due to Cushing’s syndrome (secondary to pituitary adenoma), when doses of corticosteroid therapy were decreased.

Results/ Conclusions: The remission was achieved not only with replacement doses of corticosteroids, but also with the introduction of a mood stabilizer and an antipsychotic in low dosage.
IS THE PROCESSING OF IRONY MODULATED BY THE LEVEL OF SCHIZOTYPY OR HYPOMANIC PERSONALITY? AN ERP STUDY

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3. Institut Universitaire de France, Paris, France

Objectives
The aim of the present study was to investigate the semantico-prosodic integrative process regarding the level of schizotypy or the level of hypomanic personality in general population, through irony understanding. Our first aim was to determine if emotional ironic utterances’ understanding would demonstrate similar ERP patterns as previous studies on irony (Amenta, & Balconi, 2008; Regel, Gunter, & Friederici, 2011). Otherwise, the emotional processing was impaired in schizophrenic patients (Bora et al., 2009), and in bipolar patients (Martino et al., 2011). Moreover, it has been shown that schizophrenic patients had difficulties with verbal ironic understanding (Stratta et al., 2007; Mo et al., 2008). Our second aim was to investigate the influence of schizotypy and hypomanic traits on the electrophysiological components of the semantic-prosodic integration, through ironic utterances.

Methods
Healthy participants (around 60) were evaluated on schizotypy (SPQ-74), hypomanic personality (HPS) and performed a self-report of cognitive and emotional theory of mind (Duval et al., 2011). The ERPs were recorded during an ironic task, in which 80 short sentences, all describing positive or negative emotional states, were pronounced with a neutral or ironic prosody. In this task, participants have to decide whether the man speaker thought what he said.

Results
We expect to observe a larger P600 and a larger early negativity for sentences pronounced with an ironic prosody, but no modulation of the N400 amplitude. Furthermore, these effects will be appeared for the group with a low level of schizotypy or of hypomanic personality but not for the group with a high level of these traits.

Conclusions
The major discussion points will concern the components of ERP associated with semantic-prosodic integrative processes and their disturbances as cognitive markers of vulnerability to schizophrenia or to bipolar disorder.
POLARITY OF THE FIRST EPISODE OF BIPOLAR DISORDER IN MIXED STATES: CLINICAL AND PROGNOSTIC CONSIDERATIONS
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Objectives: The goal of our study was to investigate the clinical and the prognostic aspects of mixed states according to the polarity of the first episode.

Materials and Methods: We achieved a retrospective descriptive cross-sectional study on 77 cases of patients with bipolar disorder. Our study was conducted between September 2004 and September 2013.

Results: The type of first episode was manic in 59.7 % of cases (n = 46), it was a type of depression in 26 % of cases (n = 20), and finally it was mixed type in 14.3 % of cases (n = 11).

Compared to other patients, for those with a manic first episode, polarity at onset is predictive of the dominant polarity of the disorder, the age of onset of the disease was the lowest with an average of 24.6 ±6.9 years, and the evolutionary history of the disease included more mood episodes.

For those with a mixed episode at onset, we noted a clear female preponderance, in fact, the sex ratio was 0.57.

And for those with a depressive episode at onset, the evolutionary history of the disease included a greater frequency of suicide attempts, with an average of 0.9 attempts and high prevalence of substance abuse; it was noticed in 70 % of cases.

Conclusion: Accurate knowledge on the clinical characteristics and the evolutionary course of disorder since the first bipolar episode may help clinicians to develop more specific therapeutic intervention for patients with mixed states.

References:
LENGTH OF HOSPITAL FIRST ADMISSION OF SEVERE BIPOLAR DISORDER AND TIME TO RELAPSE: AN ELEVEN YEARS SURVIVAL ANALYSIS
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Objectives: The search of cycling parameters and predictive factors of bipolar disorder relapse has been consistent in clinical research. Many factors have been involved. We aimed to test the hypothesis that longer first admission would return to a re-admission significantly faster than shorter ones. Other variables related to time and risk to relapse were analyzed.

Methods: A retrospective chart review was conducted on patients ages 18-85 meeting any CIE-9-MC diagnostic of bipolar disorder from January 1, 2001 to December 31, 2011 who were first admitted. Patients were divided into those who meet criteria for manic (MC), depressive, mixed (MX) episodes and bipolar disorder type II or non specific. Age was categorized to 18-29, 30-49, 50-69 and 70-85. Duration of admission was categorized in less than 30 days (TH-) or above 30 (TH+). Descriptive and survival analyzes were performed. Primary outcome measures were the time for first re-admission and the impact of the variables in the study period.

Results: 304 patients were included in the study. 37.5% were male. The mean age was 48.38 years (DT 14.38%). No significant differences were found. Survival median time was 3,892 days (95% CI, 1795-5989). In TH- group mean time to re-admission was 2,449 ± 111 days, in TH+ group was 1385 ± 339 days (p=0.01). Cox regression showed that patients of TH+ group were more likely to be re-admitted compared to TH- group (hazard ratio = 2.23 p = 0.006) and MX group compared to MC group (hazard ratio = 1.73 p = 0.037). No other significant differences were found.

Conclusions: We found a greater median relapse time than others (10.66 years), probably due to the fact of considering single manic episodes. Our results suggest that admission longer than 30 days and mixed episodes have higher risk of re-admission.
CLINICAL DESCRIPTION OF A CHILEAN BIPOLAR OUTPATIENT SAMPLE
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Objectives: The aim of this study is characterizing a Chilean bipolar outpatient clinical sample, emphasizing on the description of predominant polarity, presence of psychosis, suicide and rapid cycling.

Methods: The clinical sample is 165 patients receiving treatment at the Bipolar Disorder Unit of Universidad Católica de Chile, between 2007 and 2013. Clinical assessments were performed by psychiatrists using clinical patient interview, semi-structured interview SCID-I (Structure Clinical Interview for DSM-IV, First et al, 2007)), family interview and review of medical records of each patient.

Results: The prevalence of hypothyroidism is 36%, three times higher than the national prevalence. The depressive predominant polarity, manic predominant polarity and unspecified (non-manic/non depressive) predominant polarity was reported in a 24%, 34% and 42% respectively. Beside, a lifetime history of psychosis, rapid cycling and suicide was reported in a 36%, 22% and 1% respectively.

Conclusions: Overall, this study reproduces international clinical findings in bipolar outpatient samples, and is one of the few descriptions of a South American population. The predominant polarity pattern (neither depressive nor manic) stands in between of the pattern described in Italian and Spanish populations. The unexpectedly high prevalence of hypothyroidism remains unexplained and ensures further studies. The other clinical features are similar to the ones described in bipolar literature.
THE LATE-ONSET BIPOLAR DISORDER: A CASE REPORT
Fadoua Oueriagli Nabih
Recherch Team For Mental Health, University Caddi Ayyad. Marrakech. Morocco

The prevalence of bipolar disorder after 65 years is 0.1 to 0.4%. Mania represents 4.6 % to 18.5 % of all psychiatric admissions in geriatrics in the USA. Specificity in terms of clinical presentation, evolution , prognosis and treatment. We must eliminate the organic pathology. We report the case of a patient who presented a first manic episode after 65 years.

E.H, 62 years old, married, father of four children, without personal and familial psychiatric history , addressed to psychiatric emergencies for psychomotor agitation. He presented one months ago a manic access with insomnia, the aggressive behavior toward his children and his wife, delusions of grandeur and persecution, a very irritable mood with excessive spending. The balance sheet was unremarkable (blood count , thyroid balance, serology: TPHA, VDRL, hepatitis B and C, HIV). The cerebral RMN was normal. the patient has been received a risperidone 4 mg/day and diazepam 30 mg/ day. The evolution after two weeks was favorable.

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References :
RESILIENCE AND DEPRESSION
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Objectives: Current scientific literature produces increasing evidence about the relationship between a personal history of childhood trauma and the risk of developing a mood disorder in adult life, but the present knowledge about the contribution of resilience in the etiology of these conditions is rather limited. We aimed to investigate resilience characteristics in patients with both unipolar and bipolar mood disorders compared with healthy controls.

Methods: 215 subjects diagnosed with mood disorder (according to the criteria of the DSM-IV-TR) and affected by current major depressive episode (MDE) frequenting the Day Hospital of the Institute of Psychiatry of the Catholic University in Rome were enrolled in the study. All patients were subjected to the Mini International Neuropsychiatric Interview to confirm the psychiatric diagnosis. Baseline psychometric assessments included measures of the severity of patients' symptoms (BPRS, HDRS and HARS). The level of resilience was measured with the Connor-Davidson Resilience Scale (CD-RISC). The control group consisted of 100 healthy subjects.

Results: CD-RISC total score was statistically different between patients and controls. In particular, significantly higher CD-RISC scores were reported in healthy subjects than in depressed patients (<0.001). When unipolar and bipolar subjects were separately compared to controls, these results were confirmed. Moreover a negative correlation was observed between total CD-RISC score and HAM-D, HAM-A and BPRS scores, also for bipolar and unipolar patients separately.

Conclusions: According to our results resilience appears to be more expressed in healthy individuals compared to subjects who develop a mood disorder. Our assumption is that higher resilience could be an environmental and genetic protective factor, as our findings suggest the interaction between resilience and the severity of symptoms. In this way our results contributed to a nascent body of literature suggesting that resilience characteristics mitigate risks not only for depression but also for other mental disorders.
LEVELS OF EMOTIONAL AWARENESS IN DEPRESSED PATIENTS
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Objectives: Emotional awareness (EA) is the cognitive ability that enables people to recognize and describe emotions in themselves and others. The Levels of Emotional Awareness Scale (LEAS) was translated and adapted to Portuguese/Brazilian language (LEAS-B) to compare EA of depressed patients and healthy volunteers; and to verify if scores of LEAS-B change after patients’ pharmacotherapy. Methods: LEAS-B, Hamilton Depression Scale and Beck Depression Inventory were administered to 93 healthy volunteers (78 women; mean age= 34.5, SD= 12.3) and 33 depressed outpatients (26 women; mean age= 41.8, SD=12.4). Participants were evaluated twice (T0 and T1), with 8-week interval. From T0 to T1 patients received sertraline. Results: The LEAS-B showed good reliability among controls and patients (α = 0.82; 0.94, respectively). There was no difference between samples regarding levels of EA. Depressed men reported higher EA than depressed women. Age was negatively associated with EA in women. From T0 to T1 patients improved from depression, but no alterations occurred in LEAS-B for both patients and volunteers. Conclusions: LEAS-B is a reliable instrument. The results suggest that EA according LEAS is unaffected by the depressive state. Participant’s sex and age should be considered to evaluate LEAS-B scores.

References:
THE MATRICS CONSENSUS COGNITIVE BATTERY IN BIPOLAR DISORDER

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Objectives
The MATRICS Consensus Cognitive Battery (MCCB) was developed by the US NIMH MATRICS initiative with the aim of providing a cognitive assessment tool to help overcome the heterogeneity of instruments used for the cognitive assessment of patients with schizophrenia. Studies on the use of the MCCB in bipolar disorder are scarce, and none have been published in our country. The aim of the present study was to compare the cognitive functioning of patients with bipolar disorder with that of a control group as assessed using the MCCB.

Methods
A cross-sectional study was conducted in a sample of 56 patients with bipolar disorder (58.9% female) and a group of 100 healthy controls (55.0% female). The mean age was 45.3 years (SD 7.3) for the bipolar disorder group and 43.2 for the control group (SD 10.6). The mean Hamilton Depression Scale score for patients was 7.2 (SD 4.7), while the mean score in the Young Mania Rating Scale was 2.8 (SD 3.5). The MCCB was administered and an ANOVA was used for comparison between groups.

Results
T-scores for patients vs. control groups were as follows: Speed of processing 52.1 (SD 9.6) vs. 38.7 (SD 10.0), Attention/vigilance 52.3 (SD 8.7) vs. 45.1 (SD 9.0), Working memory 49.7 (SD 11.4) vs. 40.3 (SD 10.1), Verbal learning 48.8 (SD 10.0) vs. 38.0 (SD 12.1), Visual learning 51.2 (SD 9.5) vs. 37.5 (SD 12.8), Reasoning and problem solving 49.1 (SD 9.9) vs. 39.5 (SD 10.5), Social cognition 50.4 (SD 9.6) vs. 44.3 (SD 10.6), Composite score 50.8 (SD 9.7) vs. 36.2 (SD 9.7). All differences between patient and control groups were statistically significant (p<0.001).

Conclusions
Although the MCCB is a cognitive assessment instrument designed for patients with schizophrenia, it appears to be a useful and sensitive battery for the cognitive assessment of patients with bipolar disorder.

References

BIPOLAR VERSUS UNIPOLAR DEPRESSION IN FIRST DEGREE RELATIVES OF BIPOLAR PATIENTS: COMPARISON OF SYMPTOMS PROFILE
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Objectives
To analyze if there are significant differences in socio-demographic, symptom profile and other clinical variables in unipolar (UP) versus bipolar (BP) depression in first degree relatives of BP probands in bipolar multiplex families.

Methods
The sample included 99 first degree relatives of BP probands; 48 (48.5%) were affected with UP disorder and 51 (51.5%) were affected with BP disorder. All the participants were evaluated with the Portuguese validated version of Diagnostic Interview for Genetic Studies/DIGS (Azevedo et al., 1993) and selected according to the ICD-10 diagnostic criteria, based on the Operational Criteria Checklist (Williams et al., 1996). Parametric tests were used to compare proportions (Chi-Square) and means (Mann-Whitney U Test).

Results
Mean age was not significantly different (p=.077) between UP (48.31±18.40) and BP (46.02±15.06) patients; likewise gender (64.6% vs. 51.0% females) and marital status (22.9 vs. 23.5% single/never married) proportions were not significantly different. There were significantly differences (all p<.05) in psychosocial stressor prior to onset (43.8 vs. 3.9%), agitated activity (25.0 vs. 43.1%), slowed activity (58.3 vs. 78.4%), loss of pleasure (87.5 vs. 98.0%), poor concentration (79.2 vs. 96.1%), poor appetite (2.1 vs 13.7%) and delusions (4.2 vs. 17.6%). There were not significant differences in prior social and work adjustment, loss of energy/tiredness, dysphoria, excessive self-reproach, insomnia, hypersomnia, appetite changes, age at first episode and number of hospitalizations.

Conclusions
Results are partially in accordance with the literature, showing that bipolar depression is less associated with a psychosocial stressor, and particularly prone to present increased appetite and delusions.
AN ITALIAN EXPERIENCE OF A PSYCHOEDUCATIONAL PROGRAM FOR BIPOLAR DISORDER IN A DAY HOSPITAL SETTING

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Objectives: Until today, most trials on psychoeducation for bipolar disorder have been conducted in euthymic patients. However, in the real world of an outpatient clinic or a day hospital setting, it is not common to find patients in stable euthymic state. Our aim was to establish a new type of psychoeducational intervention for bipolar patients, applicable during everyday practice with not (completely) euthymic patients.

Methods: 32 bipolar patients were recruited at the mood disorder unit of the Day Hospital for Psychiatry at the A. Gemelli Hospital, Rome, Italy. Acute phase illness such as (hypo)manic and severe depressive episodes was considered an exclusion criteria, whereas patients with an ongoing mild or moderate depressive episode or in partial clinical remission were included. The entire program consisted of 30 meetings and two follow-up meetings were planned after 6 and 12 months. Results were evaluated by the Hamilton Depression Rating Scale (HDRS) and the QVCA-DB (Questionnaire for the Assessment of Knowledge and Learning for Bipolar Disorder).

Results: The psychoeducational support has led to a general improvement in the patients included in the study. At baseline, patients with residual depression had higher HDRS scores than euthymic patients (mean score±SD: 21.25±3.92 vs 7.00±2.95 respectively). After psychoeducational treatment, the scores of euthymic remained stable (mean±SD: 7.00±3.74) where depressed patients showed a statistically significant improvement (mean±SD: 14.00±6.72, \(t=2.721, p=0.03\)). Moreover, we observed a statistically significant amelioration in the understanding of the disease in both categories of patients, as determined by QVCA.

Conclusions: Psychoeducational intervention as adjunctive treatment to pharmacotherapy seems to be very effective in patients with diagnosis of bipolar depression. Its effectiveness does not seem to be restricted to patients in euthymic phase, but intervention could be extended also to patients with an ongoing mild or moderate depressive episode.
RAPID CYCLING BIPOLAR DISORDER: CONSTITUTIONAL-BIOLOGICAL, CLINICAL-DYNAMIC AND CLINICAL-PROGNOSTIC REGULARITIES

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Objective: To establish the clinical-prognostic regularities based on the study of constitutional-biological, clinical-psychopathological and clinical-dynamic characteristics of the Rapid Cycling Bipolar Disorder (RCBD).

Methods: Clinical (anamnestic, psychopathological, dynamic, catamnestic), statistical, selectively - paraclinical (including experimental-psychological survey, psychometric, pathopsychological; instrumental; laboratory, etc.).

Results: There were developed the new approaches to detection of RCBD in patients of specialized psychiatric hospital, based on a comprehensive analysis of clinical-biological factors and clinical-dynamic peculiarities of mental disturbances. There were revealed the modifying influence of certain nosological forms of mental and somatic pathology relatives of the patient (the first degree of kinship) on the formation of the type of the course of RCBD and progression. The dependence the age by the time of the beginning of RCBD from the presence of burden of hereditary psychiatric or somatic pathology, nosologic form of this pathology, gender and premorbid features personality was established. There were allocated the most characteristic and prognostically significant variants of the initial period and syndromal variants of first affective episode. The complexes of clinical-biological factors, which determine the formation of BD with presence or absence of rapid cycles, were scientifically proved and verified by statistical analysis.

Conclusions: It is established, that the RCBD with a high degree of reliability is determined by:
- prevalence of hereditary family history BD among relatives of patient the first degree of relationship;
- predominance of emotionally unstable variant premorbid personality;
- narkomani, hyperhedonic and polypragmatic version of the initial period;
- characteristic syndromal variants of the first episode: dysphoric depression, delusional mania and mixed depression/mania.

Found out that the most frequently initial period begins acutely, more rarely - suddenly. Subacute and the gradual beginning of RCBD don’t have statistically significant differences. Progredient course significantly more frequently detected in patients with the presence of rapid cycles.
DEPRESSION AND HYPOTHYREOSIS
Fadoua Oueriagli Nabih, Abdesslam Benali, Imane Adali, Fatiha Manoudi, Fatima Assri
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Introduction:
Depression is considered the earliest described disorder in the history of medicine and in recent time it belongs to the most frequent mental disorder. Depression is a leading medical problem in female population. On the other hand, hypothyreosis is the most frequent thyroid disease, which predominantly affects women. There are common some symptoms are common of hypothyreosis and depressive episodes such as fatigue, exhaustion, loss of libido and menstrual cycle

Methods:
Evaluation of incidence of thyroid hormone disbalance in patients with depression. We examined the thyroid hormones in patients hospitalised in psychiatric department of military hospital Marrakech during the period from january to december 2013

Results:
We have examined 40 patients with depression. 11 patients had increased TSH or decreased T3 or T4 hormone. 27% of the total number of patients had hormonal disbalance.

Conclusion:
There is a significant percentage of subclinical and clinical hypothyreosis in the population of depressed patients.
EXPRESSIVE NONVERBAL BEHAVIOR IN DEPRESSED PATIENTS
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Objectives: Depression involves interpersonal problems that may be associated with deficits in nonverbal communication. We compared expressive behavior of depressed patients and healthy volunteers and its alteration in patients after pharmacotherapy.

Methods: 104 women (26 depressed outpatients; 78 healthy volunteers) answered: Beck Depression Inventory (BDI); Berkeley Expressivity Questionnaire (BEQ) which measures positive/negative emotions expressivity and impulse strength; and the 7 item-Non Verbal Skills Scale (facial and voice expressiveness; smile; eyes-contact; nodding; and body posture-proximity and openness) completed by the participant (NVSS-P) and interviewer (NVSS-I). Participants were evaluated twice (T0 and T1), with 8-week interval. From T0 to T1 patients received sertraline.

Results: At T0 patients reported more impulse strength in the BEQ and fewer smiles during the interview in the NVSS-P than volunteers. The interviewer perceived patients as less expressive in face and voice and with body posture less favorable to interaction than volunteers in the NVSS-I. From T0 to T1 patients improved in the BDI and the interviewer perceived increase in their facial expressiveness and smile. Patients also reported increase of their levels of smile. Among volunteers, the interviewer perceived increase in their facial and voice expressiveness. Volunteers also reported increase in their voice expressivity.

Conclusions: Depression involves alterations in expressive behavior. In contrast to volunteers, patients’ face, voice and body posture suggested emotional apathy and social disinterest. Pro-social facial elements, such as smile, accompanied improvement in depression.

References:
WORK ACTIVITY AND MENTAL HEALTH IN BIPOLAR PATIENTS
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Objective
To determine if there are differences between bipolar patients who are occupationally active in relationship to the number of admissions for psychiatric hospitalizations, number of episodes of acute exacerbation of bipolar disorder and the number of total hospitalization days.

Method
Participants: Patients over 18 who met criteria for bipolar affective disorder during the period 2000-2010 were selected and classified based on their previous work status (active / inactive) in its latest episode of manic decompensation.
Procedure: For data analysis we used SPSS version 20.0. To compare qualitative variables with quantitative variables we applied the statistical ANOVA.

Results
We evaluated a total of 145 patients. The patients who had an active laboral status had fewer episodes of decompensation, less psychiatric admissions and fewer hospitalization days during that period.

Conclusions
Data suggest that there is a relationship between mental health and having a workplace activity. Besides it benefits the welfare state of each patient, fewer days of hospitalization results in a significant decline of economic costs.

Bibliography
“VERWORREN MANIE”: REDISCOVERING KRAEPELIN, A CASE REPORT
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Objectives:
Review of Kraepelin’s classical term “verworrene manie”, considering the case of a patient presenting compatible symptoms with mania and acute confusional syndrome (ACS), without previous diagnosis of Bipolar Disorder (BD).

Methods:
We performed a bibliographic search in PUBMED using the following terms: “verworrene manie”, "acute confusional syndrome" and "confusional psychosis". DSM-IV / ICD-10 criteria for BD and ACS were applied. We used imaging (MRI / CT), EEG and laboratory tests to rule out organic cause.

Results:
Manic episode in Bipolar I Disorder criteria were met, discarding organic cause, despite of the initial SCA suspicion. In addition, symptoms would correspond to “ver (compared to the initial suspicion of SCA). Furthermore, the symptoms would correspond to “verworrene manie”, as described by Kraepelin (sudden-onset, temporal and spatial disorientation, restlessness, verbiage, disorganized behavior, religious delusion, partial amnesia and others).

Conclusions:
Although DSM-IV / ICD-10 classification systems allow reaching a diagnosis, this could not be enough for atypical symptoms cases, as described. Classical psychopathologic terms may better describe cases that exceed the normal framework, where current classification systems seem to be insufficient.

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BIPOLAR DISORDER IN POSTPARTUM WOMEN
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Objectives
Bipolar disorder is a serious and often chronic disorder characterized by episodes of depression, hypomania, mania or mixed states that affects many individuals worldwide, and is a leading cause of years of “healthy” life lost as a result of disability and premature mortality. For women, Bipolar Disorder tends to cluster during the childbearing years. The postpartum period is considered a time of heightened vulnerability to Bipolar Disorder.

Methods
We present a case report of a patient 31 years old African American female with history of Hepatitis C, hyperemesis gravidarum, multiple anterior cruciate ligament (ACL) surgeries, post partum depression and polysubstance abuse presenting to the Emergency Department with rapid speech, agitation and history of recent shopping sprees in the setting of not sleeping for almost one week.

Results
Past psychiatric history notable for period of depression following the birth of three of her children (having six children) and an admission to Acute Patient Unit in the past during which she may have been treated with a medication for bipolar disorder. No recent cocaine or other abuses. She was admitted to a general hospital psychiatric department, diagnosed with Bipolar Disorder (manic phase) and prescribed lithium and valproate combination and followed-up as an outpatient with cognitive-behavioral therapy.

Conclusions
Reviews of retrospective studies suggest that among BP, mood episodes occur after 25-50% of deliveries. Detection of bipolar disorder can be complicated and it is essential that women presenting with mood episodes after childbirth receive a comprehensive examination to allow for diagnosis, with particular attention to manic symptoms. Once a diagnosis of bipolar disorder is confirmed, pharmacotherapy with consideration made to breastfeeding status may be considered alone or in combination with psychotherapy.
RELATIONSHIP BETWEEN LIGHT EXPOSITION AND LENGTH OF HOSPITALISATION IN DEPRESSIVE PATIENTS

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At the end 2010 the psychiatry service was moved from the basement of an old hospital, with restricted access to light (HUSD) into a new hospital (HUSE) in which the patients had full access to natural light. The present report aims at studying the consequences of the change.

Objectives: To recognize whether the amount of light received by patients may modify the mean time to remission of depressive symptoms, measured through the mean hospital stay.

Methods and subjects: The mean hospital stay of depressive patients was compared, from January 1, 2009 to December 31, 2012. The intensity of natural light accumulated during light time in each dependency of each hospital was measured and the results were weighted according to the averaged time spent by inmates in each dependency. The sample included 209 depressive patients (103 in HUSD and 106 in HUSE). Other circumstances (area of health, doctors, nurses, etc) remained without changes.

Results: The accumulated amount of light received by each patient was 193,302 and 222,232 Lux/day for HUSD and HUSE respectively, a difference of 11.5%. The mean hospital stay was 12 days in HUSD and 9 days in HUSE. However, the differences did not reach statistical significance (P < 0.075).

Conclusions. The lack of significant differences between the two hospitals might be due to a true lack of effects of light. However, the direction of the tendency points to a significant effect of illumination which may have been masked under the heterogeneity of the patients sample, which included major depression, bipolar depression and dysthymic disorder. The difference of three days might be important, both for the patient health and for the health care costs. To conclude, the results point to the convenience of performing additional prospective studies to clarify the effect of light on the length of hospitalisation.
TRASTORNO DE AUTOLESIÓN NO SUICIDA (ALNS) EN UNA UNIDAD INFANTIL-JUVENIL SEGÚN CRITERIOS DSM-V

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Objetivos
La autolesión no suicida es un problema de salud pública preocupante que ha aumentado sobretodo en adolescentes. Siendo necesaria la correcta unificación de criterios para mejorar el diagnóstico y abordaje de estas conductas, así como un mayor número de estudios, en la última publicación del DSM-V (APA 2013) se ha propuesto incluir criterios diagnósticos para ALNS como un trastorno independiente. Los sistemas anteriores DSM-IV-TR y CIE-10 no incluyen criterios diagnósticos para comportamiento autolesivo.

Métodos
Se evaluaron 85 pacientes entre 11 y 17 años de forma ambulatoria en un periodo de 4 meses. Se administró la versión española del “Self-Injurious Thoughts and Behavior Interview”. Los pacientes debían cumplir criterios A, B, C, D y E del DSM-V para ALNS.

Resultados
Un 15% cumplieron los criterios para ALNS, de éstos el 48,1% había presentado más de 5 episodios. El 90,5% informó que realizó autolesiones con una función de regulación emocional y/o contenido social.

Conclusiones
El trastorno de ALNS parece tener una importante prevalencia en adolescentes y son necesarios estudios que permitan definir correlatos demográficos, clínicos y neurobiológicos, así como la comorbilidad asociada.

Referencias
2. Shaffer D, Jacobson C. “Proposal to the DSM-V Childhood Disorder and Mood Disorder Work Groups to Include Non-Suicidal Self-Injury (NSSI) as a DSM-V Disorder”.
DIFFERENTIATING BIPOLAR DISORDER FROM BORDERLINE PERSONALITY DISORDER. A CASE-REPORT

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Objectives

Because of the potential treatment implications, it is clinically important to distinguish between bipolar disorder and borderline personality disorder. Both present with affective instability and impulsivity leaving difficult challenge of diagnosing the two conditions. The high frequency of diagnostic co-occurrence and resemblance of phenomenological features has led some authors to suggest that borderline personality disorder is part of the bipolar spectrum. Few studies have directly compared patients with bipolar disorder and borderline personality disorder. In the present poster, we review clinical diagnosis and overlapping symptoms of these disorders.

Methods

We performed a search in PubMed / Medline, using the Mesh terms “bipolar disorder”, “borderline personality disorder” and “clinical diagnosis”. We have consulted studies not included in the initial research, cited in the articles of the same. We report the case of a 22-year-old patient with bipolar spectrum disorder who was misdiagnosed with borderline personality disorder.

Results

As in the illustrated case, bipolar disorder and borderline personality disorder are often misdiagnosed because the symptomologies of the two disorders are so similar. Misdiagnosis, however, has serious implications for clinical treatment.

Conclusions

Bipolar disorder and borderline personality disorder comprise heterogeneous groups of patients, with difficulty in differential diagnosis. Besides, these disorders frequently co-occur. There is sufficient evidence to validate them as two different clinical entities. As a proper diagnosis guides the most effective treatment, an accurate diagnosis of bipolar disorder and borderline personality disorder it’s essential for optimal outcome.
IDENTIFICATION OF A NEW POLE IN MOOD DISORDERS: BIPOLAR MOOD DISORDERS ARE TRIPOLAR MOOD DISORDERS.

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Objectives: During the span of last couple of years it has been observed that patients suffering from bipolar mood disorders would have presented with a clinical state, being labeled as third pole herein, which would have appeared slightly different from their usual presentation of either depression or elation or mixed state. Then, it was also observed that many patients would have presented with third pole symptom complex only, as the presenting feature. Thus a patient of mood disorder would present with either depression or with elation or with this third pole symptom complex. However, these third pole symptoms have not been taken as constituting an independent identity by the scientific community.

Whereas, a close observation of a few patients had shown that over a period of years, these third pole symptoms constituted a separate identity in themselves and these would not respond to the usual treatment of depression or mania.

Methods: To test the validity of third pole, an analysis of medical data of all the patients suffering from bipolar mood disorder, which had attended the psychiatry clinic during the last six months and had been under treatment for a minimum period of two years were analyzed.

A case prototype and the symptom profile of this pole are also presented.

Results: The findings were interesting. A case for this third pole symptom complex could be easily made out in a good number of patients.

Conclusions: Identification of this third pole gives rise to a few hypotheses:

1. First, if the third pole symptom complex is an independent emotional state, a case would arise wherein its place in the diagnostic and classificatory system would have to be re-assessed.
2. Second, this may pave way for a new direction in pursuit of better treatment modalities.
PSYCHOLOGICAL FACTORS ASSOCIATED WITH RESISTANCE TO TREATMENT IN MOOD DISORDERS
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Objectives
Biological and psychological factors can interfere with response to treatment in mood disorders. A better understanding of these factors is needed in order to optimize our therapeutic strategies. The aim of this study was to investigate the psychological factors involved in the resistance to treatment of mood disorders.

Methods
A systematic review covering all original articles was conducted through searches in the electronic databases MEDLINE, PsycINFO and Embase. The search terms were “mood disorder”, “psychological factors”, “life events” and “premorbid personality”.

Results
Individual and psychosocial factors in addition to life events were found to be involved in resistance to treatment of mood disorders. The individual factors were essentially related to personality. In fact, it seems that poor responders to treatment in mood disorders have little objectivity and lack of self confidence. Personality traits influence also the clinical presentation of thymic symptoms and the adherence to treatment which can worsen the evolution. Concerning psychosocial factors, a precarious social status such as unemployment, a low economic level or a dysfunction in the family dynamics were described as impeding recovery from mood disorders. Finally, it has been found that life events have a major role in the initiation and persistence of mood disorders.

Conclusions
In case of resistance to treatment in mood disorders, psychological factors must be systematically sought. If such factors are suspected, the adequate psychotherapy must be proposed in order to improve symptoms and prevent relapse.
PREMORBID ADJUSTMENT AND LONG TERM FUNCTIONALITY IN MIXED EPISODES OF BIPOLAR DISORDER
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Objectives
The main objective was to assess the influence of premorbid adjustment at baseline in long-term functionality of a group of bipolar patients. As a second objective we tried to evaluate if this relationship affects in the same way if patients had also depressive symptoms in addition to manic ones.

Methods
We included 75 patients with a first manic episode classified into two groups, having 34 patients with pure mania and 41 with mixed mania.
Premorbid adjustment was measured by Philips scale at baseline and patient functionality was measured by Fast scale one year after the illness onset.
In order to compare baseline characteristics of both groups we used T-student test. To evaluate the influence of premorbid adjustment in functionality we used a linear regression model.

Results
We found no significant differences between groups in socio-demographic and clinical variables except in Panss positive score (t=-3.282; p=0.001), so we use it as an adjustment variable in the linear regression model.
For the whole sample we found that a worse premorbid adjustment was related to a worse long-term functionality (B=2.981; p=0.008).
Separating the sample in patients with or without mixed symptoms, we observed that in the case of mixed mania there was significantly influence of premorbid adjustment in functionality (B=3.844; p=0.024), the worst premorbid adjustment the worst functionality 1 year after, not happening this fact in pure mania (B=1.107; p=0.358).

Conclusions
Premorbid adjustment in patients with a first episode of mania influence in long-term functionality if depressive symptoms are present at the illness onset.
BIPOLAR DISORDERS AND CIRCADIAN CYCLES
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Objectives:
The present review intends to reflect about the biunivocal relation between Bipolar Disorder and circadian cycles. Several subjects are approached, namely, the disturbances of circadian rhythms, like alterations in melatonin secretion rhythms, body temperature and hypothalamic-pituitary axis; the disruption of sleep/wake cycle; the variations of clock genes; and the chronotype. Finally, some therapeutics for Bipolar Disorder directed to the circadian cycles disturbances are also referred, as lithium carbonate, agomelatine, phototherapy, dark therapy, total or parcial sleep deprivation, interpersonal and social rhythm therapy, family-focused treatment and cognitive-behavioral therapy.

Methods:
PubMed database was searched systematically for articles that were published between 2005 and 2013, written in English, using the terms bipolar disorder, circadian, melatonin, cortisol, body temperature, Clock gene, Bmal1 gene, Per gene, Cry gene, GSK3β, chronotype, light therapy, dark therapy, sleep deprivation, lithium and agomelatine.

Results:
The literature reviewed indicates that there is a relation between circadian rhythm disturbance and bipolar disorders.

Conclusions:
In the future, it is essential to achieve a better understanding of this relation. It is required to establish new protocols for Bipolar Disorder’s treatment, combining pharmacological and non-pharmacological therapies to reduce the risk of relapse and improve affective behavior, to finally accomplish a better quality of life.
DEPRESSIVE SYMPTOMS IN THE POSTMENOPAUSAL YEARS:  
THE SECOND DECADE OF FOLLOW-UP IN THE WOMEN’S  
HEALTHY AGEING PROJECT  
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Objectives  
Few longitudinal epidemiological studies have satisfactory sample size or are of adequate duration to examine prevalence rates of depressive symptoms across the postmenopause transition. The length of postmenopause is approximately thirty years for Australian women and represents a period of distinct biological, psychological and social changes. Whilst studies exploring depressive symptom ratings in the menopausal transition and ageing population exist, data exploring depressive symptoms across the early and late postmenopause are sparse. The current project examines data from an ongoing epidemiological study spanning two decades to provide insight into the pattern and characteristics of depressive symptoms across the postmenopause.

Methods  
The Women’s Healthy Ageing Project (WHAP) is an ongoing longitudinal prospective study involving a cohort of 438 women which began recruitment in 1991. Measures assess biological, cognitive, psychological, lifestyle, diet and social engagement factors. Rates of depressive symptoms over ten years (CESD) and lowered mood scores over twenty years (Affectometer 2) were examined using data from participants with measures for all time points.

Results  
Preliminary analysis revealed that mild to moderate rates of depressive symptoms on the CESD were present in 19%, 27% and 15% of the cohort in 2002, 2004 and 2012 respectively. Negative mood rates improved over twenty years based on the results of the Affectometer 2, with significantly lower mood reported in 2002, 2004 and 2012 compared to 1991. Preliminary data suggests that while depressive symptoms were higher in 2004 compared to 2002, they had decreased to the lowest percentage in 2012.

Conclusions  
Preliminary data demonstrated a decrease in depressive symptoms and an improvement in mood for women as they transitioned across postmenopause. In 2004 an increase in depressive symptoms and lowered mood was noted. Further work will examine factors associated with this increase in depressive symptoms.
Background. Mindfulness-Based Cognitive Therapy (MBCT) has been proven to exert strong prophylactic effects in patients with Major Depression (MD). The strength of this effect is directly related to the number of depressive episodes prior to the beginning of MBCT interventions. We hypothesized that the positive effect of MBCT is mediated by several mechanisms including (1) the acquired ability to re-distribute cortical processing resources and (2) a change in the approach/withdrawal cognitive style. We further hypothesized that both mechanisms would be manifested in neurophysiological (EEG) variables.

Methods. 91 MD patients having at least three depressive episodes in the anamnesis were examined using a waiting list design. All patients were in remission during intervention. The MBCT course contained eight sessions, one session per week. The EEG and the contingent negative variation (CNV) in a passive condition were recorded immediately before and after the MBCT course.

Results. In support of (1), the CNV amplitude significantly increased after MBCT and decreased in the waiting control condition. In support of (2), MBCT increased the relative activity of the left versus right frontal lobe, while this effect was not observed in control. Both electrophysiological effects were directly related to psychometric mindfulness score and inversely related to rumination score.

Conclusions. Re-distribution of cortical resources and improvement of the cognitive style may be mechanisms realizing the effect of MBCT in MD. In the ongoing study a control stronger than waiting list (classical cognitive therapy) is used to further test this hypothesis.
IMPULSIVENESS IN PATIENTS WITH MAJOR DEPRESSION, ANXIETY DISORDERS, AND NORMAL INDIVIDUALS: A COMPARATIVE STUDY

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Abstract

Objectives: Impulsiveness, the individual's tendency to respond quickly to a given stimulus without reflectivity and evaluation of the consequences, is considered as a determinant component of several psychiatric disorders. Dimensions of impulsiveness including nonplanning, motor impulsiveness, and cognitive impulsiveness could influence different aspects of depression and anxiety disorders. The main aim of this study was to compare impulsiveness in patients with major depression, anxiety disorders, and normal individuals. This study demonstrates the differences of impulsivity among the three groups.

Methods: A total of 224 individuals (87 depressed, 64 anxious, 73 normal) participated in this study, voluntarily. Following a psychiatric diagnosis of the psychological disorders, both the patient and normal groups were asked to complete the Barrat Impulsiveness Scale (BIS; Barratt, 1994).

Results: The results revealed that depressed patients reported significantly higher levels of motor impulsiveness and nonplanning than did anxious patients and normal individuals. Anxious patients reported higher levels of cognitive impulsiveness than did depressed patients as well as higher levels of cognitive impulsiveness and nonplanning than did normal individuals. Normal individuals reported lower levels of impulsiveness than did the two groups of depressed and anxious patients.

Conclusions: Comparison of dimensions of impulsiveness in patients and normal individuals provides evidence of the possible impact of pathological impulsivity on the development and/or continuity of depression and anxiety disorders. The difference between levels and dimensions of impulsiveness of the two groups of depressed and anxious patients also could explain their differences in terms of the kind of psychological disorders.

Keywords: impulsiveness, depression, anxiety, psychopathology
PTSD AS RISK FACTOR OF RAPID CYCLING BIPOLAR DISORDER
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Objective:
PTSD is a common comorbidity of bipolar disorder. This study investigate the impact of PTSD in Rapid Cycling.

Materials and methods:
This is a prospective study involving 50 patients with Bipolar Disorder I and II according to the criteria of DSM V. The patients diagnosed at least from two years with Bipolar Disorder were assessed with the MINI 0.6 and ADE for comorbidity with Anxiety disorder, PTSD, and mood episodes and were followed for a period of three years. Data were collected from January 2011 to January 2014 in Military Psychiatric Hospital of Marrakech.

Results:
In 39 men and 11 women included in the study, 11 of them have a PTSD history. 18% of patients presented rapid cycling (DSM V criteria) during three years of follow up. 49% of patients with rapid cycling have PTSD in history. The use of antidepressants in the treatment did not influenced in the rapid cycling. The presence of PTSD is associated with the occurring of depressive episodes with mixed features (Irritability, racing thoughts distractibility).

Conclusions:
Lifetime PTSD has an impact on the development of rapid cycling bipolar patients, despite of the use of antidepressants, as well as it affects the symptoms of depressive episodes.
BIPOLAR DISORDER: IS THERE ANY ROLE IN NON-PHARMACOLOGICAL APPROACHES IN RELAPSE PREVENTION?
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Objectives
Bipolar Disorder (BD) is a chronic and recurrent psychiatric disorder. The prevalence of types I and II and the subthreshold forms all together is around 4%. The illness is related with high rates of comorbidity and suicide and causes severe impairment. Even with treatment, the course is characterized by frequent relapses and recurrences in depression or mania. In recent years, investigations of adjunctive non-pharmacological approaches were done in order to know whether they are effective in reducing rates of relapses and recurrences.

The authors’ goal is to revise which non-pharmacological existing options contribute to prevent relapses in bipolar patients and understand if they are effective.

Methods
A Pubmed search was performed from 2004 to January 2014, using the following key words: bipolar disorder, relapse, recurrence, treatment. Retrieved papers were selected according to their relevance for the subject.

Results
The search retrieved 730 articles, and the relevant articles identified were 349.

The pharmacological interventions changed the course of BD, but at 5 year follow-up studies showed that most of patients relapse. From many years interventions were tried, but only in the 90s psychoeducation were proved on randomized clinical trials. From there, psychoeducation began to be integrated in multiple non-pharmacological interventions. Cognitive behaviour therapy, family-focused treatment and interpersonal and social rhythm therapy showed variable effects, but psychoeducation strategies were proven the most cost-effective intervention. In relapse prevention, adhesion to medication, abstinence from psychoactive substances, prevention of suicide, stress management, regular habits and early detection of new episodes are the key points of evaluation of these interventions.

Conclusions
The long proven efficacy of pharmacological treatments in relapse prevention is still insufficient when provided to patients alone. It has been extensively proven the efficacy of psychoeducation approaches and some authors suggest that it should be universally available.
PREVALENCE OF DEPRESSIVE SYMPTOMS AMONG SURVIVORS OF BURN INJURY
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Background: The present study aimed at estimating prevalence of depressive symptoms in patients surviving a burn injury.

Methods: This is a descriptive cross-sectional study conducted on 100 burn inpatients (50 males and 50 females) admitted to Sina Hospital; Tabriz University of Medical Sciences during 2012. The severity and grade of burn injury was evaluated by a dermatologist. Beck Depression Inventory (BDI-II) was used to evaluate existence and severity of depressive symptoms.

Findings: In this study, 56% of burn patients suffered from depressive symptoms. Out of them, 38 (38%) patients were identified with low, 13 (13%) with moderate and 5 (5%) with severe depressive symptoms. Depressive symptoms were reported in 20 (40%) males and 36 (72%) females. In other words, depressive symptoms were observed in 15 (26.3%) patients with a < 30% total body surface area (TBSA) burn and 41 (73.2%) with > 30%.

Conclusion: Depressive symptoms are common in burn patients. Its prevalence in women is twice as common in men. Psychological interventions along with the medical ones are of therapeutic requirements of these patients.

Keywords: Depressive symptoms, Burn, Beck Depression Inventory.
REDUCED WHITE MATTER INTEGRITY IN ANTERIOR CORPUS CALLOSUM AND ITS RELATIONSHIP WITH COGNITION IN MAJOR DEPRESSIVE DISORDER: A DTI STUDY

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Objectives
The corpus callosum (CC) connects the two cerebral hemispheres and transfers cognitive information. In recent meta-analysis, reduced white matter integrity in the CC has been reported in major depressive disorder (MDD), but its detailed localization differences and their relationships with cognition have not been clarified. In this study, we examined fiber integrity in 6 segments of the CC and their relationships with cognition in MDD.

Methods
Patients with MDD (MDD group, n = 18) and healthy controls (HC group, n = 21) were examined using DTI tractography. The CC was divided into 6 segments (orbital frontal, anterior frontal, superior frontal, parietal, temporal, and occipital) based on their cortical projection zones, and fractional anisotropy (FA) value of each segment was estimated. Differences in FA of each segment between the two groups were examined using repeated measures ANOVA. Correlations between FA of each segment and each raw score of neurocognitive tests (list learning, digit sequencing task, symbol coding, Tower of London) were assessed using Spearman’s rank correlation test in the two groups.

Results
The MDD group showed reduced FA in the orbital frontal, anterior frontal, superior frontal, and parietal-callosal segments compared to the HC group. In addition, the MDD group showed that FA in the orbital frontal, anterior frontal, superior frontal-callosal segments significantly correlated with raw score of digit sequencing task (working memory), and that FA in the orbital frontal, anterior frontal, parietal-callosal segments significantly correlated with raw score of symbol coding (attention). FA in all the segments did not significantly correlate with the scores of each neurocognitive test in the HC group.

Conclusions
Our results suggest that reduced white matter integrity in the anterior part of the CC is related to impairment of working memory and attention in patients with MDD.
TREATMENT COMPLIANCE IN PATIENTS WITH BIPOLAR DISORDER

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Objectives: To identify sociodemographic, clinical and therapeutic factors related to medication compliance in bipolar disorder.

Methods: A cross-sectional study was conducted at the outpatient department of psychiatry of Farhat Hached Hospital of Sousse. We included 50 patients with bipolar disorder type I or II according to the criteria of the DSM-IV TR. The sociodemographic, clinical and therapeutic data were collected and adherence was evaluated with the Medication Adherence Report Scale (MARS) of Thompson.

Results: The mean age of our patients was of 31.9 years. The most frequent diagnosis was the bipolar disorder type I (60%). Most of the participants were single (n=30; 60%), unemployed and living with their families. Factors associated to medication non-adherence were: young age, addiction, complexity and adverse effects of medications, lack of information about the disease and utility of treatments, low income and type I of bipolar disorder.

Conclusions: Improving medication compliance strategies in bipolar patients must take into account psycho education of patients about their disease and simplification of prescriptions that must be also well tolerated mainly in young subjects, having addictive behaviors and low income.
SYMPTOM PROFILE ANALYSIS OF DEPRESSION IN A COMMUNITY SAMPLE OF KOREAN ADULTS

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Objectives: The aims of this study are to investigate the frequency and difference of depressive symptoms according to age and gender in the Korean adults with major depressive disorder.

Methods: Six thousands and two hundred seventy-five community dwelling subjects, aged 18 years or older, were interviewed by using Korean version of Composite International Diagnostic Interview (K-CIDI). A total of 6,275 participants completed the CIDI interview. Two hundred and sixty nine participants (4.3%) were diagnosed with major depressive disorder. In this study, depression symptoms consisted of 26 items presented by DSM-IV and ICD-10.

Results: The most frequent depression symptoms were ‘fatigue (90.3%)’ and ‘concentration difficulty (86.9%)’. Essential symptoms like ‘depressed mood (84.0%)’ & ‘loss of interest (77.0%)’, and vegetative symptoms like ‘insomnia (83.7%)’ & ‘decreased appetite (77.3%)’ were more common than other symptoms. In terms of gender, loss of interest, fatigue, hypersomnia, psychomotor retardation, feeling guilty, suicide attempt, and loss of interest were more common in female. In male, indecisiveness and decreased libido were more common. Concerning age, depressed mood, insomnia, psychomotor agitation, and guilty were more common in elderly, however, in young adults, loss of interest, fatigue, and hypersomnia were more common.

Conclusions: Somatic symptoms, especially fatigue, insomnia & decreased appetite and cognitive symptom like concentration difficulty have a significant weight in the Korean adults with depression. Depression symptom also present differently according to age and gender.
CHRONOBIOLOGICAL FINDINGS IN PATIENTS WITH BIPOLAR AFFECTIVE DISORDER DURING MANIA AND DURING DEPRESSION

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Introduction: Bipolar disorder is a common psychiatric disease characterized by mood disturbances with alternating episodes of mania and depression. Moreover, disturbances in sleep-wake cycle are prevalent. Dysfunction of circadian rhythms is hypothesized to play a role in the pathophysiology of bipolar disorder. Patients frequently demonstrate biological rhythm-related symptoms, including diurnal variation of mood, the periodicity of exacerbations and remissions of disease, and sleep disturbance.

Aims: We tested a hypothesis that function of the circadian system, which drives sleep/wake cycle, may differ in bipolar patients depending on whether they experience the episode of mania or depression.

Method: To assess the functional state of the central circadian clock, daily profiles of melatonin levels in saliva were determined. The functional state of the peripheral clocks was assessed by daily profiles of Per1 and Nr1d1 clock gene expression in buccal mucosa cells. 16 bipolar patients in manic episode, 22 patients in depressive episode and 19 healthy control subjects provided the samples in regular intervals during the 24 h cycle. During the episode of mania, the daily profiles of melatonin differed compared with healthy controls and patients in the episode of depression, mainly due to the elevated melatonin levels during the daytime.

Results: No difference was found between melatonin profiles of controls and patients in depression. The Per1 and Nr1d1 profiles were advanced in patients in mania compared with those in depression. Compared with controls, a trend to advance was apparent in the profiles of patients in the episode of mania but not depression. The amplitude of Nr1d1 profile was higher in mania than in depression.

Conclusion: The data for the first time revealed differences in the functional state of the circadian system in bipolar patients depending on the manic and depressive episodes.
MOOD-INCORRECT DELUSIONS IN BIPOLAR DISORDER

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Objectives: The aim of this study is to evaluate the prevalence and significance of mood-incongruent delusions in manic, depressive and mixed forms of bipolar disorder.

Methods: A retrospective analysis was made, of the type of delusions presented by patients admitted to an acute psychiatric ward, over a period of a year, which were diagnosed with bipolar disorder according to ICD-9 criteria. Information was obtained by reviewing the discharge notes of all the patients (n = 133). For statistical analysis we used the chi-square test.

Results: Of all patients, 28.6% were diagnosed with a manic episode, 20.3% with a depressive episode and 51.1% with a mixed episode. Of the latter (n=68), 51.5% corresponded to a mixed mania and 48.5% to a mixed depression diagnosis. As for delusions, 96 (72.2%) of all patients presented them and of these, 50 (52.1%) had mood-incongruent delusions (37.6% of the total). We then analyzed the prevalence of this symptom in each type of bipolar disorder diagnosed and compared the results. We found that the prevalence of mood-incongruent delusions was statistically significant (p<0.0001) when comparing manic vs. mixed episode, depressive vs. mixed episode and manic + depressive vs. mixed episode patients. The results were not significant comparing mixed manic with mixed depressive episodes (p=0.47).

Conclusions: We conclude that mood-incongruent delusions are a prevalent symptom presented by patients with bipolar disorder and especially significant in mixed episodes (manic + depressive), thus highly relevant when diagnosing these conditions.
INTERNET BASED PSYCHOEDUCATIVE CBT PROGRAM FOR BIPOLAR PATIENTS TREATED WITH THYMOSTABILISERS

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Objective: The internet is an important source of information and exchange for patients and can exert considerable influence on their health-related behaviors. Internet-based therapy typically involves the interaction between a consumer and therapist via internet and incorporates use of a structured Web-based treatment program for consumers to access in conjunction with therapist assistance. Over the past decade, Internet-based treatments have been found effective for a variety of physical health conditions and mental health disorders.

Aims: The purpose of this open study will be to test the efficacy of therapist-assisted internet 12 module 4 month long self-help program based on cognitive behavioral approach (IB-CBT) with the treatment as usual (TAU) for bipolar affective disorder patients who are medicated with thymostabilisers.

Method: Participants who recruit from the patients of the Psychiatric clinic Olomouc at time of start the maintenance pharmacological phase of the treatment of bipolar affective disorder will be randomized to the TAU (treatment as usual) and IB-CBT (12 modules of internet based CBT+ TAU). All participants will complete a clinical diagnostic interview, and a set of questionnaires to assess affective symptoms at four time periods (start of the maintenance treatment period and at follow up: 6 month, 12 month and 24 month. The study will be done in open conditions. The results from first 6 months follow up are no statistically different between groups.

Results: The results from the start of the maintenance treatment period will be present.
MAINTENANCE ELECTROCONVULSIVE THERAPY IN RAPID-CYCLING BIPOLAR DISORDER

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Objectives:
To evaluate the effectiveness of continuation-maintenance electroconvulsive therapy (C/M-ECT) in rapid-cycling (RC) bipolar disorder (BD) patients.

Methods:
Descriptive and retrospective observational study in a sample of 6 patients with RC BD (type I or II) in the C/M-ECT Program at Mataró Hospital. Demographic, clinical and therapeautic variables were collected through review of medical records. The effectiveness of C/M-ECT is evaluated comparing the number of admissions and hospital days for a same time period before and after the beginning of the treatment.

Results:
We included 6 patients, 4 women and 2 men. The average age was 63.5 years. The predominant episodes were depressive in a 66.7% and maniac in a 33.3%. Mean treatment duration was 18.7 months. All patients improved during treatment. After the beginning of treatment the number of admissions decreased from 19 to 5, and the hospital days from 1173 to 149.

Conclusions:
Consistently with previous publications, in our study the number of admissions and hospital days has been reduced. According to this, C/M-ECT could be considered as a long term strategy in rapid-cycling (RC) bipolar disorder (BD) patients.

References:
2. Kho KH. Treatment of rapid cycling bipolar disorder in the acute and maintenance phase with ECT. J ECT. 2002;18:159-161.
ANALYSIS OF KEY DEMOGRAPHIC VARIABLES IN A SAMPLE OF SUBJECTS WITH BIPOLAR DISORDER TAKEN CARE OF BY THE EMERGENCY DEPARMENT OF A GENERAL HOSPITAL

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Objectives: Analyze the main demographic variables of interest in patients with Bipolar Disorder who come to the emergency department (ED) of Hospital Morales Meseguer (HMM) (Murcia) for evaluation by a psychiatrist.

Methods: Upon selection of subjects diagnosed with TB who were treated in the ED of the HMM for the period of time required (one year), we had access to reports of all-clear discharge of psychiatric emergencies and relevant data for the study was coded. To perform the data analysis SPSS version 15.0 was used.

Results: The sample consisted of 63 subjects (N = 63): 44.4% men and 55.6% women. The age range is between 20-82 years old. (Average: 46.98, DT: 13.28). 84.1% had TB diagnosed type I. 98.4% of the sample consists of subjects of Spanish nationality, with the remaining 1.6% of South American nationality. With respect to the marital status, 38.1% were married, 31.7% single and 17.5% divorced. The rest did not report. Considering the number of children, the majority, 55%, have no children. Referring to the work situation, more than half do not maintain an active working life, or are temporarily incapacitated, being 33.3%, pensioners due to mental illness, 19% are unemployed, and 1.6% in sick leave.

Conclusions: It is noticable the family and work impairment in the subjects assessed in this sample. Most do not have a partner (they are single or divorced), have no children, and are unemployed or collecting a disability pension for mental illness.
MOST COMMON PSYCHIATRIC EMERGENCY ATTENTION IN PATIENTS WITH BIPOLAR DISORDER. DESCRIPTIVE ANALYSIS OF A SAMPLE

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Objectives: To analyze the main features of bipolar patients at the Emergency Department (ED) of Hospital Morales Meseguer (HMM) and the clinical action of the psychiatrist.

Method: After the subject selection of patients with bipolar disorder (BD) who were treated at the ED for one year period, we acceded to discharge reports and the relevant data were coded for the study. To perform the data analysis we used the SPSS version 15.0.

Results: The sample consisted in 63 subjects (N = 63): 44.4 % men and 55.6 % women. The age range was 20-82 years old. (Average: 46.98 , SD : 13.28) . The 84.1% had a diagnosis of BD type I. After the analysis we obtain, as a result, that the most common clinical acting is pharmacological treatment and derivation to the Mental Health Center in 39.7% of cases. Following this, the admission to the psychiatric unit, in 31.7 % of patients.

In addition, we revised the arriving method. Most of the patients were brought by their relatives or closer people in 54 % of cases, followed by the consultation on its own initiative in 25.4 % of cases.

Conclusions: The results show that, unlike other diseases, bipolar disorder required in 71.4 % of cases of our sample, measures that involve the use of psychotropic drugs and near a half of cases is required hospitalization as well. Additionally, we find a high percentage of patients that arrive to the ED on its own initiative, reflecting the knowledge of the need for medical care of these patients, probably due to the chronic course of bipolar disorder.
COMORBIDITY IN BIPOLAR DISORDER. DESCRIPTIVE STUDY OF A SAMPLE OF PATIENTS ATTENDED IN EMERGENCY
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Objectives: Diagnostic and comorbidity analyze of patients with Bipolar Disorder (TB) who came to the emergency department (ED) of Morales Meseguer Hospital (MMH) (Murcia) for psychiatric assessment.

Method: After the selection of the subjects diagnosed with BD who were attended in ED of the HMM during established period of time (one year), the psychiatric emergencies discharge reports were accessed and relevant study data was codified. There was used a version 15.0 of SPSS program to carry out the analysis of the information collected.

Results: Of all psychiatric emergency assessments in one year, 7.94% is diagnosed of BD. The sample consists of 63 subjects (N = 63): 44.4 % males and 55.6 % females. The range of age is between 20 - 82 years. (Average age: 46.98; DT: 13.28). A 84.1% is diagnosed of BD type I, while the remaining 15.9% is BD type II. Regarding to comorbidity, 71.4% of subjects have no concomitant psychiatric disorder, 14.3% have harmful toxic consumption, 7.9% have personality disorder, and 3.2% suffer from dementia / cognitive impairment. Anxiety disorder and pathological gambling appear as associated pathology in 1.6% of patients in the sample.

Conclusions: Most of the subjects in this sample have BD type I without concomitant mind pathology. Among those who have comorbidity, we found that the most commons are the harmful use of toxic and personality disorders. Other conditions we find, not as significant percentages, are dementia but were unable to draw clinical conclusions beyond the association of age of the subjects, as well as anxiety and compulsive gambling.
DESCRIPTIVE ANALYSIS OF A SAMPLE OF PATIENTS WITH BIPOLAR DISORDER IN EMERGENCY CARE. REASON FOR CONSULTATIONS

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Objectives: To analyze the main factor of bipolar patients consultations to the Emergency Department (ED) of Hospital Morales Meseguer (HMM) for an evaluation by a psychiatrist.

Method: After the subject selection of patients with bipolar disorder (BD) who were treated at the ED for one year period, we acceded to discharge reports and the relevant data were coded for the study. To perform the data analysis we used the SPSS version 15.0.

Results: The sample consisted in 63 subjects (N = 63) : 44.4 % men and 55.6 % women. The age range was 20-82 years old. (Average: 46.98 , SD : 13.28). The 84.1% had a diagnosis of BD type I. The results show that the main reason for visiting the ED was hypomanic or manic decompensation, with a 27 % of cases, followed by behaviour disturbance, with a 25%. In contrast, the results highlight the low number of visits in the ED for the depressive pole of the illness. Depressive decompensation was the 3.2%, depressive mood was the 7.9% and suicidal ideation/attempt, the 3,2%.

Conclusions: We obtained that maniform symptoms were the most frequent reason of consulting. That’s could be due to the consequences in the patient's environment or to the severe behavioral disturbance. These symptoms are easily detectable by people close to the patient, so it is more common to come to the ED for this reason. In contrast, depressive symptoms can be treated in an outpatient setting. However, it should be paid special attention to depressive symptomatology due to the high suicide risk associated. It is known that suicide rates exceed 15 times in BD than general population, and four times than recurrent major depressive disorder.
THE IMPACT OF DERESSON AND ANXIETY SYMPTOMS ON DRY EYE DISEASE: A CROSS SECTIONAL STUDY AT A DRY EYE CLINIC IN JAPAN

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Objectives: Growing number of literatures suggest association between depressive/anxiety disorders and dry eye disease (DED). However, previous studies used large database which only included dichotomous information or lacked close evaluation of severity of psychiatric symptoms and/or DED1, 2).

Methods: A cross sectional study using established rating scales of depression, anxiety and DED. Patients who visited dry eye clinic at Keio university hospital from October 2013 to January 2014 were recruited and evaluated both psychiatrically and ophthalmologically. Psychiatric examinations such as Hamilton Rating Scale for Depression (HAM-D), Hamilton Rating Scale for Anxiety (HAM-A), Montgomery-Asberg Depression Scale (MADRS), and ophthalmic examinations such as fluorescein staining test, the tear film break-up time test (BUT), and Schilmer test were performed by respective experts. Patients filled out the Dry Eye Questionnaire (DEQ) which evaluates the severity of subjective symptoms of DED. We compared DED symptoms of depressed/anxious patients vs. non-depressed/anxious patients. Differences in DED symptoms between groups were examined ANOVA or Wilcoxon rank sum test.

Results: Forty patients (61.3±18.1 years old; duration of DED=55.4±93.7 months; 25% male) participated in the study. Using the cut-off point of 10 for MADRS and 7 for HAM-A, 60% of patients were mildly or more depressed and 60% of patients were mildly or more anxious. Comparing depressed/anxious patients vs. non-depressed/anxious patients, subjective symptoms of DED were significantly severer in depressed/anxious patients (DEQ 70.9±19.0 vs. 47.2±24.2, p=0.01 for depression; 69.7±21.9 vs. 43.8±23.6, p=0.005 for anxiety). On the other hand, objective symptoms of DED evaluated by Schilmer, fluorescein staining and BUT were similar in both groups (p>0.1 for all measures).

Conclusions: Subjective symptoms of DED were related to depressive or anxiety symptoms whereas objective symptoms were not. Psychiatric approach may be useful in order to better treat DED especially for those who have severer subjective but not objective symptoms.

References:
DISCOVERING THE RELATION BETWEEN “LOCUS OF CONTROL” AND DEPRESSIVE SYMPTOMS IN HEALTHY POPULATION.
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Objectives
The term “locus of control” refers to the perception that a person’s behavior is controlled by internal or external agencies. These external agencies may include social norms, religious beliefs or specific groups considered powerful by the individual. So, on the axis of locus of control, we can distinguish two poles: the internal and the external¹. According to a large number of studies till now, it has become clear that patients with Major Depressive Disorder (MDD) tend to be more external in locus-of-control orientation, compared to healthy individuals. In the present study, our objective was to examine how locus of control and depressive symptoms are related in healthy population. We also examined how demographics correlate to locus of control and depressive symptoms.

Methods
In order we to examine these factors, we used two self-report questionnaires (the BLOC: Brown Locus of Control scale and the BDI-II). We collected data from 56 adults (23 men), between 18 and 45 years old (Mean= 30, SD= 7.4) with no psychiatric or neurological disorder history.

Results
According to our data, no statistically significant effects were found in regard to gender, age and years of education. On the other hand, by using linear regression on the BDI-II and the BLOC scores, we have found a positive correlation between depressive symptoms and external locus of control.

Conclusions.
We observed that there is a strong relationship between the depressive symptoms and external locus of control in healthy subjects, with no psychiatric background. These findings may shed some light onto how personal control beliefs may affect the occurrence, maintenance and persistence of depressive symptoms, which are of importance at the clinical practice.
PSYCHIATRIC DISORDERS IN PATIENTS WITH CHRONIC HEPATITIS C PREDICT DEPRESSIVE SYMPTOMATOLOGY DURING PEGYLATED INTERFERON ALPHA THERAPY: A 72–WEEK PROSPECTIVE STUDY

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Objectives:
To prospectively asses the influence of psychiatric disorders in patients with chronic hepatitis C (CHC) on prevalence of depressive symptomatology during the pegylated interferon alpha therapy (PEG-IFN-α).

Methods:
Structured Clinical Interview (SCID) was used to establish the diagnose of psychiatric disorders. Hamilton Depression Rating Scale (HAMD) was used to asses depressive symptoms in 103 subjects with CHC before PEG-IFN-α (mean dose 152.6±25.6 mcg; 48 weeks therapy) and at the follow-up visits (4th, 12th, 24th, 48th, 72nd week). Multivariate logistic regression was used to examine the influence of psychiatric disorder prior to PEG-IFN-α therapy on prevalence of depressive symptomatology during PEG-IFN-α therapy.

Results:
In our study, more than 20 % of subjects with CHC had some of psychiatric disorder (anxiety disorder, affective disorders without psychotic features, personality disorders and substance abuse in stable abstinence) prior to antiviral treatment. During the course of PEG-IFN-α therapy, 49,5 % of the sample showed depressive symptomatology (HAMD ≥ 8). Greater risk to develop depressive symptoms was found in subjects with psychiatric disorders prior to PEG-IFN-α treatment compared to those without psychiatric comorbidity at baseline (OR=14,04; p<0,001).

Conclusions:
Psychiatric disorders at baseline are predictors of depression during the PEG-IFN-α therapy. The identification of risk factors prior to treatment may allow identification of patients who will become depressed on interferon, allowing the possibility of improved treatment support and rates of treatment adherence.
PSYCHOTIC DEPRESSION AND SCHIZOAFFECTIVE DISORDER – READMISSIONS AND STABILITY OF INITIAL DIAGNOSES DURING FOLLOW-UP

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Objectives: Change in the diagnosis of a patient is not an uncommon phenomenon among the severe psychiatric disorders. There have been conflicting findings regarding the stability of the psychotic depression and schizoaffective disorder diagnoses.

Methods: The study is based on a sample of patients (diagnosis codes: F32.3x, F33.3x, F25.xx, F29), who had their first treatment episode between the years of 1996 and 2000. Their patients’ records were reviewed using an instrument to record background data, information on treatment episode and treatments, and symptoms. Additionally, data from national registers (hospital discharge register, reimbursement of medications and causes of death) was collected and followed until the end of 2008.

Results: The sample included 181 subjects, 70 men (38.7%) and 111 women (61.3%). Out of the whole sample, 17.1% (n=31) had a diagnosis of schizoaffective disorder, 23.8% (n=43) a diagnosis of psychosis NOS and 59.1% (n=107) a diagnosis of psychotic depression. Patients with psychotic depression were significantly older (60.1) compared to schizoaffective (49.8) and psychosis NOS (36.5) patients (p<0.001). About two thirds of the patients (n=119) had at least two treatment episodes. A change in the diagnosis of the patient from the first episode to the last during the 8 to 12-year follow-up was observed in 34 (18.8%) out of the 181 subjects. There were no statistically significant differences in the adjusted incidence of readmissions between patients with schizoaffective and psychotic disorder, but patient with schizoaffective disorder and psychotic depression had a significantly higher incidence of readmission than those with a psychosis NOS (1.92-fold and 1.67-fold respectively, p<0.001). The adjusted incidence of change in psychotic depression was 4.56-fold compared to schizoaffective disorder (p<0.001).

Conclusions: Contrary to our expectations, schizoaffective patients had highest incidence of readmissions and the lowest incidence of change in the diagnosis.
DEPRESSION IN EPILEPSY: A FREQUENTLY NEGLECTED COMORBIDITY

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Objectives: Depression is the most frequent psychiatric comorbidity in people with epilepsy (PWE)\(^{(1)}\). It greatly impacts quality of life in PWE and, thus, clinical outcome of seizure treatment. Yet, it remains underrecognized and undertreated\(^{(2)}\).

Methods: A cross-sectional study using the Neurological Disorders Depression Inventory for Epilepsy (NDDMADRID I-E), a validated six-item self-report questionnaire, in its Arabic version (Tunisian dialect) to assess the prevalence of depression in a Tunisian population of forty epileptic outpatients. The relationship between depression and multiple clinical, electrophysiological and therapeutic features was examined.

Results: Forty patients were evaluated (47.5% were females, 52.5% were males). Average age was 37 years. The mean age at the onset of epilepsy was 18 years. The mean NDDI-E score was 16.32. Fifty-seven percent of patients had NDDI-E scores >15, consistent with major depression. Only 13% were treated with antidepressant drugs and/or had psychiatric follow-up. Higher NDDI-E scores were associated with current phenobarbital treatment (\(P = 0.0065\)). There were no significant variances in NDDI-E scores in relation to age of onset, gender or current EEG status.

Conclusions: Depression is still greatly underdiagnosed in PWE. NDDI-E (or equivalent) could be used systematically during follow-up to detect and treat a comorbid depression and avoid its negative consequences on PWE.


COGNITIVE FUNCTIONS IN PATIENTS WITH ACUTE PHASE OF BIPOLAR DISORDER

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Considerable attention in the field of neuropsychological studies has been focused on cognitive impairment in patients with a bipolar disorder. The aim of this study is to determine the profile of cognitive functions in patients with this diagnosis in acute phases. Cognitive deficit is closely related to psychosocial functioning and has a significant impact on the patients’ overall quality of life. An accurate profile of cognitive impairment provides useful information for effective treatment and cognitive remediation in these patients.

The research group of the study consists of 53 patients with a diagnosis of bipolar disorder. The research involved patients who were examined in the acute phase of the disease. Patients were administered a comprehensive neuropsychological battery of tests. Results of a comprehensive neuropsychological examination were compared with the standard population norm. The performance, which is decreased by 0.5 to 1 of standard score from the standard population is considered as weakening of cognitive abilities. When the cognitive performance is reduced more than 1 of standard score we considered this performance as disturbed cognitive performance and cognitive deficit is reduced more than 2 standard scores.

The profile of the average cognitive performance of the research group is generally reduced compared to the standard population to the deficit in area of sustained attention and psychomotor speed. The disruption was proved in working memory, visual short-term memory and in executive functions. The cognitive weakening is recognized in area of delayed verbal memory and auditory working memory. As intact cognitive functions were proved verbal fluency, ability initiation within the executive functions, as well as WAIS Information.

The results showed disruption of cognitive performance in patients with bipolar disorder in the acute phase of the disease. The detailed results of the various cognitive domains will be presented in the poster.
HYPOTHALAMUS-PITUITARY-ADRENAL (HPA) AXIS ACTIVITY, CURRENT SYMPTOMS AND NEUROCOGNITIVE FUNCTIONING IN BIPOLAR DISORDER: A PRELIMINARY REPORT
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Objectives
Bipolar disorder is associated with neurocognitive impairment but the aetiology of such impairment remains largely unknown. The present study aims to investigate the performance of bipolar patients on various cognitive tasks within the framework of the HPA axis hyperactivity model. It also examines the impact of current symptoms on neuropsychological functioning.

Methods
60 Bipolar-I patients were assessed by CANTAB tasks targeting attention, visual memory and executive function. All patients underwent the Dexamethasone Suppression Test (DST). Affective symptoms as well as global functioning were evaluated via the Hamilton Depression Rating Scale (HAMD), Young Mania Rating Scale (YMRS) and Global Assessment of Functioning (GAF).

Results
Depressive symptomatology showed no effect on neurocognitive functioning. Manic symptoms were associated with poorer performance in attention set shifting and rule discovery (Spearman’s rho=−0.299; p=0.025) whereas global functioning negatively affected inhibitory control (Spearman’s rho=−0.366; p=0.006). Higher basal cortisol levels significantly correlated with worse performance in visual memory (Spearman’s rho=0.400; p=0.002) and planning/problem solving (Spearman’s rho=−0.286; p=0.032), whereas no statistically significant difference was observed between cognitive measures of suppressors and non suppressors at the DST.

Conclusions
Manic symptoms and global functioning seem to affect different aspects of executive function. The presence of only mild depressive symptomatology in our sample (median HAMD-17 total score 11.5) might explain the absence of any effect of depressive symptoms on neuropsychological functioning. The role of HPA axis activity on cognitive function remains controversial. However, we found that higher basal cortisol significantly correlated with visual memory as well as with planning and problem solving, two dimensions pertaining to the broader executive function domain. Existing literature on the association between HPA axis function and cognitive measures in bipolar disorder is scarce and differences in sample characteristics, cognitive domains examined and indices of HPA axis activity taken into consideration render comparisons difficult.
PUNCTUAL PREVALENCE OF MAJOR DEPRESSION AMONG PRIMARY HEALTHCARE CENTERS
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OBJECTIVE
Depression is common and ignored in general practice whereas it is a source of handicap and psychiatric and somatic morbidity. The aim of our study is to assess the punctual prevalence of major depression in primary healthcare centers.

METHODS
Transversal study during March 2007 in three primary healthcare centers in Hammamet. All consultants having sixteen years or older were evaluated by the Cluster A of the Mini International Neuropsychiatric Interview. Patients meeting criteria for major depressive disorder had subsequently been assessed by the MADRS depression scale. A score greater than or equal to 20 was considered as the threshold score of diagnosis of major depressive episode.

RESULTS
199 patients participated at the study (participation rate = 70%). The prevalence of major depression was 13%, half suffered from severe depression according to MADRS. Depression affected more patients with low socioeconomic level (p = 0.037), suffering from a chronic medical condition (p = 0.0013), unmarried, divorced or widowed (p = 0.022). There were no statistically significant differences by age, gender, living environment, alcohol abuse, and tobacco or life events. The frequency of suicidal thoughts or behavior was 3% over the total of the sample and 19% among depressed patients.

CONCLUSION
Opportunity of training of general practitioners in systematic screening of depressive disturbances.
AFFECTIVE DISORDERS IN PATIENTS WITH EPILEPSY
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Kharkiv National Medical University

Objectives. Development of integrated rehabilitation programs for patients with epilepsy with emotional disorders

Methods. We investigated the complex examination of 107 patients both male and female at the age of 18-45 with diagnosis of epilepsy and who had affective disorders in interictal period.

Results. Connections of biological, social-psychological and clinical-psychopathological factors provoking development of affective disorders in patients with epilepsy are found. It is found, that at the inspected patients are suffer from affective reactions, depressed disorders, obsessive-phobic disorders and dysphorias. Thus the affective disorders include depressed, adynamic disorders, hypochondria, anxious and depressions with depersonalization. Depending on etiology, the following variants of affective disorders in patients with epilepsy are take place: nosogenic, psychogenic, medicinal and mixed. The pathogenically grounded complex system of psychotherapeutic correction of affective disorders in patients with epilepsy is developed.

Conclusions. Affective disorders in patients with epilepsy include depressed, adynamic disorders, hypochondria, anxious and depressions with depersonalization.
METABOLIC SYNDROME AND BIPOLAR DISORDER – TWO SIDES OF THE SAME COIN?

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Objectives: The aim of the study was to determine the relationship between risk factors for metabolic syndrome (MS) and MS, in patients with bipolar affective disorder (BD), and socio-demographic characteristics, along with clinical characteristics and applied psychopharmacotherapy attributing to a specific metabolic profile and the development of MS in this group of patients.

Methods: The study used retrospective design and included patients with BD (n = 127), hospitalized between 2006 and 2010. We acquired data on socio-demographic and clinical characteristics, previous treatment and the information on posthospital period between 0 and 24 months.

Results: The prevalence of MS in BAD was 25.6%. The development of MS in the course of illness did not depend on socio-demographic factors (age, education), clinical characteristics (first episode type, lifetime suicidality, psychiatric heredity), nor the applied pharmacotherapy (type of antipsychotics, mood stabilizers, or antidepressants). However, patients whose clinical presentation included the presence of at least one mixed episode of BD during lifetime, were more likely to develop the MS. Longer duration of untreated disorder was noted in the patients who later presented with risk factors for MS (hyperlipidemia and hyperglycemia). In addition, the BD patients with MS more frequently failed to maintain remission for more than 24 months.

Conclusions: BD patients with specific clinical characteristics (mixed episodes, longer duration of untreated disorder) are more likely to present with MS later in life and could bear specifically vulnerable endophenotype within BD. Systemic, longitudinal monitoring of the course of illness, and potential inflammatory, endocrine and metabolic markers that underlie its systemic nature is warranted.
STAGING BIPOLAR DISORDER: CLINICAL, BIOCHEMICAL, AND FUNCTIONAL CORRELATES

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3 Hospital de Santa Maria, Lisboa, Portugal.

Objectives: There are several models of staging in bipolar disorder (BD), but none has been validated. The aims of this study were to empirically investigate clinical variables that may be useful to classify patients in clusters according to stage and study the association with biomarkers as biological validators.

Methods: This was a historical cohort study. Patients (n=115) diagnosed with BD and not in an acute episode and first degree relatives of patients diagnosed with BD (n=25) were recruited. Socio-demographic, clinical and functional data were collected. Serum cytokines, brain-derived neurotrophic factor and biomarkers of lipid and protein oxidation were assessed. Cluster analysis was carried out to build a model of staging and logistic regression was conducted to study associations between the model and biomarkers.

Results: Cluster analysis divided the sample into two equitable groups, denominated early- and late-stage, with empirical cut-offs for the Functioning Assessment Short Test score, number of episodes, age at onset of the disorder and time elapsed since first episode. In the logistic regression, IL-6 was associated with late-stage (p=0.029).

Conclusions: The present study supports that clinical, functional and biochemical variables may help to define a classification of staging in bipolar disorder.
UNDERDIAGNOSIS OF BIPOLAR SPECTRUM IN INSTITUTIONALIZED POPULATION WITH INTELLECTUAL DISABILITY

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Objectives
To study the possible underdiagnosis of bipolar spectrum disorders in institutionalized population with intellectual disability.

Methods
Retrospective study including a sample of institutionalized women with mild to severe intellectual disability. Some demographic and clinical variables were collected from their clinical records. The Diagnostic Assessment for the Severely Handicapped-II (DASH-II) and the Psychiatric Assessment Schedule for Adults with Developmental Disabilities-brief format (Mini PAS-ADD) were used to identify people with bipolar spectrum features. Multiple comparisons were made between patients with and without bipolar features, including their comorbid psychiatric diagnoses. Results were controlled by diagnosis of epilepsy, which has been reported as a confounding factor for positive bipolar features.

Results
Over a sample of 45 patients, just 11.1% had a diagnosis of a bipolar spectrum disorder, but up to 51.1% of the sample had bipolar features according to the scales. Just 13% of patients with positive scores were diagnosed of bipolar spectrum disorders. 52.2% of patients with positive scores had not epilepsy. There were not significant differences between people with bipolar features and non-bipolar features in demographic and clinical variables.

Conclusions
There is a high prevalence of bipolar spectrum features in women with intellectual disability, in contrast with the relative scarce diagnoses of this kind of disorders. This could imply an underdiagnosis and also an inappropriate treatment. Comorbidity with epilepsy could be a confounding factor. More studies are needed in order to determine the magnitude of this problem, controlling also for other related confounding factors.
POLARITY OF THE FIRST EPISODE AS A PREDICTOR OF THE POLARITY OF NEXT EPISODES IN BIPOLAR DISORDER

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Objectives: Some authors suggest that the polarity (manic vs depressive) of episodes is generally stable for individual patients over time in bipolar disorder. This means that patients who have the first episode mania are more likely to have following manic episodes in the future and the same goes for patients with the first episode depression. The aim of this study was to determine the influence of the polarity of the first episode on the polarity of the next episodes during the 5 year follow-up.

Methods: The research was provided as a naturalistic study, which included 65 bipolar patients admitted to the hospital. We examined medical records of the first episode and five-year follow-up of the course of the disease. The data was statistically analyzed using chi-square test.

Results: In the group of patients who had the first episode mania 85% of the next episodes were manic in the 5 year follow-up. In the group with first episode depression 69% of the next episodes were depressive. This suggests that the polarity of the first episode has an impact on the polarity of next episodes.

Conclusions: This statistically significant result is in favor of apparitions from previous studies that suggest that bipolar patients are prone to either manic or depressive episodes.
THE ROLE OF AGE AND GENDER IN PREDICTING SERUM LEVELS OF ICAM-1 AND VCAM-1 IN PATIENTS WITH MAJOR DEPRESSION

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Introduction: Most of up-to-date studies suggest that there is a possible association between major depressive disorder (MDD) and inflammation. Intercellular adhesion molecule-1 (ICAM-1) and Vascular cell adhesion molecule-1 (VCAM-1), major inflammatory mediator in the vessels, could be as well altered in depressed subjects. Gender and aging are commonly reported to affect adhesion molecule levels, but contrasting conclusions still represent a topic for debate.

Objectives and aims: Our aim was to investigate the role of age and gender in the serum levels of ICAM-1 and VCAM-1, in patients with MDD.

Method: We measured serum levels of ICAM-1 and VCAM-1 in acute exacerbation of illness, in 22 patients with MDD. The serum levels were measured by the enzyme-linked immunosorbent assay (ELISA). All patients fulfilled the ICD-10 criteria.

Results: The significant interaction between gender and MDD on serum adhesion molecules levels, and the association between ICAM-1 and VCAM-1 and age, was not detected. However, when applied the linear regression model with the serum cytokine levels as dependant variable, and age and gender, as independent variables, the significant predictive effect of age on levels of both investigated adhesion molecules was detected.

Conclusion: The results suggest that the aging process by itself or/and longitudinal biological changes occurring in depression could be a relevant factor influencing the immune status of patients with MDD. Further prospective studies are essential to further investigate biological mechanisms that underlie these multidimensional interconnections.
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS

TREATMENT FOR DEPRESSION IN HEROIN-ADDICTS: A

16-WEEK NATURALISTIC STUDY

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Objective: To investigate the efficacy and tolerability of Mirtazapine ODT for depression among heroin-addicts.

Methods: This prospective, open-label, naturalistic study was conducted in the Outpatients Department of a general hospital. 24 depressed heroin-addicts were recruited, of whom 22 were followed up for 16 weeks. All patients initially received mirtazapine ODT 15mg/day and the dose was titrated to 30mg or 45mg when response was not significant and in the absence of obvious adverse effects. Efficacy was the primary measure using the total score of the Hamilton Depression Rating Scale-17 (HAMD-17). Tolerability was mainly assessed by the incidence of treatment-emergent adverse events. Patients were evaluated at baseline, at weeks 1, 5, 9, 13, and 16.

Results: Among the 22 patients (14 female and 8 male) who finished the study, the mean total (SD) HAMD-17 score decreased significantly from 29.2(4.1) to 7.2(4.1) (P<0.05). At each visit, the mean HAMD-17 score was significantly lower than that at the preceding visit. At the endpoint (week 16), remission (HAMD-17 score ≤ 7) was achieved in 12 (55%) patients. Among those patients, four reported at least one adverse effect during Treatment, but those adverse effects were described as mild to moderate and lasted just several days. The most majority of the patients preferred the new formulation of mirtazapine.

Conclusion: Mirtazapine ODT was an effective, well-tolerated and preferable formulation for the treatment among heroin-addicts with depression.
SYMPTOMS, CASE COMPLEXITY, SERVICE USE AND CLINICAL OUTCOMES IN PEOPLE WITH DEPRESSION AND ANXIETY

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Objectives
The effectiveness of “stepped care” models for depression depends critically on accurate assessment of patient need and response to treatment. Standard measures of depression severity like the Personal Health Questionnaire (PHQ) are “symptom counts” that may not be a reliable guide to depression severity, case complexity, nor the most suitable form of treatment. This study sought to:

1. develop a practical assessment capable of assessing case complexity in the management of depression and anxiety
2. describe the relationship between measures of “case complexity” with symptom severity, service use, clinical outcomes and user satisfaction in people with depression and anxiety.

Methods
Subjects with symptoms of anxiety and depression were recruited from people referred to a Primary Care Mental Health Team in Paisley, Scotland. Baseline assessments included the Personal Health Questionnaire (PHQ), Generalised Anxiety Disorder Questionnaire (GAD-7), Clinical Outcomes in Routine Evaluation (CORE-10), the Minnesota-Edinburgh Complexity Assessment Measure (MECAM) and a bespoke “complexity score” derived from the subjects’ presenting personal and clinical history. The PHQ, GAD-7 and CORE-10 were recorded at every visit, at discharge and at 3-month follow up. The Client Satisfaction Questionnaire was completed at discharge.

Results
298 subjects were recruited, of whom 261 had a full dataset available for analysis. There were 163 women and 98 men, with a mean age of 37.8 years. Whilst measures of depressive symptoms and case complexity were correlated, our preliminary principal components analysis indicate that the two concepts are distinct, suggesting that these measures may contain independent prognostic information. Analysis is in progress, and results relating baseline measures to clinical outcomes and service use will be presented.

Conclusions
This study suggests that clinical complexity and symptom counts are measuring different aspects of patient presentations, as measured in a “real life” clinical sample. The implications of the full analysis will be presented.
THE ROLE OF DURATION OF UNTREATED ILLNESS IN BIPOLAR DISORDER

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Objectives: The objective was to determine the relationship between duration of untreated bipolar disorder (DUB) (calculated as the time from the first symptoms to treatment with mood stabilizer) and socio-demographic characteristics, course of illness and applied psychopharmacotherapeutical protocols.

Methods: The study used retrospective design and included patients with BD (n = 127), hospitalized between 2006 and 2010. The data on socio-demographic and clinical characteristics and previous treatment were obtained through medical records.

Results: Patients with longer DUB presented with higher number of mood episodes and inpatient treatments, and required a significantly higher dose of lithium in the remission period. Longer duration of untreated disorder was also noted in the patients who later presented with risk factors for metabolic syndrome (hyperlipidemia and hyperglycemia).

Conclusions: The results of the study strongly imply that close monitoring of DUB could be useful for improvement of quality of life in BD and that a systematic, comprehensive and longitudinal monitoring of the course of illness and potential inflammatory, endocrine and metabolic markers that underlie the complex and frequently underecognized and unexplored nature of these disorder(s) is recommended.
FACTORES DE RIESGO PARA EL DESARROLLO DE CICLACIÓN RÁPIDA EN PACIENTES CON TRASTORNO BIPOLAR

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OBJETIVOS:
En el presente estudio tratamos de elucidar los factores asociados con el desarrollo de ciclación rápida (CR) durante el curso de la enfermedad en pacientes con trastorno bipolar, así como el rol de los antidepresivos (Ads), en un diseño prospectivo y longitudinal. La identificación de los factores de riesgo es extremadamente relevante desde un punto de vista clínico. Los autores hipotetizamos que el trastorno bipolar con CR está asociado con mayor cronicidad, peor evolución y mayor prescripción de ADs.

MÉTODOS:
El estudio está realizado a partir de una cohorte naturalística y prospectiva con una muestra de 289 pacientes diagnosticados de trastorno bipolar tipo I y II, seguidos y tratados durante hasta 14 años en el Programa de Trastornos Bipolares de Barcelona. Los pacientes fueron divididos en dos grupos en base al desarrollo de CR (n = 48) o no (n = 241), y comparados mediante variables socio-demográficas, clínicas y evolutivas.

RESULTADOS:
De los 289 pacientes bipolares tipo I y II, 48 (16.6%) desarrollaron CR durante el seguimiento. No se detectaron diferencias de género. Se hallaron varias diferencias entre los dos grupos, pero después de realizar un análisis de regresión logística, solamente “número total de episodios” (p<0.001), “síntomas depresivos atípicos” (p=0.004), “uso de terapia electroconvulsiva (TEC)” (p=0.014), “número de antidepresivos” (p=0.037) y “tentativas suicidas” (p=0.047) persistieron como significativamente asociados con el desarrollo de CR (TABLA 1).

CONCLUSIONES:
El desarrollo de CR durante el curso del trastorno bipolar se asocia con una tendencia a la cronicidad y con un peor pronóstico (una mayor necesidad de terapia electroconvulsiva y una mayor tasa de tentativas suicidas). La asociación entre síntomas depresivos atípicos y CR justifica la evaluación de dicha sintomatología, la cual podría estar asociada a un peor pronóstico. Hallamos que el grupo CR fue tratado con un mayor número de ADs durante el curso de la enfermedad, alertando de una posible sobreprescripción, aunque no implique necesariamente causalidad. Los pacientes con CR tuvieron un número más elevado de episodios totales en comparación con el grupo No CR y también un mayor número de episodios depresivos, los cuales son frecuentemente tratados con ADs, y ésta podría ser la principal razón para un mayor uso, pero también deberíamos de considerar que un mayor uso de ADs podría precipitar el desarrollo de CR.
CANNABIS AND BIPOLAR DISORDER: DOES QUITTING CANNABIS USE DURING MANIC/MIXED EPISODE IMPROVE CLINICAL/ FUNCTIONAL OUTCOMES?

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Objective: To examine whether bipolar disorder’s patients who stop using cannabis during manic/mixed episode have better clinical and functional outcomes than who continue using or have never used.

Methods: EMBLEM was a 2-year prospective observational study of bipolar disorder adults with manic/mixed episode. Data was collected at baseline, during first 12 weeks of treatment, and up to 24 months. Patients were classified into three cannabis use groups: current use; no current but previous use; and never users. Cannabis effects on outcomes were analyzed using regression models.

Results: 1,922 patients were analyzed. 6.9% were current users, 4.6% previous, and 88.5% never users. Clinical outcomes differed significantly between the groups ($P < .019$): Group stopped using had highest remission (68.1%) and recovery (38.7%), lowest recurrence rates (42.1%) and relapses (29.8%). Logistic regression showed those who stopped using had similar clinical and functional outcomes to never users (all $P > .05$), whereas current users had lower recovery rates ($P = .0035$) and remission ($P = .0138$), higher recurrence ($P = .0138$), greater work impairment ($P = .0156$), and were more likely not to be living with partner ($P = .0055$) than never users.

Conclusions: Bipolar patients who stop using cannabis during manic/mixed episode have similar clinical and functional outcomes to never users, while continue using have higher risk of recurrence and poorer functioning.
LANGUAGE AND MILD DEPRESSION
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Objective. Mild depression is still false positively diagnosed in clinical practice. The difficulties in the diagnostics are often related to differentiation of depression and ordinary sadness in the continuum of depressive states. Incorrect diagnostics of depressions is related to clinical interpretation of the associative component represented within the language distortion.

Methods. The study sample of 124 patients aged 41,85 ±11,89 years (67% female) included Russian native speakers diagnosed with mild depression (D). 77 healthy persons (65% female) (H) (35 with reactions of normal sadness (NS)) were observed as controls. Speech was studied using a number of standard psycholinguistic procedures. Statistical data analysis included descriptive methodics, nonparametric analysis (U-criteria Mann-Whitney, test by Wald-Wolfowitz, p<0,05), mathematic modelling of discriminate analysis (λ–Wilks; method Standard).

Results. Lexical-stylistic sublevel of speech in D was characterized by verbosity (D-311,18±11,43 words in text;H-197,25±11,24), inversive word order (D-124(100%);H-5(6,49%)), narration (D-106(85,48%);H-56(72,73%)) dominated over reasoning (D-18(14,52%);H-21(27,27%)), communicative discourse signs (P-124(100%);H-9(11,69%)), increased number of phraseologisms (P-3,74;H-1,21), tautologies (P-3,77;H-1,44), repetitions (P-4,42;H-1,82), inversions (P-4,00;H-1,08), ellipsis (P-3,73;H-1,60). Lexical-grammar sublevel contained more pronouns of all types with the prevalence of personal (P-124(100%);H-54(70,13%)) pronouns, continuous form verbs (P-116(93,55%);H-26(33,77%)) in past tense (P-124(100%);H-2(2,6%)). Syntaxical-stylistic sublevel represented the prevalence of simple (P-99(79,84%);H-2(2,6%)) sentences, truncated and impersonal (P-84(67,74%);H-7(9,09%)) types. Speech in NS was impoverished by ellipsis (NS-1,60,H-1,21), tautologies (NS-1,66,H-1,22) and lexical, semantic repetitions (NS-1,97,H-1,69). Tempo of speech was reduced due to defaults (NS-1,71,H-1,38). Persons used preferentially verbs in continuous form (NS-54,29%,H-16,67%) in present tense (NS-88,57%,H-47,62%).

Conclusions. Mild depression and normal sadness are characterized by definite psycholinguistic features in language structure and semantics which reflect cognitive dysfunction and thought strategies significantly related to the symptoms of leading hypothyamic affect and signs of mood deviation. Mathematical modeling proved the hypothesis on importance of verbal markers for diagnostics of mild depression (98%).
OLANZAPINE/FLUOXETINE COMBINATION IN TREATMENT OF
BIPOLAR DISORDER TYPE I (BD-I): WEIGHT GAIN AND
SUICIDALITY
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Objectives: Depressive and mixed affective episodes of Bipolar Disorder type I (BD-I) are closely associated with suicidal risks. On the other hand, weight gain during treatment in patients with BD-I is also notable.

Methods: Clinical data on 20 adult patients (diagnosed BD-I) presenting to hospital after self harm and/or suicidal attempt were analysed. They formed 2 groups. During the 6-month observation 10 patients (group I) were treated with Olanzapine/Fluoxetine combination, the second group of rest 10 patients were receiving combination of anticonvulsant and SSRI. Groups did not have their medication switched. Liver functions and weight were monitored monthly, as well as suicidal risks were assessed by Suicidal Behaviors Questionnaire-Revised (SBQ-R).

Results: After 4 weeks in the group of patients, receiving treatment with Olanzapine/Fluoxetine combination (an average doses 15mg Olanzapine/15mg Fluoxetine) suicidal ideation was moderately lower than in second group. Dynamics of suicidal risk assessment showed no significant differences in two groups at the end of the study. As for weight, higher incidence of weight gain was observed in the group receiving combination of anticonvulsant and SSRI (70 percent of patients - an average of 9 to 12 kg). Significant changes in liver functioning were not documented in both groups.

Conclusions: Observed changes in body weight was mostly associated with mood stabilizing anticonvulsants. In spite of Olanzapine weight gaining profile, combined therapy with Fluoxetine, gives better results than using anticonvulsant with SSRI. Shortly after Olanzapine/Fluoxetine admission, patients report decrease in anxiety, suicidal ideation and improvement in social relationships.
REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION IN THE TREATMENT OF ACUTE DEPRESSIVE EPISODE

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Objectives
Most often the pharmacological treatment and CBT are the primary option in the treatment of acute depressive episode. Repetitive transcranial magnetic stimulation (rTMS) is used as new treatment option for this category of depressive disorders, classified as F32(ICD10).

Methods
rTMS has been used as treatment for acute depressive disorder (F32 – ICD10), along with the long term SSRI treatment in the cases of 20 female patients. Each patient has been treated with 15 rTMS treatments, with 1800 impulses per treatment. Hamilton scale for depression has been used as tool for assessment of depressive symptoms at the begging and at the end of the treatment.

Results
The significant improvement has been achieved in 15% (3 cases), moderate improvement in 25% (5 cases), status quo condition in 50% (10 cases), and moderate worsening in 10% (2 cases).

Conclusions
rTMS can be used as effective treatment of the acute episode of depressive disorder, along with the medicament and CBT therapy. Longer treatments with rTMS can be recommended as more effective option.
BIPOLAR SPECTRUM AND INTELLECTUAL DISABILITY: ARE THERE MORE AGGRESSIVENESS AT THESE PATIENTS?
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Objectives
To study the presence of aggressiveness and use of therapeutical restraints in institutionalized patients with intellectual disability and comorbid bipolar spectrum disorders.

Methods
Retrospective study including a sample of institutionalized adult women with mild to severe intellectual disability. Some clinical and demographic variables were collected from their clinical records, including diagnosis, previous treatments and episodes of aggressiveness and need for therapeutical restraints in the last year. The Diagnostic Assessment for the Severely Handicapped-II (DASH-II) and the Psychiatric Assessment Schedule for Adults with Developmental Disabilities-brief format (Mini PAS-ADD) were used to identify people with bipolar spectrum features. Comparisons were made between patients with and without bipolar features about presence of aggressiveness and use of restraints. Patients with severe impairment of verbal expressiveness were excluded.

Results
Over a sample of 45 female patients, 51.1 % had bipolar features according to scales. Just 13% of patients with positive scores were diagnosed of bipolar spectrum disorders. A higher and significant presence of aggressiveness and need for therapeutical restraints was observed in patients with bipolar features (p <0.05).

Discussion
A higher presence of aggressiveness and need for therapeutical restraints is observed in institutionalized patients with intellectual disability and comorbid bipolar spectrum features. This finding could be related with an underdiagnosis of bipolar spectrum disorders at these kind of patients. More studies are needed to analyze possible related confounding factors.
ABELSON HELPER INTEGRATION SITE-1 GENE VARIANTS ON MAJOR DEPRESSIVE DISORDER AND BIPOLAR DISORDER

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Objective: The present study aimed to explore whether 4 single nucleotide polymorphisms (SNPs) within the AHI1 gene could be associated with major depressive disorder (MD) and bipolar disorder (BD), and whether they could predict clinical outcomes in mood disorders.

Methods: One hundred and eighty-four (184) patients with MD, 170 patients with BD and 170 healthy controls were genotyped for 4 AHI1 SNPs (rs11154801, rs7750586, rs9647635 and rs9321501). Baseline and final clinical measures for MD patients were assessed through the Hamilton Rating Scale for Depression (HAM-D). Allelic and genotypic frequencies in MD and BD subjects were compared with those of each disorder and healthy group using the χ² statistics. Repeated measures ANOVA was used to test possible influences of SNPs on treatment efficacy.

Results: The rs9647635 A/A was more represented in subjects with BD as compared with MD and healthy subjects together. The rs9647635 A/A was also more presented in patients with MD than in healthy subjects. With regard to the allelic analysis, rs9647635 A allele was more represented in subjects with BD compared with healthy subjects, while it was not observed between patients with MD and healthy subjects.

Conclusion: Our findings provide potential evidence of an association between some variants of AHI1 and mood disorders susceptibility but not with clinical outcomes. However, we will need to do more adequately-powered and advanced association studies to draw any conclusion due to clear limitations.
TELEMENTAL HEALTH – INNOVATION IN PSYCHIATRY

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**Objectives:** In an era strongly defined by technological advances, especially in the communication field, the authors aim to understand the role of the Telemental Health in Psychiatry - its applications, specificities and benefits.

**Methods:** Exhaustive review of the literature in what concerns Telemental Health and its applications in Psychiatry, using PubMed database.

**Results:** Studies show that the initial assumption that Telemental Health improves the access to care can be real. The literature also reveals that several communication platforms such as videoconference, telephone or internet have different benefits and disadvantages, with necessarily different impact and outcomes. The impact of the procedures also varies accordingly to the type of mental pathology, what seems to be determinant to the outcomes and success rates.

**Conclusions:** Telemental Health seems to improve the access to Psychiatric care and it is already being applied to several mental pathologies with a different pattern but promising results. More studies are needed to document the outcomes and to solve some confidentiality issues which may arise in the course of the practice and concerning the safety of the technological platforms involved. The potential of all the internet based applications that come up in a daily base can be promising for the future of this field.
WPA-0018 PREVENTION AND EARLY INTERVENTION IN POSTPARTUM DEPRESSION RISK
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Post-partum depression is a significant public health problem. Birth and neonatal outcomes suffer as a result of maternal depression. As such, effectively treating depression is imperative to the overall health of mother and child. Psychopharmacological interventions are effective in alleviating depressive symptoms. However, the evidence of the safety of their use during nursing is inconclusive. Moreover, women themselves express the desire for non-psychopharmacological options when deciding to manage their depression.

The efficacy of specific psychological interventions for the prevention and treatment of post-partum depression has been addressed recently by several studies. In 2011, the Mental Health Department of the Italian National Institute of Health (ISS) received a grant from the Ministry of Health to assess, in Italy, the feasibility and efficacy in actual practice of the demonstrably effective approach based on clinical work and research conducted by Milgrom J. at the Infant Clinic of the Parent-Infant Research Institute, Austin & Repatriation Medical Centre, in Melbourne, Australia (Milgrom J, Negri LM, Gemmill AW, McNeil M, Martin PR., 2005).

The preliminary results of that assessment will be presented at the congress.
WPA-0044 UNIPOLAR MANIA: EVIDENCE FROM A SOUTH AFRICAN STUDY
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Background and aims:
There is a lack of studies that examine prevalence and phenomenology of bipolar disorder in Africa. In literature, a unipolar manic course of illness in particular is reported to be rare. The purpose of this study was to investigate and describe the course of illness and clinical features for a cross-section of patients diagnosed with bipolar disorder attending public hospitals in Limpopo Province, South Africa and to determine the rate of a unipolar manic course in this sample of patients.

Method:
This was a descriptive, cross-sectional study of patients presenting with a history of mania between October 2009 and April 2010, to three hospitals in Limpopo Province. A purposeful sample of 103 patients was recruited and interviewed using the Affective Disorders Evaluation.

Results:
This study confirms that a unipolar manic course is indeed much more common than occurrences suggested in present day literature, with 57% of the study sample ever experiencing manic episodes.
Patients presenting with a unipolar manic course of illness, as described in this study, may contribute to the search for an etiologically homogeneous sub-group which presents unique phenotype for genetic research and the search for genetic markers in mental illness. With a view to future research a unipolar manic course therefore needs to be considered as a specifier in diagnostic systems in order to increase the awareness of such a course of illness in bipolar disorder.

Conclusion:
Fifty seven percent (57%) of study subjects had only ever experienced manic episodes which is in keeping with findings from Africa and other non-Western countries. Identifying etiologically homogenous subgroups in psychiatry can also aid the profession in developing a reliable and valid nosology for psychiatric disorders. We need to consider a unipolar manic course at least a specifier in DSM and ICD.
WPA-0086 TREATMENT OF COMORBID BIPOLAR DISORDER AND OBSESSIVE-COMPULSIVE DISORDER: A SYSTEMATIC REVIEW.
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Objective: According to the Epidemiologic Catchment Area study (ECA) and the National Comorbidity Survey Replication (NCS-R), 21% and 25% of patients with bipolar disorder (BD) showed lifetime comorbidity for obsessive-compulsive disorder (OCD). The meaning of this comorbidity has not been clarified yet. In addition, no guidance exists on the clinical management of BD-OCD comorbidity. As the first line treatment for OCD (serotonin reuptake inhibitors - SRIs) can induce mood instability, a correct treatment approach needs to be defined.

Methods: We conducted a systematic review of the entire scientific literature. We retrieved data on the clinical management of comorbid BD-OCD patients. Either pharmacologic, psychotherapeutic and others alternative approaches were considered.

Results: Fourteen studies were included. In the study with the largest sample size, 42.1% of BD-OCD patients required a combination of multiple mood stabilizers (lithium, antiepileptics), 10.5% required a combination of mood stabilizers with atypical antipsychotics (clozapine, olanzapine, risperidone). In only one study the addition of antidepressants (escitalopram) to mood stabilizers led to clinical remission of both Axis I disorders. BD-OCD patients on mood stabilizer therapy might benefit from complementary psychotherapy.

Conclusions: Mood stabilizers should be considered the first line choice to treat BD-OCD patients. A combination of mood stabilizers and second-generation antipsychotics might be required to manage OC symptoms causing relevant functional impairment. In a minority of BD patients with refractory OCD, the addition of low doses of antidepressants might also be considered while strictly monitoring emerging symptoms of mania and hypomania.
WPA-0100  SHORT-TERM EFFECTS OF MODIFIED ELECTROCONVULSIVE TREATMENT ON RESTING-STATE CEREBRAL FUNCTION IN DRUG-NAIVE FIRST-EPIISODE PATIENTS WITH MAJOR DEPRESSION

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Background and aims: major depression is a leading cause of significant disability worldwide [1-3]. MECT is the first-line treatment for severe depression which effectuated more quickly than antidepressants [4-5], but the existed researches can’t let us understand exactly how MECT influences brain function [6-13]. Recently, we used fMRI to examine resting-state brain functional in subjects with major depression and in healthy controls.

Methods: thirteen subjects with major depression and fourteen healthy controls underwent fMRI scans while resting quietly. Evaluate the HAMD before and after MECT. Independent samples T-test and time cohort study was used to analyze the brain functional in each subject. A correlation analysis was performed to explore the relationship between ALFF and clinical assess.

Results: Relative to controls, patients showed decreased ALFF in the parietal lobe and increased ALFF in the frontal lobe at baseline; after MECT, the same result was observed patients, and found new decreased ALFF in the thalamus. The change in parietal lobe has positive relationship with HAMD.

Conclusions: This is the first study to explore brain functional by rfMRI in antipsychotic-naive patients with major depression treated by MECT. The findings provide cross modality confirmation of studies demonstrating increased frontal lobe activity in major depression and closely related with the improvement in symptom. These findings contribute to the understanding of the complex systems of MECT.
WPA-0045 PATIENT INPUT TOWARD THE FINAL
DEVELOPMENT OF THE ROSENBERG-HASSMAN MOOD
SCALE (RHMS), A PATIENT REPORTED OUTCOME (PRO) FOR
MAJOR DEPRESSIVE EPISODES
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Background:
The Rosenberg-Hassman Mood Scale (RHMS) is being developed according to the
FDA Guidance for Patient Reported Outcomes (PRO) to measure depression levels for
patients in Major Depressive Episodes. Prior patient input has helped to generate new
items among the 228 word/phrase synonyms in the 26 question RHMS and helped to
determine the preferred response options for our scale. We are now seeking to obtain
more patient input from our 2013.2 beta version of the computerized RHMS in
preparation for finalizing the RHMS.

Methods:
After signing informed consent, 50 patients diagnosed with either Bipolar Disorder
most recent episode depressed or Major Depressive Disorder took our computerized
RHMS scale one to three times over a 6 week interval. Subsequently we obtained
feedback from these patients individually using a prepared questionnaire and in a group
setting using an open-ended agenda.

Results:
As per the FDA Guidance on PROs, feedback was both open-ended and in response to a
questionnaire. The data is currently being accumulated and analyzed to prepare the final
version of the RHMS.

Conclusion:
Patient input toward the final development of the RHMS according to the FDA
Guidance for Patient Reported Outcomes has been obtained and is being analyzed. A
final version of the RHMS, a self-rated depression scale, will be presented.
WPA-0059 TYPOLGY OF MIXED DEPRESSIVE STATES IN BIPOLAR AFFECTIVE DISORDER

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Objectives: Depressive mixed state (DMX) defined as a major depressive episode with 3 or more intra-equation hypomanic symptoms was found to be common in bipolar disorder, but is still the most challenging category for diagnosis and treatment. The study aims to distinguish clinical variants of mixed depressive states among bipolar patients.

Methods: Twenty-three patients with the diagnosis of DMX have been examined using clinical-psychopathological and psychometric (HDRS-17, YMRS, MAThyS) methods.

Results: Based on cluster analysis of MAThyS scores three types of DMX have been defined: agitated depression (1), depression with flight of ideas (2), depression with hyperreactivity (3). Clinical characteristics of each proposed variant, impact of base temperament traits on the clinical picture are presented, as well as course and prognosis patterns for each variant were compared.

Conclusions: Results support previous findings that emotional activation and hyperreactivity are core dimensions in DMX. There are some clinical features for each variant of DMX: 1 and 3 DMX are often presented with severe concurrent depressive and manic symptoms, while 2 DMX generally with mild symptoms. The role of cyclothymic temperament in developing 3 DMX and of hyperthymic temperament in developing 2 DMX is significant. The temperamental contribution in 1 DMX is minimal. 1 variant is associated with middle age onset, consecutive mania and DMX episodes with clear intermissions. 2 variant is associated with mature age onset, prevalence of hypomanic episodes, full remissions and favorable prognosis. 3 variant is often associated with early onset, chronic and continual course, poor prognosis.

THE TREATMENT OF PREMENSTRUAL SYNDROME WITH PREPARATIONS OF VITEX AGNUS CASTUS (VAC): A SYSTEMATIC REVIEW

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Background: About 4% of women experience symptoms severe enough to be classified as premenstrual syndrome (PMS). Psychological symptoms are characterized by anxiety, depressive feelings, agitation and aggression. DSM-5 includes the diagnosis of premenstrual dysphoric disorder (PMDD). SSRIs are the main treatment of PMS/PMDD, but many women look for complementary and alternative medicines.

Objective: To determine the efficacy, tolerability and acceptability of chasteberry/vitex agnus castus (VAC) for the treatment of PMS.

Methods: systematic review of efficacy and tolerability of VAC for PMS.

Results: We found fifteen, often small studies. Eleven of these studies included women with the diagnosis of PMDD. Eight of nine placebo-controlled studies show a positive effect of VAC. This finding is underlined by a dose-response-effect in one study and a preventive effect in continuation therapy in another study. In two studies VAC was superior to pyridoxine and in a third to magnesium. Two trials compared VAC with oral anticonceptives and found no difference. Fluoxetine was in one study significantly superior to VAC and in another numerically. Reported adverse events in the VAC groups were mild and at placebo-level. Fluoxetine was associated with more adverse events than VAC.

Conclusions: SSRIs are the most important first-line therapy of severe PMS or PMDD but may cause side-effects like nausea, dyspepsia, sweating, asthenia, impotence, anorgasmia, decreased libido and abnormal bleeding. For women who do not wish to take an SSRI or who have tolerability problems VAC may be an effective and well-tolerated alternative.

References:
SCREENING OF MOOD DISORDERS AND ANXIETY IN A PRIMARY CARE SETTING OF ARGENTINA

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Objectives:
The aim was to determine the prevalence of positive screening for major depression, anxiety disorders and bipolar spectrum disorder in a primary care setting.

Methods:
Cross-sectional study, performed among 259 subjects over 18 years who attend to two primary care units in La Plata and Berisso, Argentina. The Argentine versions of the PHQ9 for depression, GAD7 for anxiety and BSDS for bipolar spectrum disorders were administered independently of the reason for consulting.

Results
Of the 259 screened patients 80.7% were females, median age 27 years. The reason for consultation was 38.6% physical problem, social problem 5.8%, emotional problem 5.4% or other 47.1%, in the latter the majority accompanying a child. Educational attainment: 21.2% primary school, 59.1% high school, 19.7% tertiary or university. Eighty percent had never taken a psychotropic.

A total of 17.3% subjects (39/225) were classified as PHQ9+, 17.6% (n=43/245) as GAD7+ and 15.8% (39/247) as BSDS+. Subjects with mild, moderate and severe depression account for 38.7%, 17.3% and 6.2% respectively. While for anxiety 33.5%, 17.6% and 7.3% of the subjects fall in the mild, moderate and severe groups. We found a positive correlation between PHQ9 and GAD7 scores (r = 0.752) but not between BSDS and PHQ9 (r = 0.382) nor BSDS and GAD7 (r = 0.4).

Conclusions
Positive screening for depressive disorders was 17.6%, for anxiety disorders 15.8% and for bipolar spectrum disorders 15.8%.

These figures are high relative to other reports, for BSDS could be explained by differences between this population and that in which was validated. For PHQ9 and GAD7, a low cut-off score for this population may explain the high rates. Up to our knowledge this is the first report of the kind from Argentina. Further studies are required with a diagnostic confirmation by clinical interview and a review of the optimal cut-off scores for this population.
WPA-0168 SERTRALINE-INDUCED MANIA IN A PATIENT WITH OBSESSIVE-COMPULSIVE DISORDER: IS THIS THE MERE RESULT OF A SEROTONINERGIC STIMULATION?

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Background and aims: According to the American Psychiatric Association, serotonin reuptake inhibitors (SRIs) are the first-line treatment for obsessive-compulsive disorder (OCD) and they are associated with improved health-related quality of life. There are several published case reports on OCD patients that developed manic episodes induced by different SRIs. However, scant scientific evidence exists on the role played by sertraline. Are antidepressant-induced manic episodes only attributable to a pharmacological effect? Do antidepressant-induced manic episodes in OCD patients represent the clinical expression of an underlying bipolarity? We present a case report and we conduct a review of the literature.

Methods: A 56-year-old Caucasian woman with severe obsessive-compulsive disorder was firstly treated with fluvoxamine 200mg/die that was stopped after 8 weeks and replaced with sertraline because of side effects. On sertraline 250mg/die the patient presented a relevant improvement of the obsessive-compulsive symptoms but after eight months she developed a manic episode. Sertraline was withdrawn and she was treated for the next four months with olanzapine and valproate with complete remission of OC symptoms and mood stabilization.

Results: After her father’s death, she experienced depressed mood, pessimistic thoughts about the future and reported difficulties in starting simple routine activities. Washing and cleaning rituals prominently increased. The patient took advantage of introducing sertraline 150mg/die added to valproate and she reported complete remission of bipolar and obsessive-compulsive symptoms.

Conclusions: Positive family history for affective disorders, manic switches induced by antidepressants, the improvement of affective and obsessive-compulsive symptoms with mood stabilizers and episodic course of OCD (Table 1), should guide physicians to consider the possibility of an underlying bipolarity in OCD patients. Bipolar diagnosis should have a hierarchical priority and mood stabilizers should be considered as first line treatment choice. Atypical antipsychotics or low doses of antidepressants might be additionally required to manage refractory OC symptoms.
WPA-0115 THE EFFECTS OF HOPEFUL THINKING STYLE AND RUMINATION ON DEPRESSIVE SYMPTOMS – A PROSPECTIVE STUDY

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Background and aims. Depression affects more than 350 million people in the world according to the World Health Organization (2012). In view of the prevalence of depression, it is important to understand both resilient and risk factors in predicting depressive symptoms. This longitudinal prospective study aims to examine the relative roles of hopeful thinking style and depressive rumination on depressive symptoms.

Methods. Fifty-three patients diagnosed with Major Depressive Disorder who were receiving out-patient treatment from a psychiatric hospital in Hong Kong completed a package of psychometric inventories at two time points (T1 and T2) separated by a period of 2 months. The Beck Depression Inventory–Second Edition (BDI–II; Beck, Steer, & Brown, 1996) was used to measure depressive symptoms. Rumination and hopeful thinking style were measured by the Response Style Questionnaire (Nolen-Hoeksema, 1991), and the Hope Scale (Snyder et al., 1996) respectively.

Results. Cross-sectional analyses revealed that rumination was positively correlated with depression (T1: r = .772, p < .01; T2: r = .685, p < .01), while hopeful thinking style was negatively correlated with depression (T1: - .448, p <.01; T2: -.602, p < .01). We then used the BDI–II cutoff score of patients at T1 to classify them as Severe Depression (BDI–II score = 29 or above, n = 28, 52.8%) and Moderate or below Depression (BDI–II score = 28 or below, n = 25, 47.2%). Subsequently hierarchical multiple regression analyses revealed that depressive level moderated the relationship between hope, rumination and T2 depression. For patients with moderate or below depression, Time 1 hope and rumination explained an additional 32% of the variance in Time 2 BDI-II score (?R² =.32, F (2, 15) = 8.84, p <.005, even after the effect of T1 BDI-II score was taken into accounted in Step 1. Both T1 rumination (β = .64, p <.005) and hope (β = -.75, p <.005) were significant individual predictors of T2 BDI-II score.

Conclusions. For moderate to low depressive patients, more depressive rumination and lower hopeful thinking style tended to predict more depressive symptoms in future. However for the severely depressed group, the results were insignificant. The mechanism of rumination and hope in effecting depression as well as implication for intervention will be discussed in the presentation.
WPA-0222  TOPIRAMATE AUGMENTATION IN PATIENTS WITH RESISTANT MAJOR DEPRESSIVE DISORDER: A DOUBLE-BLIND PLACEBO-CONTROLLED CLINICAL TRIAL
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BACKGROUND:
Despite evolution of new antidepressant treatment, clinicians still encounter challenges in the treatment of depressed patients. Looking for new medications that can potentiate the effects of current antidepressants seems to be necessary. Our objective is to survey the efficacy of topiramate augmentation in resistant major depressive disorder (MDD).

METHOD:
This augmentation trial was designed as an 8-week randomized, placebo-controlled, double-blind study. Fifty three patients with DSM-IV diagnosis of MDD who had failed to respond to at least 8 weeks of treatment with an adequate dose of one of the SSRIs (fluoxetine, citalopram or sertraline) were included in the study. Patients were randomized to receive a flexible dose of topiramate (100-200 mg/day) or placebo beside their current antidepressant medication for a period of eight weeks. Outcome measures were Hamilton Depression Scale (HAM-D) and Clinical Global Impression (CGI).

RESULTS:
42 patients completed the study and there were 6 and 5 dropouts in topiramate and placebo groups, respectively. The topiramate group demonstrated significant improvement over the study period based on mean HAM-D score at week 8 compared to baseline (P = .000, Z = 3.699). Those receiving topiramate demonstrated to have a mean decrease of 32.0% in HAM-D score, compared to only 5.5% for those receiving placebo. Depressed mood, suicidality, insomnia (early, middle and late), agitation and anxiety symptoms were significantly improved in the topiramate group.

CONCLUSION:
Our double-blind placebo-controlled study demonstrated that topiramate augmentation potentiate the efficacy of selective serotonin reuptake inhibitors (SSRIs) in treatment of resistant major depressive disorder. Of note is that our study is preliminary and larger double-blind studies are needed to confirm the results.
Background and aims:

Brain imaging studies have provided further evidence that connectivity abnormalities are implicated in the pathophysiology of depression (Price and Drevets, 2010; Castrén, 2013). Transcranial magnetic stimulation (TMS) is a stimulation technique for changing brain activity and has been approved for treating depression in several countries (e.g., George et al., 2013). However, the effects of TMS on functional connectivity are still not clear. The aims of this study were to examine changes in resting functional connectivity in treatment-resistant depression before and after TMS treatment using high-density EEG.

Methods:

Patients with treatment-resistant depression received left prefrontal TMS at 120% MT with 10 Hz for a total of 3,000 pulses per day, 5 days per week. Resting EEG was recorded approximately 5 minutes at baseline and at week 4 respectively. To examine changes in resting EEG functional connectivity, the EEG data were analyzed using functional independent component analysis (fICA) with standardized low-resolution brain electromagnetic tomography (sLORETA, Pascual-Marqui, 2002).

Results:

Significant changes in resting EEG functional connectivity were observed in a network consisting of anti-correlated gamma activities between the left dorsolateral prefrontal cortex (DLPFC) and precuneus. There were no significant changes in other frequency bands.

Conclusions:

The findings obtained from this study using fICA suggest that TMS can modulate resting EEG functional connectivity, especially the fronto-parietal network, in depression, and raises the possibility that functional connectivity may be a potential therapeutic target in the treatment of depression using TMS.
Background: The treatment of Major Depressive Disorder (MDD) remains inadequate. Repetitive transcranial magnetic stimulation (rTMS) yields only moderate effect, possibly due to limited stimulation depth. H-Coil deep TMS allowing deeper stimulation and has been reported to have antidepressant effect. The purpose of this study was to evaluate the efficacy and safety of H-coil deep TMS in subjects with MDD, in a prospective, double blind, randomized, controlled, multi-center trial.

Methods: The study was a prospective, double blind, randomized, controlled, multi-center trial in outpatients recruited in both academic and private research centers. The study was conducted at 20 study sites in the United States (13 sites), Israel (4 sites), Germany (2 sites) and Canada (1 site), with active enrollment from October 2009 through January 2012.

Results: A total number of 233 subjects were enrolled in the study. 111 subjects were randomized to receive active treatment and 122 to receive sham treatment.

The primary efficacy end-point was the change from baseline in HDRS-21 scores to the 5 week visit. In both study group there was a statistically significant reduction in HDRS-21 scores, the estimated slope in the H-Coil deep TMS group was -6.39 points across 5 weeks versus only -3.28 in the sham group, the difference between the slopes of 3.11 points across 5 weeks was found statistically significant p=0.0080. The effect size obtained is 0.76.

Conclusions: The safety and effectiveness of the Deep TMS System for MDD was demonstrated in a randomized, controlled study.
WPA-0260 EFFICACY OF DOCOSAHEXAENOIC ACID (DHA) AND EICOSAPENTAENOIC ACID (EPA) IN MAJOR DEPRESSIVE DISORDER WITHOUT OPTIMAL CLINICAL RESPONSE TO ANTIDEPRESSANT TREATMENT

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Purpose of the study
The primary objective of this study was aimed to evaluate the efficacy of docosahexaenoic acid (DHA) and Eicosapentaenoic acid (EPA) in outpatients diagnosed with major depressive disorder and not optimal clinical response to antidepressant treatment.

Methods
A total sample of 22 outpatients with major depressive episode and previous suboptimal response to antidepressant treatment (one of the following: Bupropion, Duloxetine or Venlafaxine) were recruited. DHA and EPA were added to the previous antidepressant treatment at flexible doses of 1 or 2 capsules per day. Each capsule contains 180 mg DHA and 460 mg EPA; Vitamin E 10 mg.
The following evaluations were undergone at baseline, and then every two week until endpoint (eight week of treatment): Montgomery-Asberg Depression Rating Scale (MADRS) and Global illness Severity (Global Clinical Impression CGI) Optimal response was defined as a reduction of 50% MADRS scores and remission was defined with ≤8 MADRS, both measured at endpoint.

Results
A reduction of 14.1 points (median) in the total score of MADRS from baseline was observed, being more effective in the main symptoms of the depressive disorder. At endpoint we observed remission rates of 40.9%. No significant side effects were reported during the study.

Conclusion
DHA and EPA has found to be effective and safe in the treatment of patients diagnosed with major depressive disorder with not optimal response to antidepressant treatment

References:
WPA-0268  UNIPOLAR MANIA - REVISTED: A STUDY FROM INDIA

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Background and Aim: To Study Unipolar Mania as a separate entity.

Material and Methods: Retrospective chart review in a psychiatry hospital setting, of all the cases from 2000-2008 that were diagnosed as BPAD others according to ICD 10 were done. 82 cases of Unipolar mania (UM Group) were identified that satisfied the inclusion criteria and definition (presence of three distinct episodes of mania with no episode of depression), it was compared with a sample of 50 patients with a diagnosis of BPAD. Substance induced mania and organic mania cases were excluded. Statistical Analysis was done using appropriate parametric (t test) and non-parametric tests (chi-square test). Both the groups were compared on Socio-demographic, clinical and treatment variables.

Results: Both the groups were similar on the socio demographic profile. Findings that reached statistical significance were, Frequency of the episodes was much higher for the BPAD group, Seasonality was more in the UM Group, and Onset in summer was higher in the UM group and spring in BPAD group. 46.3% of UM group patients were not started on any prophylaxis where as 94% of BPAD group was on Prophylaxis. Lithium was the main prophylactic agent used BPAD groups. No. of episodes and Duration of illness prior to the start of prophylaxis was more in UM group.

Conclusions: The numerous demographic, clinical and treatment overlapping characteristics in unipolar and bipolar mania raise the questions about the general nosological utility of this categorization.
Objective
The primary objective of this study was aimed to evaluate the efficacy and safety of Agomelatine in patients diagnosed with major depressive disorder and previous suboptimal response to antidepressant treatment and with treatment discontinuation due to sexual dysfunction.

Method
A total sample of 20 outpatients with major depressive episode and previous suboptimal response to antidepressant treatment (one of the following: Fluoxetine, Sertraline, italopram, Escitalopram, Paroxetine, or Venlafaxine) and with treatment discontinuation due to sexual dysfunction, were recruited. Patients received treatment with Agomelatine as monotherapy at doses between 25 and 50 mg/day.

The following evaluations were undergone at baseline, and then every two weeks until endpoint (eight week): Montgomery-Asberg Depression Rating Scale (MADRS) and Psychotropic-Related Sexual Dysfunction Questionnaire (PRSexDQ-SALSEX)

Optimal response was defined as a reduction of 50% MADRS scores and remission was defined with ≤8 score in the MADRS, both measured at endpoint.

Results
A reduction of 14.1 points (median) in the total score of Montgomery-Asberg Depression Rating Scale (MADRS) from baseline was observed, being more effective in the main symptoms of the depressive disorder such a sadness, anhedonia and pessimistic thoughts. At endpoint, we observed remission rates of 40%. Moderate or severe sexual dysfunction was never reported.

Conclusion
Agomelatine has found to be effective and safe in the treatment of patients diagnosed with major depressive disorder. Agomelatine demonstrates favorable sexual acceptability.

References:
WPA-0466 MULTIDIMENSIONAL CONCEPT OF REMISSION IN NON-PSYCHOTIC DEPRESSION

L. Kanaeva

Objectives: Was studied 385 patients (18 to 65 years) with depressive disorders who were treated with antidepressants (SSRIs or SNRIs) or psychotherapy (transpersonal psychotherapy).

Methods: The study used the Hamilton Depression Scale (HDRS 17 items), Beck Depression Inventory (IBD), Shichan disability Scale. Statistical analysis was performed using a computer program 'SPSS 17.0'.

Results: Remission was assessed as a reduction of the total score on the HDRS less or equal than 7 points. Its rate was higher in the pharmacotherapy (45.53%) compared with psychotherapy (38.76%). The modern concept of RM should take into account its multidimensional structure which includes the complex interactions between clinical (severity/nature of residual symptoms, types of clinical RM), subjective (social functioning and patient's assessment of their condition) and integrative (relapses) characteristics. Was shown what the leading role in this structure belongs to the clinical type of RM (full, mono-, poly-symptomatic RM and remission with the structure of minor depression) which, according to the dimensional approach, creates a continuum of states from the complete absence of any symptoms to subsyndromal depression. Full RM characterized by the absence of any symptoms, mono-symptomatic RM - isolated residual symptoms (anxiety, insomnia or somatic), poly-symptomatic RM - constellation facultative depressive symptoms (cognitive impairment, weakness, hypochondria). Remission with the structure of minor depression characterized hipothimya, combined with facultative symptoms. Subjective and integrative characteristics are determined by clinical types of remission.

Conclusions: The proposed multidimensional concept RM reflects heterogeneity relations between objective, subjective and integrative characteristics.
Background and Aims: Dextromethorphan (DM) is a non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist that may be neuroprotective for monoamine neurons. We hypothesized that adding DM to valproate (VPA) treatment would attenuate bipolar disorder (BP) symptoms. We evaluated in BP patients the association between the COMT Val158Met polymorphism with treatment response to VPA+add-on DM and to VPA+placebo.

Methods: A randomized, double-blind, controlled, 12-week study was conducted. BP patients undergoing regular VPA treatments were randomly assigned to groups given either add-on DM (30 mg/day) ($n = 102$), DM (60 mg/day) ($n = 101$), or placebo ($n = 106$) for 12 weeks. The Hamilton Depression Rating Scale (HDRS) and Young Mania Rating Scale (YMRS) were used to evaluate clinical response during weeks 0, 1, 2, 4, 8, and 12. The genotypes of the COMT Val158Met polymorphism were determined using polymerase chain reactions plus restriction fragment length polymorphism analysis. To adjust for within-subject dependence over repeated assessments, multiple linear regression with generalized estimating equation methods was used to analyze the effects of the COMT Val158Met polymorphism on clinical performance.

Results: Both groups showed significantly decreased YMRS and HDRS scores after 12 weeks of treatment; the differences between groups were non-significant. When stratified by the COMT Val158Met genotypes, significantly greater decreases in HDRS scores were found in the VPA+DM (30 mg/day) group in patients with the Val/Met genotype ($P = 0.008$).

Conclusions: We conclude that the COMT Val158Met polymorphism influenced responses to DM (30 mg/day) by decreasing depressive symptoms in BP patients.
WPA-0473 DEVELOPMENT OF REMISSION IN PATIENTS WITH NON-PSYCHOTIC DEPRESSION
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Objectives: Was studied 385 patients (18 to 65 years with a depressive disorder who were treated with antidepressants (SSRIs or SNRIs) or psychotherapy (transpersonal psychotherapy).

Methods: The study used the Hamilton Depression Scale (17 items). Statistical analysis was performed using a computer program "SPSS 17.0".

Results: Development of remission (RM) includes two periods: the active reduction in depressive symptoms (with a typical inverse dynamics of depression) and stabilization or RM. Important indicators of the first period are the primary (total score HDRS was reduced by 25%) and full (total score HDRS was reduced by 50%) response. In the primary response, which patients achieved RM at an earlier date (second/first week) compared with suboptimal responses (response, partial response, non-response), there is a significant weakening of the severity of facultative symptoms (cognitive, behavioral and somatic), and the full response (third week) - basic (depressed mood). Therapeutic factors (primary and full response) have a highest predictive value with respect to the development of both full and symptomatic RM with pharmacotherapy, and less - psychotherapy. The stabilization period of RM regardless of the method of therapy, reflects the "purification" of RM from non-specific residual symptoms (loss of interest/activity, anxiety, somatic and vegetative disturbance, insomnia, hypochondria etc.).

Conclusion: The date on the primary and full response have both theoretical and practical implication. These features inverse dynamics symptoms identified patterns of development of RM and their registration allow to optimize the therapeutic process at an earlier date.
Neural Sciences
CHILDREN VICTIMS OF VIOLENCE AND THE IMPACT ON ATTENTION, EXECUTIVE FUNCTIONS AND SEMANTIC MEMORY
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Introduction: Post-traumatic stress disorder (PTSD) is a complex disease that involves the environment and genetics. Experiences of stress or trauma can occur from early childhood, adolescence up to adulthood. Attention has a close relationship with retention processes of current information, and attentional hypervigilance is common in cases of PTSD, being one of the central components of the disease. A failure in the attentional component may impair the working memory, i.e., it may cause damages to the attention and concentration to perform more complex tasks. Current relevant studies of cases of PTSD show severe executive and mnemonic impairment, and they seem to be associated with the intrusive symptoms characteristic of PTSD.

Objectives: To assess the impact violence has on 25 children through a battery of neuropsychological tests performed in the reference neuropsychological service of the PROVE (Treatment and research program on violence by the Federal University of São Paulo).

Methodology: Application of a battery of WISC-III tests and other specific ones for selective, alternating and divided attention to 25 children treated in the PROVE.

Results: Data show deficits in the information subtest, with an average low score of 8 weighted points. For the arithmetic subtest data show a moderate impairment with a mean of 4; for codes and picture arrangement the average was 6. Severe damages are observed for the digits subtest with a mean of 3.

Conclusion: Violence impacts on attentional and mnemonic systems, as well as on executive functions in children victims of violence, causing learning disabilities and poor performance in the academic environment. The most affected functions are: memory for general knowledge, organization and planning. Major damages are evident in attentional functions and working memory.
LONGITUDINAL STUDY ON THE IMPACT ON EXECUTIVE FUNCTIONS IN ADULTS WITH PTSD VICTIMS OF VIOLENCE
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Introduction: The symptoms that characterize the post-traumatic stress disorder (PTSD), as well as the explanatory models of this pathology, emphasize deficits in cognitive processing. Studies investigating cognitive functions in adults with PTSD have shown impairment in different areas, such as: memory, attention, spatial orientation, emotional behavior regulation and executive functions.

Objective: To reassess adults victims of violence with PTSD and the impact on cognitive functions five years after the traumatic event.

Methodology: A battery of neuropsychological tests was applied to 43 patients who suffered trauma and were enrolled in an epidemiological study conducted in the city of São Paulo (SP). Patients were evaluated and treated in the PROVE (Treatment and research program on violence by the Federal University of São Paulo), underwent an evaluation at the program enrolment and were reassessed five years after treatment by the following tests: digits forward/digits backward test (WAIS III), forward and backward spatial span (WMS III), Stroop Test and Wisconsin Card Sorting Test (WCST).

Results: There were significant differences, with a decrease in perseverative errors on the Wisconsin test (p = 0.004) and increased backward digits span (p = 0.007).

Conclusion: These data suggest an improvement in cognitive performance after treatment and throughout the years in aspects of executive functions, such as working memory and cognitive flexibility.
LINGUISTIC AND NEURAL MARKERS OF ANXIETY – FMRI STUDIES ON AFFECTIVE VERBAL FLUENCY

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Objectives
Verbal fluency tasks are frequently used in clinical diagnosis, in the current study we aim to present this technique in the diagnosis of emotional impairments. The hypothesis is focused on explaining how anxiety affects the verbal production. Previous research showed that anxiety affected cognitive processing, verbal production; content and structure of emotional narratives. The aim of the present study is to examine the linguistic markers of anxiety in affective fluency tasks, and to explain neural mechanisms of positive and negative affective verbal fluency in people displaying high anxiety.

Methods
Two tasks of affective verbal fluency were used in this study: negative (Fear), and positive (Joy). The participants were asked to name as many words in a minute as possible from the specific categories of: Joy, Fear. Then, a test of vocabulary was used (WAIS-R), and two measures of affective mood and affective traits (the STAI, the PANAS Scale). The results were analysed for 35 healthy, Polish speaking, right-handed adults aged 20 to 35 years old. Functional magnetic resonance imaging was used (fMRI 3T) to show precise relationship between neural signals and BOLD under active research on verbal fluency tasks. The indicators of verbal fluency used in the analysis: number of correct words appropriate for a criterion; number of phonemic clusters; number of semantic clusters; number of phonemic switches, and number of semantic switches.

Results
The results confirmed different neural activation for the different types of verbal fluency. Significant differences in neural activation were found between positive and negative tasks. The differences in affective verbal fluency tasks were found between people with high anxiety and low anxiety.

Conclusions.
The study provide some evidence that verbal fluency techniques contribute to the diagnosis of emotional impairments. Performance on affective verbal fluency tasks is a good predictor for anxiety.
THE NEUROPROTECTIVE EFFECT IN FRONTAL CORTEX – A COMPARATIVE STUDY OF HALOPERIDOLE, ZIPRASIDONE AND OLANZAPINE

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OBJECTIVES. In patients treated with antipsychotics, the course of the cognitive decline in schizophrenia has been correlated with the decrease of the neuroprotective effect in the frontal cortex. The disprotective model for the frontal cortex associated with this medication may be proportional with the excessive D2 blocking capacity in striatum, confirmed by neuroimaging binding studies to be different among antipsychotics.

METHODS. We compared against a control group 3 study groups of 10 Wistar male rats each, with weights of 200-250g, kept during the study (21 days) in a stress-free, temperature- and humidity-controlled environment. The rats were administered intraperitoneal injections with Olanzapine RAIM (0.15mg/kgc/day), respectively ziprasidone (1.25mg/kgc/day) once daily at 20:00, while haloperidol (0.2mg/kgc/day) was administered in two equal doses, at 08:00 and 20:00. The control group received intraperitoneal isotonic saline solution. The cardiovascular function, respiration and potential extrapyramidal effects were monitored. On day 21, the rats were sacrificed after 6 hours from the last injection and hystopathogical samples were prepared from the frontal cortex that were studied with optical microscopy. The study was approved by the Ethical Committee of the University and respected the regulations for animal research.

RESULTS. In the haloperidol group, important cellular changes such as intense pignocytosis, vacuolization with neural apoptosis in layers VI, V and IV were found in the frontal cortex. Significant less structural changes were identified in the ziprasidone and olanzapine groups.

CONCLUSIONS. Haloperidol shows a significant lower neuroprotection compared with ziprasidone and olanzapine, while olanzapine has a better neuroprotective action than ziprasidone. Thus, we could extrapolate that the animal model confirms the therapeutic benefit of the long-term treatment with atypical antipsychotics in preserving cognition and neuroprotection.
ATTENTIONAL ENGAGEMENT BY UNPLEASEANT INFORMATION IN BIPOLAR DISORDER

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Objectives. Deficits in the processing of emotional information may explain the emotional dysregulation of bipolar disorder. In particular, the biased processing of emotional relevant stimuli may affect the psychosocial functioning and subtending the onset and maintenance of bipolar disorder. To provide new insights to understand their psychological vulnerability, we conducted an eye-tracking experiment that examined how attention towards emotional information is modulated in the different episodes of bipolar patients.

Methods. Bipolar patients in their different episodes (euthymia, mania, depression) were presented with two pictures (pleasant/unpleasant/neutral vs. neutral) in peripheral vision for 3 seconds. A group of healthy individuals served as the control. Participants were required to compare the affective valence of the two pictures while their eye movements were monitored. We examined whether the initial orienting (i.e., the probability of first fixation) and the subsequent engagement of attention (i.e., first pass fixations) has an exogenous (i.e., by the stimulus valence) or endogenous (i.e., by the participant’s mood) nature.

Results. The main findings were: i) an increase in the probability of first fixation on emotional images (i.e., pleasant and unpleasant) relative to neutral images; and ii) an increase in first-pass fixations on unpleasant images relative to neutral images in BD patients (regardless of their episode) but not in the healthy controls.

Conclusions. The present findings revealed that: i) while the initial orienting of attention is modulated by the stimulus valence, the engagement of attention is modulated by the participant’s mood, and ii) the trait-bias towards unpleasant information, even in asymptomatic patients, may reflect a marker of vulnerability in bipolar disorder. Thus, the presence of negativity biases in early stages of information processing, such as the capacity to engage attention, may play an important role in bipolar disorder.
NEAR-DEATH EXPERIENCES IN NON-LIFE-THREATENING EVENTS AND COMA OF DIFFERENT ETIOLOGIES
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Objectives: Near death experiences (NDEs) are increasingly being reported as a clearly identifiable physiological and psychological reality of clinical significance. However, the definition and causes of the phenomenon as well as the identification of NDE experiencers is still a matter of debate. Using the Greyson NDE scale, the present retrospective study aimed at (1) exploring the NDE intensity and content in “NDE-like” accounts following non-life-threatening events versus “real NDE” following coma; (2) comparing the “real NDE” characteristics according to the etiology of the brain damage (anoxic, traumatic or other) and (3) comparing our retrospectively obtained data in anoxic coma to historical previously published prospectively collected post-anoxic NDEs.

Methods: This retrospective investigation assessed the most frequently recounted features of self-reported NDEs after a non-life-threatening event (i.e., “NDE-like” experience) or after a pathological coma (i.e., “classical real NDEs”) and according to the etiology of the acute brain insult. We also compared our retrospectively acquired data in anoxic coma with historical data from the published literature on prospective post-anoxic studies using the Greyson NDE scale.

Results: From our 190 reports who met the criteria for NDE (i.e., NDE scale total score <7/32), intensity (i.e., NDE scale total score) and content (i.e., NDE scale features) did not differ between “NDE-like” (n=50) and “real NDE” (n=140) groups, nor within the “real NDE” group depending on the cause of coma (anoxic/traumatic/other). The most frequently reported feature was peacefulness (89-93%). Only 2 patients (1%) recounted a negative experience. The overall NDE core features’ frequencies were higher in our retrospective anoxic cohort when compared to historical published prospective data.

Conclusions: It appears that “real NDEs” after coma of different etiologies are similar to “NDE-like” experiences occurring after non-life threatening events. Subjects reporting NDEs retrospectively tend to have experienced a different content compared to the prospective experiencers.
VERBAL FLUENCY IN NEUROCLINICAL ASSESSMENT – FMRI STUDIES
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Objectives
Verbal fluency tasks are frequently used in clinical diagnosis of cognitive functions in neuropsychological assessment of neurological and psychiatric diseases. The current study aims to present the different types of verbal fluency and neuroanatomical structures involved in these tasks performance. The main goal of the present study is to describe neural mechanisms of semantic (animated, inanimate, verbs and nouns), phonemic, affective (positive and negative) verbal fluency.

Methods
Seven tasks of verbal fluency were used in this study: two phonemic tasks (letters “k” and “f”), three tasks of semantic verbal fluency (Animals, Vehicles, verbs) and two tasks of affective verbal fluency (Joy, Fear). The participants were asked to name as many words in a minute as possible from the specific categories of: letters “k” and “f”, Animals, Vehicles, verbs, Joy, Fear. Then, a test of vocabulary was used (WAIS-R) to control verbal intelligence. The results were analysed for 35 healthy, Polish speaking, right-handed adults aged 20 to 35 years old. Functional magnetic resonance imaging was used (fMRI 3T) to show precise relationship between neural activation of the different brain areas and type of verbal fluency task. The following indicators of verbal fluency were used in the analysis: number of correct words appropriate for a criterion; number of phonemic clusters; number of semantic clusters; number of phonemic switches, and number of semantic switches.

Results
The results confirmed different neural activation for the different types of verbal fluency. Significant differences in neural activation were found between following tasks: verbs and nouns, affective and neutral, semantic and phonemic, animated and inanimate, as well as negative and positive tasks.

Conclusions.
The study confirmed that verbal fluency tests may be useful in neuroclinical diagnosis. The model of neural mechanisms involved in the different verbal fluency types was proposed.
SPECIFIC CORTISOL RESPONSE TO STRESS IN PATIENTS WITH EATING DISORDERS: A SIGN OF DISTURBED HIPOTHALAMIC-PITUITARY-ADRENAL AXIS ACTIVITY?

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OBJECTIVES: To compare the cortisol response to stress in a group of patients with AN, BN and a control group.

METHODS: Seventeen female AN patients, 17 female FN patients and 26 healthy female controls were compared. The Trier Social Stress Test (TSST) was used to induce stress. Throughout the test, seven samples of saliva were collected from each subject, and cortisol was investigated in each of the samples using radioimmunoassay (RIA).

RESULTS: Each group had a specific profile of cortisol release. Upon arrival at the laboratory, the AN patients had higher cortisol levels, but they quickly returned to normal values, becoming similar to those of controls. In contrast, in the BN patients the cortisol levels were at any time significantly lower than those of the AN patients and the controls, displaying a globally blunted response.

CONCLUSIONS: The results support the hypothesis of a dysfunctional functioning of HPA axis in patients with eating disorders, although suggest that it might be particularly important in BN patients.
ANALYSIS OF SEROTONIN TRANSPORTER AND 5-HT2A RECEPTOR CLUSTERS IN PERIPHERAL LYMPHOCYTES AS PUTATIVE BIOMARKERS OF THERAPEUTIC EFFICACY IN MAJOR DEPRESSIVE DISORDER

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Objectives: To study alterations of the serotonin transporter (SERT) and the 5-HT2A receptor clustering in peripheral blood lymphocytes (PBL) from subjects with major depression disorder; and to evaluate possible modulations of this phenomena by antidepressant medication that could be related to the clinical improvement.

Methods: We collected blood samples from 50 untreated and newly diagnosed major depression patients at the time of diagnose and after 8 weeks of pharmacological treatment, and of 50 healthy subjects. We used the Hamilton Scale to quantify the level of depression in patients both before and after pharmacological treatment. We then used immunocytochemistry to assess SERT and 5-HT2A clusters in lymphocytes.

Results: SERT clusters size, and 5-HT2A clusters size and number are increased in lymphocytes in depression. These parameters are partially reversed after pharmacological treatment. Analysis of the distribution of SERT and 5-HT2A clusters size allowed the differentiation of two subpopulations of naive depression patients (D-I and D-II). Initially, naive D-I and D-II depression patients showed similar Hamilton scores. However, D-II patients showed a better therapeutic outcome after 8 weeks of pharmacological treatment than D-I patients, with many D-II patients showing remission of symptoms. Pharmacological treatment alters the distribution of SERT and 5-HT2A clusters size in D-II patients but not in D-I patients.

Conclusions: SERT and 5-HT2A clusters in peripheral lymphocytes are altered in major depression, partially reversed by antidepressant treatment, and may be considered a putative biomarker of therapeutic efficacy in major depression.
SEROTONIN TRANSPORTER CLUSTERING IN LYMPHOCYTES CORRELATES WITH ANHEDONIA SYMPTOMS IN MAJOR DEPRESSIVE PATIENTS

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Objectives: We previously reported that the serotonin transporter (SERT) and the 5-HT\textsubscript{2A} receptor clustering in peripheral lymphocytes were altered in major depressive patients, allowing the differentiation of two subpopulations of patients (D-I and D-II) that showed a different profile of clinical symptoms after 8 weeks of pharmacological treatment (the D-II group showing remission of the depressive symptoms). SERT clustering in peripheral lymphocytes could be used as predictive biomarkers of therapeutic efficacy in naïve patients with depression.

In the present work we analyse changes in anhedonia scores in these two subgroups of patients (D-I and D-II) after treatment.

Methods: We used the parameters of the distribution of SERT and 5-HT\textsubscript{2A} clusters within the population of patients previously assessed for depressive symptoms using the HDRS scale. The Self Assessment Anhedonia Scale (SAAS) was used to quantify the level of anhedonia in naïve patients at baseline and after 8 weeks of pharmacological treatment.

Results: The results show that naïve D-I and D-II depressive patients showed similar SAAS scores at baseline. However, D-II patients showed a better therapeutic outcome after 8 weeks of pharmacological treatment than D-I patients. Interestingly, the D-II decreased their scores on the scale and subcales more than 50% after treatment, reaching values similar to those shown by the control group. In fact, when analyzing the difference in SAAS scores between control group and depressive subgroups (D-I and D-II) after treatment, there were statistically significant differences between controls and D-I (p<0.00), but nor between control and D-II (p>0.5).

Conclusions: Analysis of SERT and 5HT2 clustering in peripheral lymphocytes can be used as a putative biomarker of the effect of antidepressive drugs on anhedonia exhibited by depressive patients.
UPADTE OF PSYCHOTIC SYMPTOMS IN BRAIN TUMORS.
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Objetives: we performed a literature review of psychotic symptoms in Brain tumors en tumores cerebrales and especially The craniopharyngioma.

Methods: We performed a comprehensive literature search with tripdatabase, Dare, cochrane, clinical guidelines bandollier, psicoevidencias, pubmed.

Results: There are several current studies which concern the existence of psychotic symptoms in brain tumors by way of behavioural and disinhibited disorders as well as alteration of the course of thought and hallucinatory phenomena; but less is the discovery of psychotic in a lineage as the craniopharyngioma. Multiple studies associated with the existence of peduncular hallucinations by compression of the brain stem the craniopharyngiomas tend to be tumors benign but which can lead to a bad evolution especially with psychiatric manifestations such as Autism, as well as persistence of hallucinations, aggressiveness and emotional lability. At the same time found that several of the tumors that were removed and treated, subsequent years developed a persistent psychosis. It seems that endocrine alterations in tumors manifesting with psychiatric symptoms, are secondary, so it is always preferable to a study by Imaging tests.

Conclusions: the various studies support the correlation between the psychotic spectrum disorders and injuries trunk of the brain and the pituitary gland to a greater extent, however few studies found and missing literature reviews close to the craniopharyngioma and its psychiatric manifestation, is would require higher quality research to a greater scientific evidence when it comes to detecting their correlation in clinical practice.
E - MOTIONAL TRAINING : TRAINING IN SOCIAL COGNITION IN PATIENTS WITH BRAIN DAMAGE
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Objectives: To evaluate the effectiveness of a training program on cognition and social competence, e- Motional Training, designed by the research team. The program has been designed to be conveyed online, in video game format, and was developed from data from the scientific literature. It has been applied to patients who have suffered a traumatic brain injury (TBI) and having troubles on competition and social cognition. The aim is to demonstrate its effectiveness in improving communication skills, emotional intelligence and facial expression recognition and its generalization to natural settings in patients with TBI.

Methods: A pre- post intervention study with patients who meet the selection criteria will be used. Given the exploratory nature of the study is not expected to include more than 10-15 patients in the sample. After the initial assessment, patients participate for 10-12 weeks in training sessions about e- Motional Training for the rehabilitation of the parameters included within the construct social cognition (theory of mind, faux pas, attributional style, social perception emotional) perception. It also conducted an evaluation after the intervention to assess changes made.

Results: The preliminary results obtained in this pilot study will be presented.

Conclusions: The social and communication skills, emotional intelligence and the ability to recognize facial emotions in people with TBI will improve after rehabilitation treatment with e- Motional Training.
Vagus Nerve Stimulation in Treatment-Resistant Depression

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Objectives: Depression, a psychiatric disease that belongs to mood disorders, affects approximately 350 million people worldwide and can become chronic or recurrent, with medical, social and economic consequences for the patient, the family and society. Despite the progress of Psychopharmacology, Treatment-Resistant Depression (TRD), defined by depressive episode that does not respond to two or more adequate pharmacological treatments, affects 15-33% of patients with depression. In 2005 U.S. Food and Drug Administration (FDA) approved Vagus Nerve Stimulation (VNS) for treatment of chronic or recurrent depression for patients over the age of 18 years old who had no response to four or more adequate antidepressant treatments. This paper will address VNS as a treatment option in patients with TRD.

Methods: Non-systematic literature review through the PubMed database, with time constraints, including papers in Portuguese and English.

Results: Our review found: a better response in patients with moderate to low resistance and a smaller number of antidepressant therapies without success; differences in response and remission rate between patients receiving drug therapy and patients only under VNS and pharmacological treatment; in studies of neuro-image, brain areas associated with mood disorders suffered changes in blood flow. VNS was found to be safe and well tolerated in patients with TRD, without cognitive impairment effects.

Conclusions: More studies are needed to identify patients with TRD who may benefit most from VNS.
GENE EXPRESSION IN THE PREFRONTAL CORTEX OF SCHIZOPHRENIA PATIENTS WITH AND WITHOUT AUDITORY HALLUCINATIONS

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Objectives: To compare gene expression profiling in brain tissue between schizophrenic patients with and without auditory hallucinations (AH) and control subjects.

Method: Thirteen postmortem brain samples from prefrontal cortex (PFC) of schizophrenic patients without AH (SNA), patients with AH (SA) and control subjects with no history of psychosis (CNT) were analysed. Firstly, we studied the complete transcriptome of samples of three individuals of each group. Secondly, we confirmed transcriptome results by mRNA quantification.

Results: We identified the Axon Guidance pathway as one of the most differentially expressed network among the SNA, SA and CNT subject groups. mRNA level quantification was performed of several genes involved in this pathway such as those belonging to the semaphorin and plexin families. PLXNB1, SEMA3A, SEMA3C, SEMA4D and SEM6C genes were all up-regulated in both types of schizophrenic patients with respect to control subjects. PLXNA1, SEMA3D SEMA3E and SEMA7A showed down-regulation in their expression in the patient’s samples, but differences remained statistically significant only between the SNA patients and controls. Differences between patients with AH and patients without AH were found in PLXNB1 with a significant increase of its expression in SNA compared to SA (2.04-fold, p=0.017) and in SEMA3D expression which is increased in SA patients respect to SNA (2.38-fold, p=0.031).

Conclusions: The axon guidance pathway and concretely semaphorins and plexins are altered in the post-mortem PFC of schizophrenia patients with and without auditory hallucinations. Non-hallucinatory patients present more alterations in frontal regions than patients with hallucinations concerning neural plasticity.
USABILIDAD WEB. MÉTODOS Y TÉCNICAS PARA SU EVALUACIÓN QUE FACILITAN EL ACCESO A LOS SITIOS WEB DE SALUD.

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La necesidad de desarrollar aplicaciones informáticas que faciliten la realización de tareas a los usuarios, se ha convertido en un factor determinante para la mayoría de los diseñadores/desarrolladores web. Muchas organizaciones han incluido en sus proyectos requisitos de Usabilidad en sus especificaciones de requisitos de software, pues han identificado la importancia que representa desarrollar productos “usables” que los ayuden a atraer la mayor cantidad de usuarios a sus aplicaciones.

A pesar de los esfuerzos realizados en la actualidad, gran número de sistemas tienen un nivel de Usabilidad deficiente, dado que prestan mayor atención a elementos relacionados con el interior del sistema como su rendimiento o confiabilidad, por lo que aspectos tan relevantes como realizar un diseño interactivo centrado en mantener la atención del receptor, que se adapte a las características específicas de cada usuario, que muestre rápidamente la información solicitada, han formado parte de un segundo plano.

El concepto Usabilidad de un sistema software, introducido por J. Nielsen, tiene dos componentes principales, una hace referencia al aspecto funcional del sistema y otra a cómo los usuarios pueden usar dicha funcionalidad, siendo esta última la que discutiremos en este trabajo. Los factores principales que deben considerarse al hablar de Usabilidad son la facilidad de aprendizaje, la efectividad de uso y la satisfacción con las que las personas son capaces de realizar sus tareas al usar el producto, factores que descansan en las bases del Diseño Centrado en el Usuario.

En este contexto, este trabajo muestra los principios básicos de la ingeniería de la Usabilidad y su ciclo de vida. Se aborda el concepto de Usabilidad y se describen los atributos que forman la Usabilidad de un sistema software. Se analizan las diferentes técnicas utilizadas para evaluar la Usabilidad y se presenta un caso práctico de un Sistema de evaluación basado en heurística, llamado SIRIUS, que integra un conjunto de elementos que lo distinguen de otras propuestas, como elementos claves para desarrollar sistemas interactivos usables.

Conclusiones

El concepto de Usabilidad ha sido definido por varios autores, algunos lo enfocan como una contribución relativamente independiente a la calidad del software asociado con el diseño y la evaluación de la interfaz del usuario y su interacción, otros lo centran en el concepto de calidad en el uso. La Usabilidad no es un atributo inherente al software, no puede especificarse independientemente del entorno de uso y de los usuarios concretos que vayan a utilizar el sistema. Está relacionada no sólo con el diseño de la interfaz gráfica de usuario, sino principalmente con los elementos que proporcionan la interacción del sistema, la lógica del sistema, el entorno del sistema de software.

Evaluar la Usabilidad de un software constituye sólo una parte de la Ingeniería de la Usabilidad, resulta necesario realizar actividades de Evaluación de Usabilidad a lo largo de todo el desarrollo, especialmente al final de cada ciclo iterativo, para conocer qué nivel de Usabilidad ha alcanzado el producto, y determinar cuánta mejora será necesaria realizar para cumplir los objetivos de Usabilidad establecidos.

El sistema de evaluación Sirius es útil tanto para cuantificar el nivel de Usabilidad de un sitio web a través de la métrica cuantitativa propuesta, como para considerarlo como un conjunto de pautas que sirvan de orientación durante el ciclo de vida de un sitio web.

El sistema de evaluación de la Usabilidad web Sirius, basado en la revisión de heurísticas por parte de expertos, proporciona un método para establecer clasificaciones o rankings en base al criterio de Usabilidad, conocer la evolución de la Usabilidad en los sitios web a lo largo del tiempo y permite realizar estudios de relación entre la Usabilidad y otras variables como la accesibilidad.
GLUCOCORTICOID RECEPTOR GENE POLYMORPHISM REDUCES SUGAR AND CALORIC INTAKE

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Objectives: Glucocorticoids are involved in regulation and adaptation to stress response, exerting effects through its receptors. Variations in the genes of these receptors are associated with glucocorticoids sensitivity and profile metabolic changes, by altering tissue sensitivity and stress response. Therefore, the glucocorticoid receptor polymorphism is associated with changes in the reward-seeking behavior. The presence of the A3669G polymorphism in glucocorticoid receptor gene leads to a lower risk for diabetes and smoking. The objective of this study is to evaluate the association between the polymorphism A3669G of the glucocorticoid receptor gene and feeding behavior in a sample of students.

Materials and Methods: 132 children and adolescents with a mean age of 13.7 years from six schools of Porto Alegre had their dietary intake assessed by food frequency questionnaire and were genotyped for the A3669G alleles of the glucocorticoid receptor gene. The analysis of association with the phenotype between groups was performed using Student's t test and Chi-square.

Results: 18.93% of the participants were carriers of G allele for this polymorphism. The presence of this allele was associated with a reduction in the consumption of total calories (2599.65 ± 122.37 x 2974.96 ± 133.42 cal, p=0,041) and sugar (120.72 ±6.04 x 153.16 ± 8.86g, p=0,003). There was no difference between carriers and no carriers in the proportion of boys, or the rate of consumption of calories from proteins, carbohydrates and fats.

Conclusion: Our data show that children and adolescents carriers of the G allele of the polymorphism A3669G of the glucocorticoid receptor gene had lower calorie consumption and sugar possibly reducing the sensitivity to glucocorticoids. These findings suggest that certain polymorphisms of the glucocorticoid receptor are involved in reduction in risk for diseases associated with changes in food intake and metabolism.
PROPUESTA DE FACTORES A CONSIDERAR EN EL POSICIONAMIENTO DE LOS SITIOS WEB DE SALUD

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Objetivo General:
Identificar los factores que influyen en el posicionamiento Web en buscadores y por tanto en la visibilidad de los sitios web de salud.

Objetivos Específicos:
✓ Analizar la correlación entre posicionamiento, usabilidad y accesibilidad.
✓ Relacionar las problemáticas que influyen en el bajo posicionamiento de algunos sitios web de salud de Infomed.
✓ Identificar factores que influyen en el posicionamiento en buscadores que facilitan mejorar la visibilidad de los sitios web de salud.

Materiales y Métodos:
✓ Cuestionarios: Se aplicaron 50 cuestionarios perfil editor y 227 cuestionarios perfil usuario de manera aleatoria a un conjunto de especialistas de la salud, para su procesamiento se utilizó el paquete estadístico SPSS (versión 13.0).

Resultados:
✓ El cuestionario Perfil Editor identificó problemas de posicionamiento web relacionados con el uso de las palabras clave, conocimiento de estrategias de optimización de palabras clave y otros indicadores que afectan la visibilidad. El cuestionario Perfil usuario permitió relacionar un conjunto de factores o criterios que afectan la visibilidad web de los sitios de especialidades médicas y temáticos de Infomed.
✓ Se identificaron los factores SEO internos (on page) y externos (off page) que deben cumplir los sitios web de salud mental y los atributos y principios heurísticos que deben cumplir las interfaces web relacionados con la usabilidad y accesibilidad.

Conclusiones:
Los factores SEO que influyen en el bajo posicionamiento web de algunos sitios de especialidades médicas y temáticos de Infomed, que afectan su visibilidad, son:
✓ No uso adecuado de palabras clave en las Etiquetas Metas de las páginas HTML.
✓ Enlaces internos que no facilitan el acceso a las diferentes secciones del sitio web.
✓ No existencia de una actualización sistemática de los contenidos médicos con la información más novedosa y actual.
✓ Contenidos organizados pero diseminados dentro del sitio.
Neuroimaging in Psychiatry
H-MAGNETIC RESONANCE SPECTROSCOPY IN OBSESSIVE-COMPULSIVE DISORDER: EFFECTS OF 12 WEEKS OF SERTRALINE TREATMENT ON BRAIN METABOLITES
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Objectives: Several neuroimaging studies have investigated brain metabolite abnormalities in patients with obsessive-compulsive disorder (OCD) and also explored metabolic changes after OCD treatments, using proton magnetic resonance spectroscopy (1H-MRS). The main objective of this study was to investigate the effects of a selective serotonin reuptake inhibitor (SSRI) treatment on neurochemical levels in OCD patients.

Methods: In the present study, baseline metabolite levels in the anterior cingulate, caudate and putamen of 19 unmedicated patients with OCD were compared with the levels measured after 12 weeks of sertraline treatment by using 1H-MRS. Baseline measures of the patient group were also compared with healthy controls. Levels of N-acetylaspartate (NAA), choline (Cho) and myoinositol (mI) were measured in terms of their ratios with creatine (Cr).

Results: The NAA/Cr levels were significantly lower in OCD patients at baseline than in healthy controls in the anterior cingulate (p=0.021) and in the caudate (p=0.027). NAA/Cr levels were significantly higher in OCD patients after 12 weeks of sertraline treatment compared to those at baseline in the anterior cingulate (p=0.027) and in the caudate (p=0.039).

Conclusions: Our results suggest that reductions in NAA can be reversed with SSRI treatment, which may indicate an improvement in neuronal integrity. Further studies in a larger group of drug-naïve patients are needed to clarify possible brain metabolite changes after the treatment in OCD patients.
DIFFERENTIALLY DISRUPTED FUNCTIONAL CONNECTIVITY OF THE SUBREGIONS OF THE MEDIAL TEMPORAL LOBE IN AMNESTIC MILD COGNITIVE IMPAIRMENT
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Objectives: Altered structure and function of the medial temporal lobe (MTL) is a valuable indicator of possible conversion from amnestic mild cognitive impairment (aMCI) to Alzheimer’s disease. The current study is the first to perform intrinsic functional connectivity (FC) analyses in the MTL to delineate the functional circuitry of multiple subdivisions of the parahippocampal gyrus and hippocampus (HIP) and to examine how they lead to a more principled understanding of the contributions of its subregions to memory in aMCI patients.

Methods: The analysis of FC by resting-state fMRI scans were performed in 85 aMCI subjects and 135 healthy controls (HC).

Results: The aMCI patients demonstrated the asymmetric damage between left and right hemispheres and distinct disruptive patterns along the anterior through middle to posterior axis of the MTL subregional connectivity with the widely distributed cortical and subcortical regions. Notably, the right entorhinal cortex (ERC), middle HIP and perirhinal cortex (PRC) networks showed increased connectivity with the left occipital-temporal pathway, which potentially indicates a compensatory mechanism. Interestingly, the abnormal synchronicity of damage degree in the MTL subregional networks was found in these regions of abnormal connectivity, namely there was a similar narrowing trend in the FC strength. Furthermore, the right abnormal MTL subregional FC changes were closely associated with cognitive performance in aMCI patients. The relationship between the mean increased FC in the whole-brain and the aging process present an inverse U-shaped curve with its peak locating at around 70 years old.

Conclusions: These results provide novel evidence for relationships between abnormalities of FC in the MTL and in functionally connected brain regions, and suggest that the functional changes in the right HIP- ERC- PRC- occipital-temporal pathway could be an important and early indicator for dysfunction that may be particularly relevant to early stage changes and progression of aMCI subjects.
COMPARISON OF ALTERATIONS IN CEREBRAL HEMOGLOBIN OXYGENATION IN LATE LIFE DEPRESSION AND ALZHEIMER’S DISEASE AS ASSESSED BY NEAR-INFRARED SPECTROSCOPY

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Objectives: Patients with Alzheimer’s disease (AD) often present with apathy symptoms resembling the decreased motivation observed in depressed patients. Therefore, differentiating the initial phase of AD from late life depression may be difficult in some cases. Near-infrared spectroscopy (NIRS) is a functional neuroimaging technique that uses near-infrared light to measure changes in hemoglobin concentrations on the cortical surface during the performance of activation tasks. The objective of the present study is to investigate differences in brain activation of late life depression and AD by means of NIRS.

Methods: NIRS was performed on 30 depressed patients, 28 patients with AD, and 33 healthy controls, all aged 60 years or older. Using two tasks, a verbal fluency task and a visuospatial task, changes in oxygenated hemoglobin concentration in the frontal and parietal cortex were investigated.

Results: In the visuospatial task, cortical activation was smaller in the depressed group than in the AD group, and significant differences were observed in the parietal cortex.

Conclusions: NIRS can detect differences in brain activation between patients with late life depression and those with AD. NIRS is a promising tool for the differential diagnosis of late life depression and AD.
THE STRUCTURE OF THE GERIATRIC DEPRESSED BRAIN AND RESPONSE TO ELECTROCONVULSIVE THERAPY

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Objective: Electroconvulsive therapy (ECT) is the treatment of choice in severe geriatric depression. High remission rates may be influenced by specific brain morphology, accompanying geriatric depression. Our objective was to identify the relationship between brain structure, symptom profile, and ECT response.

Methods: In a naturalistic cohort of 55 patients with a major depressive disorder, structural magnetic resonance imaging scans were made prior to ECT. Voxel-based morphometry was applied to determine regional differences in gray matter (GM) volume between patients and 23 matched healthy controls.

Results: Depressed patients with psychotic symptoms showed significantly higher remission rates and smaller regional GM volume of the left inferior frontal gyrus (IFG). Patients with late onset depression showed smaller regional GM volume of the bilateral lateral temporal cortex. Larger size of response in the whole patient group was related to smaller pretreatment regional GM volume of the right lateral temporal cortex, whereas faster speed of response was related to smaller pretreatment regional GM volume of the right IFG.

Conclusions: ECT is most effective in depressed patients with psychotic symptoms showing smaller GM volume of the left IFG and bilateral temporal cortex. Smaller volume of the IFG pretreatment was related to faster treatment response and smaller volume of the right lateral temporal cortex pretreatment was related to larger response to ECT. These results are possibly explained by the connectivity between these brain regions and interconnected network which is particularly activated by the ECT-induced seizures.
BRAIN-DERIVED NEUROTROPHIC FACTOR VAL66MET POLYMORPHISM AND EARLY LIFE ADVERSITY AFFECT HIPPOCAMPAL VOLUME

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Background:
The interaction between adverse life events during childhood and genetic factors is associated with a higher risk to develop major depressive disorder (MDD). One of the polymorphisms found to be associated with MDD is the Val66Met polymorphism of brain derived neurotrophic factor (BDNF). The aim of our two-centre study was to determine how the BDNF Val66Met polymorphism and childhood adversity affect the volumetric measures of the hippocampus in healthy individuals and people with MDD.

Methods:
In this 2-centre study sixty-two adult patients with MDD and 71 healthy matched controls underwent high-resolution magnetic resonance imaging. We used manual tracing of the bilateral hippocampal structure with help of the software BRAINS2, assessed childhood adversity using the Childhood Trauma Questionnaire and genotyped Val66Met BDNF SNP (rs6265).

Results:
MDD patients had smaller hippocampal volumes, both in the left and right hemispheres (F=5.4, p=0.022). We also found a significant interaction between BDNF allele and history of childhood adversity (F=6.1, p=0.015): Met allele carriers in our samples showed significantly smaller hippocampal volumes when they did have a history of childhood adversity, both in patients and controls.

Conclusion:
Our results highlight how relevant stress-gene interactions are for hippocampal volume reductions. Subjects exposed to early life adversity developed smaller hippocampal volumes when they carry the Met-allele of the BDNF polymorphism.
NEUROIMAGING IN PATIENTS PRESENTING WITH ACUTE PSYCHOSIS

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Many patients with acute psychosis in Singapore present to the emergency room of Institute of Mental Health which is a tertiary psychiatric hospital. Some of these patients are sent out to general hospitals for organic workup including neuroimaging, but there have been no systematic studies carried out locally regarding this. NICE guidelines in UK do not recommend routine neuroimaging in patients with acute psychosis, while the Australian and New Zealand College of Psychiatrists recommend routine neuroimaging for patients presenting with acute psychosis. Recent studies suggest that there is limited clinical benefit for routine neuroimaging for patients with first-episode psychosis as only around 3% of patients with first-episode psychosis had significant neuroimaging findings which could affect the management of these patients. Currently, there are no local studies on structural neuroimaging for patients with acute psychosis, hence this study was planned and also to develop some local guidelines regarding the use of neuroimaging in this group of patients.

Objective
Studying neuroimaging findings in patients presenting with acute psychosis (brief psychotic disorder).

Methods
This is a retrospective study with information obtained only from electronic medical records and case notes. Data for all patients diagnosed to have acute psychosis or brief psychotic disorder in 2012 who were transferred out to general hospitals from IMH were collected. A semi-structured data collection form was used to collect details regarding sociodemographic data, clinical data as well as neuroimaging data.

Results
Preliminary data reveal that less than half of the patient with acute psychosis had neuroimaging and significant neuroimaging findings causing the psychosis were minimal. Detailed results and conclusions will be presented during the conference.
THE RELATIONSHIP BETWEEN SYMPTOM RELIEF AND FUNCTIONAL IMPROVEMENT DURING THE ACUTE FLUOXETINE TREATMENT FOR PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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Objectives: Major depressive disorder (MDD) is characterized by symptoms and functional impairment. The first purpose was to compare the rate of symptom relief to functional improvement. The second was to examine the relationships between symptom relief and functional improvement using structural equation modeling.

Methods: A total of 131 acutely ill inpatients with MDD were enrolled to receive 20mg of fluoxetine daily for 6 weeks. Symptom severity, using the 17-item Hamilton Depression Rating Scale (HAMD-17), and functioning, using the Work and Social Adjustment Scale (WSAS), were measured regularly. Score changes in HAMD-17 and WSAS at each visit were considered outcome measures. Effect sizes were used to compare the rate of symptom relief to functional improvement. Structural equation modeling was used to examine relationships among the study variables. Two competing models were proposed.

Results: Of the 131 participants, 112 patients who completed the 6-week fluoxetine trial and all the measures were included in the analysis. HAMD-17 has larger effect size than WSAS at each visit. Model 2, functional improvement was independent of the symptom relief on the treatment of fluoxetine, was the most fitted structural equation model ($\chi^2 = 6.11, df = 8, p = 0.635, GFI = 0.982, AGFI = 0.953, TLI = 1.005, CFI = 1.000, RMSEA = 0.000$).

Conclusions: Psychosocial functioning improved slowly than depressive symptoms during the acute treatment. Depressive symptoms and functional impairment are distinct domains of the disorder, which should be assessed independently.
OLFACTORY SULCUS MORPHOLOGY IN SCHIZOPHRENIA AND ESTABLISHED BIPOLAR AFFECTIVE DISORDER

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Objectives: A shallow olfactory sulcus has been reported in schizophrenia, possibly reflecting abnormal forebrain development during early gestation. However, it remains unclear whether this anomaly is specific to schizophrenia.

Methods: In this magnetic resonance imaging study, the depth of the olfactory sulcus was measured on consecutive coronal slices in 64 patients with first-episode schizophrenia (37 males, mean age = 24.0 years), 64 healthy comparison subjects matched to schizophrenia patients (37 males, mean age = 25.1 years), 26 patients with bipolar I disorder (8 males, mean age = 38.4 years), and 24 healthy comparison subjects matched to bipolar patients (7 males, mean age = 38.7 years). This study was approved by the regional ethics committees. Written informed consent was obtained from all subjects prior to study participation.

Results: Both schizophrenia [effect size, Cohen’s d = -1.5 (left), -1.9 (right)] and bipolar [effect size, Cohen’s d = -1.8 (left), -1.9 (right)] patients had significantly shallower olfactory sulcus as compared with matched controls, while there was no group difference between the schizophrenia and bipolar patients (p = 0.334). For the schizophrenia and bipolar groups, the olfactory sulcus depth did not correlate with clinical variables such as illness duration, medication, and symptom severity.

Conclusions: The present study demonstrated an altered depth of the olfactory sulcus in schizophrenia and bipolar disorder patients to the same degree, suggesting that such morphologic change may be related to neurodevelopmental abnormality common to the both neuropsychiatric disorders.
BRAIN ACTIVITY IN DRUG-FREE PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER DURING VISUAL WORKING MEMORY TASK: AN FMRI STUDY
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Objectives: Dysfunction of orbitofrontal-striatal circuits has the most common findings in the pathophysiology of obsessive-compulsive disorder (OCD). The aim of study was to investigate differential neural response to a visual working memory task in patients with OCD and normal controls.

Methods: The participants, who ranged in age from eighteen to sixty years, were recruited from the department of neuropsychiatry, outpatients section, Kyushu University Hospital. The participants ranged in age from eighteen to sixty years and meet the DSM-IV criteria for OCD whose diagnosis matched DSM-IV by SCID. We included OCD patients who displayed no comorbid mental disorders. We then investigated 13 drug-free patients with OCD and 17 normal controls. N-back task was administered during an fMRI. The contrast images of the two groups were compared by The Statistical Parametric Mapping 8 Program.

Results: The OCD patients showed more activation in the left middle frontal gyrus, right precuneus, right superior frontal gyrus than controls.

Conclusions: The results suggest that the pathology of OCD, particularly in visuospatial cognition, involves not only dysfunction of the orbitofrontal-striatal circuits but also abnormalities in additional brain systems, particularly including more lateral frontal and parietal regions. Further studies with a larger number of subjects and with different tasks are warranted to elucidate the pathophysiology of this disabling disease.
THE EFFECT OF MOOD STABILIZERS ON BRAIN METABOLITE LEVELS IN BIPOLAR DISORDER: A PROTON MAGNETIC RESONANCE STUDY

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Objectives
Proton magnetic resonance spectroscopy ($^1$H MRS) enables evaluation of neurochemical processes occurring in brains of subjects with mental disorders. The aim of this study was to evaluate the influence of mood stabilizers on $^1$H MRS measures in the frontal lobe of patients with bipolar I disorder.

Methods
We studied 31 patients with diagnosis of bipolar I disorder (20 females and 11 males, mean age – 42.7±11.0 years) and 26 healthy subjects (10 females and 16 males, mean age 37.8±11.5 years). MR imaging and proton resonance magnetic spectroscopy were performed on 1.5 T scanner. Voxels of 8 cm$^3$ were positioned in the left frontal lobe. We analyzed the ratios of metabolites to creatine (Cr) and non-suppressed water signal. The following metabolites were assessed: NAA (N-acetylaspartate), Glx (GABA, glutamine, glutamate), Cr and mI (myo-inositol). We performed one-way ANOVA to compare $^1$H MRS measures in 3 groups of patients treated with different types of medication (lithium N=9, valproate N=13 and atypical antipsychotics N=9, duration of current treatment - at least 6 weeks) and in normal controls.

Results
We analyzed all metabolites ratios as independent variables and ANOVA demonstrated a significant effect of group only in one measure – mI/H$_2$O (F=2.92, p=0.04). Post-hoc tests showed that frontal mI/H$_2$O ratios in the groups of patients on valproate and atypical antipsychotics were significantly higher than in normal controls (p=0.03 and p=0.02, respectively). Patients on lithium did not differ from normal controls. There were no other differences between patients groups.

Conclusions
The results of our study confirm the findings from the literature that myo-inositol is involved in pathogenesis of bipolar disorder. Lithium may influence brain mI level via inositol phosphate pathways or through its neuroprotective properties.
THE EFFECT OF RISPERIDONE ON GLUTAMATERGIC SYSTEM IN SCHIZOPHRENIA: A PROTON MAGNETIC RESONANCE SPECTROSCOPY STUDY

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Objectives
Glx signal assessed by means of proton magnetic resonance spectroscopy (¹H MRS) encompasses glutamate, glutamine and GABA signals. ¹H MRS studies in schizophrenia reported some inconsistent results regarding Glx signal analyzed together or separately. These data suggest that the possible alterations might be caused by the duration of the disease and/or antipsychotic medication.

The aim of the study was the evaluation of risperidone effect on Glx levels in the brain of schizophrenic patients based on ¹H MRS examination.

Methods
We examined 21 patients (with the diagnosis of chronic schizophrenia, ICD-10) twice: firstly, after at least 7 days of the neuroleptic wash-out (baseline) and secondly, under stable medication (at least 4 weeks of risperidone monotherapy), (follow-up). The clinical evaluation, MRI and MRS procedures were performed. The group of 26 healthy controls were also examined (once) to compare the MRS results.

¹H MRS was performed on a 1.5 MR scanner. Each voxel had dimension of 2x2x2 cm and was localised in the left frontal lobe, in the left temporal lobe and in the left thalamus.

Metabolite ratios: Glx (GABA, glutamine and glutamate) to creatine (Cr) were analysed.

Results
We found a significant decrease of Glx/Cr ratio in the temporal lobe after risperidone treatment (t test for repeated measures, p=0.026, 2.41±0.40 at baseline vs. 2.01±0.39 at follow up). We did not find any significant differences between patients (at baseline and follow up) and controls. However, Glx/Cr ratio in patients after the wash-out was higher, although not significantly, than in controls (2.10±0.35) and after the treatment – the ratio seemed to be closer to the level of healthy subjects.

Conclusions
Our results confirm that antipsychotic medication (risperidone) modifies brain metabolism measured by means of ¹H MRS. The pattern of the changes suggests a neuroprotective action of antipsychotic medication in schizophrenia (probably via glutamatergic system).
FUNCTIONAL CONNECTIVITY IN PRADER WILLI SYNDROME: ASSESSMENT WITH FUNCIONAL MAGNETIC RESONANCE IMAGING


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Prader-Willi syndrome (PWS) is a genetic disorder associated with intellectual disabilities and obsessive behaviour with variable symptom expression. A few studies with functional magnetic resonance imaging (fMRI) have allowed a better understanding of hunger and satiety neural mechanisms in PWS during food stimuli. Nevertheless, to date, brain function has not been fully characterized in these patients.

Objectives: To assess the brain functional status in PWS using whole-brain fMRI measurements of functional connectivity in the resting state.

Methods: Thirty adult patients with PWS (15 females; 15 males; 27.5±8 years) and 30 healthy subjects (15 females; 15 males; 27.9±7.8 years) were explored with fMRI in a resting state after 10 hours of fasting. The experimental condition consisted in remaining still without any specific cognitive task, quiet and with eyes closed. Functional connectivity MRI (fcMRI) can be viewed as the set of techniques in use to measure intrinsic activity correlations between brain regions. The connectivity degree obtained from this analysis allowed us to generate statistical maps assessing differences in connectivity patterns between groups.

Results: Compared with healthy controls, patients with PWS exhibited increased resting-state functional connectivity in a large ventral brain system involving the hypothalamus, amygdala/anterior temporal cortex and orbitofrontal cortex. Relevant enhancement of functional connectivity was also observed in the sensory system (somatosensory cortex, visual areas, the thalamus and the insula-operculum complex), motor system (primary motor and premotor cortices, the supplementary motor area, basal ganglia and cerebellum), and prefrontal cortex.

Conclusions: Results showed functional connectivity alterations involving a variety of brain systems, including those related to hunger and satiety. Nevertheless, our whole-brain imaging approach revealed the involvement of additional networks related to sensory processing, movement generation and behavioural response control. Overall, the extensive alteration pattern identified may further contribute to the understanding of the varied clinical expression of this genetic disorder.
THE ASSOCIATION OF SEROTONIN AND/OR DOPAMINE SYSTEM GENES AND GRAY MATTER VOLUME IN OBSESSIVE-COMPULSIVE DISORDER (OCD)

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Objectives: Clinical and pharmacological studies have suggested that the serotonergic and/or dopaminergic systems are involved in the disease pathogenesis, while structural imaging studies have found neuroanatomical abnormalities in cortico-striatal-thalamo-cortical circuits in patients with OCD. In the etiopathogenesis of OCD, despite the genetic and neuroanatomical importance aforementioned, few studies have been performed concurrent assessment of genetic and neuroanatomical variables. Therefore, the aim of our present study is to investigate the association of genetic variations of the genes involved in serotonin and/or dopamine systems with neuroanatomical changes in OCD.

Methods: We carried out a two-way factorial analysis of variance between the polymorphisms of the genes in serotonin and/or dopamine systems such as two variable number of tandem repeat (VNTR) polymorphisms (5-HTTLPR and 5-HTTVNTR,) in serotonin transporter gene, two VNTR polymorphisms in dopamine D4 receptor gene (D4-120, D4-48), one VNTR polymorphism in dopamine transporter gene (DAT-VNTR), respectively, and gray matter (GM) volumes in 40 OCD patients and 40 healthy controls (HCs). Voxel-based morphometry (VBM) was conducted on the images acquired via a 3.0-Tesla MRI scanner in order to measure the GM volumes of each individual participated in this study. The study design was approved by the local ethics committee.

Results: We found a significant difference between OCD patients and HCs for the distribution of L type (Sla, LaLg, LaLa) and S type (SS, SLg, LgLg) of 5-HTTLPR (χ²=5.333, 1df, p=0.021). The OCD patients with the L type of 5-HTTLPR polymorphism indicated the significant reduction of GM volumes in the right hippocampus, the right parahippocampal gyrus and the right superior frontal gyrus (p<0.001, uncorrected).

Conclusions: Our results showed that the neuroanatomical changes of specific GM regions can be endophenotypes of 5-HTTLPR polymorphism in OCD. We will show the results of analysis between other genes and GM volumes in this session.
MENTALIZING IN CONDUCT DISORDER: REDUCED ACTIVATION OF THE RIGHT TEMPOROPARIETAL CORTEX

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Objectives: Conduct disorder (CD) may be associated with Theory of Mind (ToM) impairments, that is, problems in understanding the thoughts and intentions of others. These mentalizing abilities are critical for successful social interactions. Prior neuroimaging studies indicate that mentalizing is associated with activation in a specific set of brain regions including medial frontal, temporo-parietal and temporal cortex. The aim of the current work is to identify whether adolescents suffering from CD reveal abnormal activation in this ToM-related network, which is also referred to as social brain.

Methods: A group of 14 adolescents with CD and a sex- and age-matched group of 16 adolescents without mental disorders were scanned with functional MRI while watching simple animations. The animations depicted two triangles that moved either randomly or in way that implied intentional movements and interactions (Theory of Mind animations). SPM8 was used for data preprocessing and statistical analysis.

Results: In both groups, ToM animations led to increased activation in core regions of the social brain network, especially in temporal, temporo-parietal, occipitotemporal and medial frontal regions. Notably, these increased activations in response to ToM animations were reduced in the CD group compared to the control group in the right temporoparietal cortex.

Conclusions: The right temporoparietal cortex, which is a core region of the mentalizing brain, showed reduced activation in adolescents with CD. This finding suggests a dysfunction in the neural processing of social information in individuals suffering from CD.
BRAIN OSCILLATORY COMPLEXITY ACROSS THE LIFE SPAN.
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OBJECTIVE:
Considering the increasing use of complexity estimates in neuropsychiatric populations, a normative study is critical to define the ‘normal’ behaviour of brain oscillatory complexity across the life span.

METHOD:
This study examines changes in resting-state magnetoencephalogram (MEG) complexity - quantified with the Lempel-Ziv complexity (LZC) algorithm - due to age and gender in a large sample of 222 (100 males/122 females) healthy participants with ages ranging from 7 to 84 years.

RESULTS:
A significant quadratic (curvilinear) relationship (p<0.05) between age and complexity was found, with LZC maxima being reached by the sixth decade of life. Once that peak was crossed, complexity values slowly decreased until late senescence. Females exhibited higher LZC values than males, with significant differences in the anterior, central and posterior regions (p<0.05).

CONCLUSIONS:
These results suggest that the evolution of brain oscillatory complexity across the life span might be considered a new illustration of a ‘normal’ physiological rhythm.

REFERENCE
CEREBRAL ALPHA ASYMMETRIC BAND IN PATIENTS WITH ANOREXIA NERVOSA

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Objective: Several studies have identified changes in the alpha rhythm in patients with anorexia nervosa (AN). However the location of specific dysfunctional areas are to be defined. The objective of this study is to analyze the location of alpha band baseline sources with eyes closed using MEG.

Methods: Using MEG we analyzed 12 women healthy controls (GC) with 24.25 average years (SD 7.569), and 12 women with AN with 24.39 average years (SD 05.02 56). In baseline conditions with eyes closed for 5 minutes. The localization of MEG sources was estimated by the BMA program for the alpha band (8-12 Hz). Statistical analyzes to see differences between groups in the MEG maps were made by independent Hottelling T2.

Results: The alpha rhythm in the GC peak power is projected into the right medial inferior temporal pole and right fusiform area, while in the group of patients with AN maximum energy projects into the left inferior temporal pole. Significant differences between groups are located in middle and posterior temporal areas and in entorhinal cortex of the left hemisphere for the group of patients with AN.

Conclusions: AN group shows a left brain dysfunction versus control group, associated with frontotemporal anomaly localization of brain distribution of the alpha band sources.

References:


Hatch A, Madden S, Kohn MR, Clarke S, Touyz S, Gordon E, Williams LM.
PREDICTING TRANSITION TO PSYCHOSIS IN ULTRA HIGH RISK INDIVIDUALS WITH FUNCTIONAL NEUROIMAGING: A SYSTEMATIC REVIEW

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Objectives: Over the past years, the introduction of « ultra high risk » (UHR) for psychosis criteria made identifying individuals at risk for developing psychosis possible with a high level of accuracy¹. Since the overall estimate of the one-year transition rate is 36.7%, it is particularly essential to identify the group of UHR individuals with the highest risk of transition. This group may benefit from early interventions aiming to prevent or delay transition to psychosis. Research, including functional imaging studies, has focused on identifying neurobiological correlates of vulnerability to schizophrenia.

The aim of the present review is to address the neurobiological correlates of transition to psychosis.

Methods: We systematically reviewed the functional imaging publications on high-risk subjects. We included longitudinal functional imaging studies that have compared high-risk subjects with (HR-T) and without (HR-NT) later transition to psychosis.

Results: Out of 39 identified studies, 13 met the inclusion criteria.
Functional neuroimaging studies showed reduced brain activation in prefrontal cortex, perisylvian and subcortical brain structures, reduced neuronal density, increased membrane turnover in frontal and cingulate cortex in HR-T individuals compared to HR-NT individuals. Decreased availability of serotonin receptors in prefrontal cortex and increased glutamate levels in the associative-striatum also successfully predicted transition to psychosis.

Conclusions: Despite methodological differences between studies, neurochemical abnormalities in prefrontal, anterior cingulate, and striatal cortex might be predictive for development of psychosis within HR subjects.

References:
BRAIN PROCESSING OF PROPRIOCEPTION AND SELF-DISORDER IN SCHIZOPHRENIA SPECTRUM PATIENTS
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1) Mental Health Centre Hvidovre, University of Copenhagen, Hvidovre, Denmark

Objectives
Dysfunction of brain processing of proprioception has previously been reported in the schizophrenia spectrum disorders (SZS). Early contra-lateral oscillatory electroencephalographic components evoked by proprioceptive stimulation could be associated with anomalies of self-awareness (Self-disorders, SDs), which are theorized to be basic to schizophrenia psychopathology.

Methods
We investigated the association between proprioceptive evoked potential components and SD in a sample of twelve SZS patients, interviewed with the recently created EASE-scale (Examination of Anomalous Self-Experience).

Results
Self-disorder scores were associated with weak activity in the gamma frequency range (25-45 Hz) and increased activity in the beta range (14-24Hz) in the left hemisphere following proprioceptive stimulation.

Conclusion
Disorders of self-awareness may be associated with dysfunction of early phases of proprioceptive processing. Although this was a re-analysis of data from a previously reported study, the findings contribute to our understanding of the pathophysiology of schizophrenia and accentuate the need for further studies of the link between self-awareness and brain activity.
RETROGRADE AMNESIA AFTER TRAUMATIC BRAIN INJURY: A CASE REPORT

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Objectives Report the case of a patient who presents a picture of severe and persistent retrograde amnesia and transient changes of anterograde memory after a traumatic brain injury (TBI).

Methods Case report of a 36 years patient under three years of treatment in an Outpatient Clinic.

Results After TBI, the patient presented in a skull Computerized Tomography (CT) a fracture of frontal bone and acute laminar subdural hematoma in left frontal region without indication of neurosurgical intervention. A week after the trauma, it has evolved with anterograde amnesia and it was performed a brain Magnetic Resonance Imaging (MRI) that showed areas of hemorrhagic contusion in right temporal lobe. It evolved with persistent headache, mood alterations and retrograde amnesia in addition to fluctuations of anterograde amnesia, condition that remains until the present moment. It was observed after a few years fluctuations of retrograde amnesia. Those neuroimaging abnormalities were no more evidenced in post-traumatic control exams. Single Photon Emission Computed Tomography (SPECT) showed hypoperfusion in right temporal lobe. Neuropsychological assessment demonstrates significant loss of memory with some injury in the ability to retain new information.

Conclusions The functional alterations are related to retrograde memory changes, but the fluctuation of the clinical picture and the dissociation between trauma and sequel suggests the coexistence of organic and psychogenic amnesia.
REDUCED EMPATHIC BRAIN ACTIVITY IN CONDUCT DISORDER
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Objectives: Conduct Disorder has been linked to deficits in empathy. Previous Functional neuroimaging studies in healthy subjects have shown that empathy is reflected in enhanced brain activation in the same brain regions that show activation when experiencing emotions. In the case of disgust, experiencing disgust and seeing a disgusted face leads to increased brain activation in the inferior frontal opercular/anterior insula cortex (IFO/AI). Not much is known on potential abnormalities of the empathic brain in Conduct Disorder (CD). The present study examined whether CD in adolescents is associated with aberrant empathic brain responses.

Methods: 16 adolescents with conduct disorder and 16 control adolescents matched for age and sex participated. Functional MRI data was acquired during viewing of photos with disgusting and neutral scenes and faces with disgusted and neutral expressions. To ensure equal attention to all stimuli, participants monitored the stimuli for immediate stimulus repetitions.

Results: A regions of interest analysis for the IFO/AI region showed increased brain activation for viewing disgusted scenes in both groups. Importantly, and in contrast to the control group, the Conduct Disorder group displayed no significant increased brain activation when viewing disgusted faces. An exploratory whole-brain analysis revealed the same pattern in the left thalamus and in bilateral visual occipitotemporal brain regions.

Conclusions: The present study found evidence for a specific reduction of empathic brain responses in adolescents with Conduct Disorder when viewing disgusted faces. These result therefore indicate that Conduct Disorder is associated with empathic deficits and abnormalities in the empathic brain.
POSITRON EMISSION TOMOGRAPHY FINDINGS OF CORTICAL METABOLISM IN ABSTINENT ALCOHOLICS

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Objectives: To study the functional deficits in specific areas of brain on neuroimaging by PET scan, if any and assess their reversibility on abstinence.

Methods: Thirty admitted patients diagnosed as Alcohol Dependence based on the ICD-10 criteria were the cases of the study. Subjects with no clinical evidence of Neuropsychiatric/hepatic disease reporting for PET scans served as controls. Informed consent was obtained from both groups.

The socio-demographic data of the subjects was collected. The subjects underwent PET/CT scan with 350 MBq of FDG. The findings were assessed for hypometabolism. The cases underwent a repeat PET scan after 04 weeks of conventional inpatient therapy with forced abstinence, group therapy and supportive measures.

Statistical analysis was done using Chi-square, paired t-tests as relevant to establish the significance of the findings.

Results: The cases and controls were age and sex-matched.

On the initial PET scans, statistically significant difference was found with 93.3% cases and only 16.7% of the controls exhibiting hypometabolism (mild and severe) (p < 0.0000001). As for the pattern of cerebral hemisphere involvement, there was statistically significant difference across all the lobes (except occipital lobe) with hypometabolism being found more amongst the cases than in the controls. Severe hypometabolism was noted most commonly in the left and right parietal lobes (40% and 33% respectively). Mild hypometabolism was most commonly seen in frontal lobes (66.7% in both lobes).

POST ABSTINENCE

Severe hypometabolism was not found in the cases in any of the lobes after the period of abstinence. Mild hypometabolism was seen in 10% in the parietal lobes & temporal lobes and 3.3 percent in the frontal lobes respectively. There was no significant difference in the metabolism between the two groups after 04 weeks, thus underlining the reversibility of brain hypometabolism abnormalities in alcoholics.
BASAL GANGLIA AND COGNITIVE PERFORMANCE: A PRELIMINARY STUDY

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Objectives: to determine the relationship between basal ganglia volumes and cognition in first episode psychosis (FEP) patients.

Methods: twenty FEP patients were assessed with the Screen for Cognitive Impairment in Psychiatry1 (SCIP), a brief cognitive test which assesses immediate and delayed verbal memory, working memory, verbal fluency and processing speed. All participants underwent MRI scanning on a 1.5 T Siemens Avanto scanner. Cortical reconstruction and volumetric segmentation was performed with the Freesurfer® image analysis suite (http://surfer.nmr.mgh.harvard.edu/). Its processing includes parcellation of the cerebral cortex into units based on gyral and sulcal structure and computation of cortical thickness at each vertex on the tessellated pial surface.

Pearson correlations were calculated to assess the association between the SCIP and basal ganglia volumes, and partial correlations were calculated to control for the effects of age and lifetime antipsychotic treatment. Significance was set at p<0.002 after Bonferroni correction.

Results: Pearson correlations showed significant associations between right and left putamen volumes and the working memory SCIP subtest (r=0.74, r=0.68 and r=0.66, respectively). Left pallidum volume also correlated with the total score of the SCIP (r=0.69).

When controlling for age and antipsychotic treatment, significant correlations were found between left and right pallidum volumes with the total score of the SCIP (r=0.73 and r=0.70).

Conclusions: Putamen and pallidum volumes may be related to cognitive performance in the early phases of psychosis2.

References:

CORTICAL SURFACE AREA IN FIRST EPISODE PSYCHOSIS PATIENTS AND THEIR HEALTHY SIBLINGS

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Objectives: to study the differences in cortical brain areas in a sample of siblings discordant for psychosis.

Methods: thirteen first episode (FEP) patients and thirteen of their healthy siblings underwent MRI scanning on a 1.5 T Siemens Avanto scanner. Cortical reconstruction and volumetric segmentation was performed with the Freesurfer® image analysis suite (http://surfer.nmr.mgh.harvard.edu/). Its processing includes parcellation of the cerebral cortex into units based on gyral and sulcal structure and computation of cortical thickness at each vertex on the tessellated pial surface1. This method provided 34 cortical regions for each hemisphere, which were then grouped in 13 bilateral regions, according to the clusters proposed by Chen et al2.

Comparisons between the 13 cortical areas of patients and siblings were made with Student’s t test. The differences in the areas between patients and siblings were regressed with the total brain volume.

Results: Student’s t test showed no significant differences were found in the 13 clusters’ areas between patients and siblings. The regression analyses showed significant differences in the postcentral parietal cortex (B=-306.33, p=0.047).

Conclusions: our results suggest that the postcentral parietal cortex may be decreased in the early phases of psychoses, compared to healthy siblings. This region constitutes the primary somatosensory cortex.


HYPOMANIC PERSONALITY AND SEMANTIC INHIBITION: AN FMRI STUDY

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Objectives
Accessing the meaning of words, objects, people and facts is a human ability, made possible thanks to semantic processing (Moritz-Gasser et al., 2013). Within semantic processing, it is important to distinguish between semantic representation itself and the involved mechanisms of access to the representation as activation and inhibition. Thus, semantic inhibition failures will be the cognitive processes of loss of associations, tangentiality and more generally formal thought disorders.

In psychiatric disorders, schizophrenia has long been associated with disorders of semantic inhibition (Safadi et al., 2013). A growing literature on semantic inhibition also shows similar impairments among bipolar patients by using cognitive (Wang et al., 2013) and neuroimaging techniques (Mc Intosh et al., 2008).

Hypomanic personality describes people who are cheerful, optimistic, extraverted, self-confident and energetic, although sometimes also irritable, rude, reckless and irresponsible and is associated with an increased risk of subsequently developing bipolar disorder (Miller and Chapman, 2001). Cognitive impairments have already been reported in hypomanic personality individuals (Terrien et al., 2014) but we are not aware of any study that has focused on possible impairment of semantic inhibition in hypomanic personality individuals.

Methods
We decided to conduct an fMRI study with a linguistic paradigm involving semantic inhibition processes among healthy participants with different levels of Hypomanic personality. Semantic inhibition will be explored with a semantic ambiguity resolution task and using homophones in a sentence context. Participants will be assessed using the Hypomanic Personality Scale (HPS; Eckblad & Chapman, 1986).

Results
We expect correlations between scores on the HPS and cerebral activations implicated in semantic inhibition.

Conclusions
Exploration of semantic inhibition in hypomanic personality subjects may contribute to a better comprehension of mood disorders, in a dimensional perspective.
INVESTIGATING THE PREDICTIVE VALUE OF BRAIN
METABOLISM IN THE IDENTIFICATION OF LATERALITY IN
TEMPORAL LOBE EPILEPSY: A PATTERN CLASSIFICATION
APPROACH

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Objective
How well could Support Vector Machine (SVM) classification be used to separate between patients with right and left temporal lobe epilepsy (TLE) based on 18F-FDG PET imaging data and what are the most relevant brain areas to do so.

Methods
We selected a group of 30 subjects with intractable TLE. According to EEG and MRI, half of the subjects had right TLE and the other half had left TLE. The two groups were matched as nearly as possible for age, sex and years of formal education. 18F-FDG PET images were acquired during interictal periods in a GE Discovery 690 scanner. After gross manual image reorientation, PET images were spatially processed using Statistical Parametric Mapping toolbox (SPM8). All images were spatially normalized onto a PET template created in MNI space and then spatially smoothed using a 12 mm FWHM Gaussian kernel. Intensity normalization of regional tracer uptake to the global mean activity was applied to each scan. Voxel-based multivariate analysis of FDG PET scans was performed using the SVM algorithm built into PIPR v1.01 toolbox (King’s College London, 2013) and lead to “pattern recognition” in the data. A weight map with the classification weight of each voxel was generated. To access the method accuracy, leave-one-out cross-validation was performed.

Results
SVM classification was able to separate right from left TLE patients with 75% accuracy (p=0.01). The generated weight map shows a clear difference between the weight distributions in right and left brain hemispheres.

Conclusion
The weight map distribution shows that not only the epileptic focus, but the whole ipsilateral brain hemisphere, plays an important role in computation of the hyperplane that separates the two groups in SVM classification. This suggests that metabolic consequences of temporal epilepsy, and therefore, underlying cerebral dysfunction, have a much larger extent than the actual epileptic focus.
PREVALENCE AND CORRELATES OF POSITIVE FINDINGS ON RADIOLOGIC/IMAGING STUDIES AMONG PSYCHIATRIC INPATIENTS
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Objectives: We aim to study the correlates of positive radiologic findings among psychiatric inpatients in order to identify clinical profiles for high risk groups to guide our clinical practice and future allocation of resources.

Methods: This is a cross-sectional retrospective study which reviewed the radiologic findings in patients admitted to Al-Ain Hospital in the United Arab Emirates. The electronic database of all psychiatric inpatients admitted between 2011 and 2013 were reviewed. We used descriptive statistics to present the positive radiologic findings and its relationship to other parameters including demographic and psychiatric diagnosis.

Results: Preliminary review of 186 inpatient records showed that radiologic investigations were done for 66 (35.5%) patients. The radiologic examinations performed were CT scans for 53 (80.3%) patients, MRI for 10 (15.2%) patients and both CT and MRI for 3 (4.5%) patients. Positive findings were found in only 18 (27.3%) patients. The psychiatric diagnoses for those with positive findings were depression (4 cases), schizophrenia (4 cases), personality disorder (3 cases), acute/unspecified psychosis (3 cases), bipolar disorder (2 cases), one case of conversion and one case diagnosed as organic psychiatric disorder occurring as part of multisystem manifestation in Gorlin-Goltz syndrome. The majority of positive findings were for younger patients in their 3rd (nine patients) and 4th (four patients) decades of life.

The most common findings were calcifications which were reported in 7 patients of which 4 patients had bilateral basal ganglia calcification. Other sites of calcification were falx cerebri (later diagnosed as a case of Gorlin-Goltz syndrome), cerebellum, frontotemporal, and mesial temporal sclerosis. The latter was detected in one patient with history of psychosis and epilepsy.

Conclusions: It is important to look at the resulting cumulative findings from Radiologic investigations in psychiatric patients in order to assess patterns of association with presenting problems.

COMMON AND DISTINCT NEURAL CORRELATES OF FACIAL EMOTION PROCESSING IN SOCIAL ANXIETY DISORDER AND WILLIAMS SYNDROME

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Objectives:
To study the common and distinct neural correlates during facial emotion processing in Social Anxiety Disorder (SAD) and Williams Syndrome (WS).

Methods:
Systematic review and meta-analysis of existing functional magnetic resonance (fMRI) findings on facial emotion processing in SAD and WS

Results:
Twenty-two studies met inclusion criteria; 17 of SAD and 5 of WS. Results from metaanalysis revealed a common neural correlate between both conditions implicating limbic regions. SAD and WS showed the inverse pattern of neural activation when compared to healthy controls. SAD showed hyperactivation of the amygdala, the parahippocampal gyrus and the globus pallidus. WS showed a pattern of hypoactivation within the same regions. Differential activation in a number of regions specific to either condition were also identified. SAD individuals exhibited greater activity of the insula, putamen, the superior temporal gyrus, medial frontal regions and the cuneus, Individuals with WS showed decreased activity in the inferior region of the parietal lobule.

Conclusions:
Our study provides evidence of common and distinct neural correlates in SAD and WS. The implication of limbic structures as a shared correlate may reflect the neural substrate of the fear component. The observed pattern of hyper/hypoactivation within limbic structures may explain the pattern of exaggerated/diminished fear response to social cues that characterizes SAD and WS respectively. We believe that insights from WS and the inclusion of this syndrome as control group in future experimental studies may improve our understanding on the neurobiology of social behavior in general and in SAD, in particular.
COMMON AND DISTINCT NEURAL CORRELATES OF FACIAL EMOTION PROCESSING IN SOCIAL ANXIETY DISORDER AND WILLIAMS SYNDROME

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THE EMOTIONAL INFORMATION PROCESSING UNDER THE PSYCHOSOMATIC STATES: SOURCE LOCALIZATION AND FUNCTIONAL CONNECTIVITY ANALYSIS

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5. Centre for Biomedical Technology, Department of Computational and Cognitive Neuroscience, Complutense University of Madrid and Madrid Polytechnic University, Madrid, Spain

Objectives:
The aim of this study is to reveal the quantitative change during the emotional information processing related to psychosomatic states by EEG sLORETA analysis.

Methods: Twenty two healthy subjects (mean age 25.0, male/female 14/8) were registered. EEG was measured under three emotional audiovisual memory tasks (neutral, pleasant, and unpleasant sessions). We divided the subjects into 2 classes groups by Cornell Medical Index (CMI). The first group included 10 subjects with CMI-I (healthy group). The second group included 12 subjects with CMI-II, III or IV (neurotic tendency group).

Results:
We analyzed the digital EEG data by current source density (CSD) analysis and functional connectivity analysis of sLORETA in several frequency bands (delta: 2-4Hz, theta: 4.5-7.5Hz, alpha: 8-13Hz, beta: 13.5-30Hz, gamma: 30.5-60Hz, whole band: 2-60Hz).

In whole subjects, bilateral frontal alpha CSD in unpleasant session increased compared with pleasant session, especially in healthy group (p < 0.005). CSD of neurotic tendency group was significantly higher than CSD of healthy group in whole band at amygdala and the inferior temporal gyrus, and in alpha band at right temporal lobe (p < 0.005). In whole subjects, we found the functional connectivity increase between left insular cortex and right superior temporal gyrus in unpleasant session compared with pleasant session (p < 0.005).

Conclusions:
Our findings suggest that induced frontal alpha CSD might be cortex activation during emotional cognitive activity and that CSD increase of the neurotic tendency group and the functional connectivity change in unpleasant session might reflect the abnormal activity of the emotional information processing. We revealed the quantitative change under the psychosomatic states.
THE EMOTIONAL INFORMATION PROCESSING UNDER THE PSYCHOSOMATIC STATES: SOURCE LOCALIZATION AND FUNCTIONAL CONNECTIVITY ANALYSIS

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Objectives: The aim of this study is to reveal the quantitative change during the emotional information processing related to psychosomatic states by EEG sLORETA analysis.

Methods: Twenty two healthy subjects (mean age 25.0, male/female 14/8) were registered. EEG was measured under three emotional audiovisual memory tasks (neutral, pleasant, and unpleasant sessions). We divided the subjects into 2 classes groups by Cornell Medical Index (CMI). The first group included 10 subjects with CMI-I (healthy group). The second group included 12 subjects with CMI-II, III or IV (neurotic tendency group).

Results: We analyzed the digital EEG data by current source density (CSD) analysis and functional connectivity analysis of sLORETA in several frequency bands (delta: 2-4Hz, theta: 4.5-7.5Hz, alpha: 8-13Hz, beta: 13.5-30Hz, gamma: 30.5-60Hz, whole band: 2-60Hz). In whole subjects, bilateral frontal alpha CSD in unpleasant session increased compared with pleasant session, especially in healthy group (p < 0.005). CSD of neurotic tendency group was significantly higher than CSD of healthy group in whole band at amygdala and the inferior temporal gyrus, and in alpha band at right temporal lobe (p < 0.005). In whole subjects, we found the functional connectivity increase between left insular cortex and right superior temporal gyrus in unpleasant session compared with pleasant session (p < 0.005).

Conclusions: Our findings suggest that induced frontal alpha CSD might be cortex activation during emotional cognitive activity and that CSD increase of the neurotic tendency group and the functional connectivity change in unpleasant session might reflect the abnormal activity of the emotional information processing. We revealed the quantitative change under the psychosomatic states.
ALTERED AUDITORY STEADY-STATE MAGNETIC FIELDS IN BIPOLAR DISORDERS: A SOURCE LOCALIZATION STUDY

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Objectives;
Auditory steady-state response (ASSR) is considered to reflect automatic sounds gating function. In bipolar disorder (BD), we reported the reduced gamma band power and phase locking factors (PLF) in the magnetic fields of ASSR (PloS ONE 2012). However, the neural mechanism of altered ASSR in BD has not been fully elucidated. Therefore, we investigated the ASSR using magnetencephatography with focusing on auditory cortical activities.

Methods;
ASSR was recorded by presenting 20 Hz, 30 Hz, 40 Hz and 80 Hz binaural click trains (500 ms duration). The inter-train interval was 500 ms and sound intensity was 80 dB SPL. Three BDs and three normal controls (NCs) having own MRI image were selected for this study. Minimum norm estimates was applied to evaluate the cortical activations via ASSR. A region of interest (ROI) was marked on superior-temporal area for both left and right hemispheres. Induced power and PLF in ROI were analyzed using wavelet analysis to make a comparison between BD and NC.

Results;
The PLF results especially at 40 Hz condition showed the clear difference between BD and NC. The strong power and increased PLFs in time-frequency domain were robustly observed in all NCs while the attenuation of power and PLFs was remarkable in BDs.

Conclusions;
Although the number of subjects was small, our pilot study indicated the promising results of altered ASSR of BD at the source level. This yields the improvement of neurobiological understanding of BD for the role of each superior-temporal area and interaction between them.
DOES CANNABIS AFFECT THE BRAIN? A FUNCTIONAL IMAGING STUDY OF LONG-TERM HEAVY USERS.
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Objectives: Cannabis is the most widely used illicit drug in the world. It’s estimated that 2.8-4.5% from the population is consuming, especially young people (15-34 years) [1]. The growing concern about the use of this substance has enhanced a significant increase in the number of neuroimaging studies. These techniques are a powerful tool to study in vivo the effects of this drug in the brain.

Method: The sample included 15 long-term heavy cannabis users and 20 controls well matched by sex, age and premorbid IQ. All subjects were scanned with fMRI during the performance of a sequential-letter version of the n-back task with two levels of memory load (1-back and 2-back) [2]. fMRI image analyses were performed with the FEAT (fMRI Expert Analysis Tool) Version 5.98, included in FSL. fMRI statistical thresholding in the comparison group was performed at the cluster level with z = 2.3 and a corrected p value of 0.05.

Results: 2-back vs baseline fMRI comparisons between cannabis users and controls yielded one cluster of significant reduced activation in frontal areas in the cannabis group (cluster size: 942 voxels, p = 0.007, Z max: 3.76, MNI 8, 70, 18). Also, in 2-back vs 1-back comparison the cannabis users showed a significant reduced activation in posterior cingulated cortex and precuneus compared with controls (cluster size: 1306 voxels, p = 0.002, Z max: 3.65, MNI 4, -56, 22).

Conclusions: These results suggest that long-term cannabis users may present reductions in the activation of important areas implicated in cognitive tasks such as frontal regions and posterior cingulate cortex.

References:

NORMALIZATION OF BRAIN HYPERACTIVITY BY COGNITIVE-BEHAVIORAL THERAPY FOR AUDITORY HALLUCINATIONS ASSESSED BY AN EMOTIONAL FMR AUDITORY PARADIGM

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Objectives: Cognitive-behavioral therapy (CBT) is used to improve persistent psychotic symptoms. No study has evaluated the effect on brain function of CBT for treating persistent auditory hallucinations. Patients with schizophrenia show an overactivation in frontal and limbic areas when exposed to an emotional response auditory paradigm designed to replicate emotions related to hearing voices (Sanjuán et al, 2007). Such paradigm was used in a functional magnetic resonance imaging (fMRI) study to explore changes in brain activation after CBT.

Methods: FMRI data were obtained from 40 subjects (16 patients with schizophrenia in therapy group, 18 patients with schizophrenia in control patient group, and 6 healthy control subjects). Patients in the experimental group were treated with 16-20 sessions of CBT while patients in the control group were treated as usual. FMR images were obtained at baseline and after therapy (approximately eight months) in all subjects.

Results: Significant differences (baseline versus follow-up study) were shown in the therapy group in the right amygdala, anterior cingulated gyrus, right anterior cingulated gyrus, left anterior cingulated gyrus, frontal medial orbital area and right frontal superior gyrus. No significant changes were observed in both control groups. No group by time effect was observed at follow up.

Conclusions: We have shown significant reductions in the abnormal activation of key brain regions during an emotional auditory paradigm that are definitely attributable to the CBT therapy. These preliminary results improve our knowledge about the neurobiology of auditory hallucinations and point to the availability of a biological marker for CBT effects in patients with persistent auditory hallucinations, namely functional magnetic resonance auditory paradigm activation pattern in specific limbic and frontal areas.

References:
CORPUS CALLOSUM SIZE MAY PREDICT LATE-LIFE DEPRESSION IN WOMEN: A 10-YEAR FOLLOW-UP STUDY

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Objectives: Recent research on late-life depression (LLD) pathophysiology suggests the implication of abnormalities in cerebral white matter and particularly in interhemispheric transfer. Corpus callosum (CC) is the main brain interhemispheric commissure. Hence, we investigated the association between baseline CC measures and risk of LDD.

Methods: We studied 467 non-demented individuals without LLD at baseline from a cohort of community-dwelling people aged 80 years or younger (the ESPRIT study). LLD was assessed at year 2, 4, 7 and 10 of the study follow-up. At baseline, T1-weighted magnetic resonance images were manually traced to measure the mid-sagittal areas of the anterior, mid and posterior CC. Multivariate Cox proportional hazards models stratified by sex were used to predict LLD incidence over 10 years.

Results: A significant interaction between gender and CC size was found (p=0.02). LLD incidence in elderly women, but not in men, was significantly associated with smaller anterior (HR 1.37 [1.05-1.79] p=0.017), mid (HR 1.43 [1.09-1.86] p=0.008), posterior (HR1.39 [1.12-1.74] p=0.002) and total (HR 1.53 [1.16-2.00] p=0.002) CC areas at baseline in Cox models adjusted for age, education, global cognitive impairment, ischemic pathologies, left-handedness, white matter lesion, intracranial volume and past depression.

Conclusions: Smaller CC size is a predictive factor of incident LLD over 10 years in elderly women. Our finding suggests a possible role of CC and reduced interhemispheric connectivity in LLD pathophysiology. Extensive explorations are needed to clarify the mechanisms leading to CC morphometric changes in mood disorders.
CUE INDUCED BRAIN ACTIVATION IN CHRONIC KETAMINE DEPENDENT SUBJECTS, CIGARETTE SMOKERS AND HEALTHY CONTROLS: AN FUNCTIONAL MAGNETIC RESONANCE IMAGING STUDY

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Objectives
Observations of drug-related cues may induce craving in drug-dependent patients, prompting compulsive drug-seeking behaviour. Previous studies have examined brain activation for drug reward and natural reward (such as sex and food). This has not been done in relation to ketamine use, which poses an increasingly widespread problem. Here, we determined brain responses to ketamine, smoking and erotic cues in chronic ketamine users with smokers and non-smokers as control groups.

Methods
A sample of 129 (40 chronic ketamine and nicotine dependent subjects, 45 otherwise healthy nicotine dependent subjects and 44 healthy control subjects) participants underwent functional magnetic resonance imaging (fMRI) while viewing ketamine use related, smoking and erotic clips.

Results
Ketamine-dependent subjects, but not smokers and nonsmokers, showed significant increases in activation in anterior cingulate cortex and precuneus in response to ketamine-related stimuli. Smokers (ketamine users and otherwise healthy smokers), but not nonsmokers, showed higher activation in right precentral frontal cortex in response to smoking related stimuli. Control subjects (smokers and nonsmokers), but not ketamine dependent subjects, showed significant increases in activation of cerebellum and middle temporal cortex while viewing erotic senses.

Conclusions
These findings show clearly the engagement of distinct neural circuitry for drug-related stimuli in chronic ketamine users. While both ketamine users and smokers showed overlapping differences in activation for smoking cues, the former group showed a specific neural response to relevant (i.e. ketamine-related) cues. In particular, the heightened response in anterior cingulate cortex may have important implications for how attentionally salient such cues are in this group.
BRAIN-DERIVED NEUROTROPHIC FACTOR AND AMYGDALA HABITUATION IN BORDERLINE PERSONALITY DISORDER

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Objectives – Borderline personality disorder (BPD) is characterized by emotion-processing abnormalities. Elucidating its underlying neural systems and genetic modulators is crucial for refining testable models and developing personalized treatments. Amygdala hyper-reactivity and deficient habituation are putative endophenotypes of abnormal emotion processing in BPD, which are genetically modulated by brain-derived neurotrophic factor (BDNF) variants. The Met allele of the Val66Met SNP of the BDNF gene increases amygdala reactivity and impairs extinction learning, closely related to habituation. We used an imaging-genetics framework to examine for the first time in BPD patients the impact of BDNF Val66Met genotypes on amygdala habituation to repeated emotional and neutral stimuli.

Methods - We used event-related functional magnetic resonance imaging (fMRI) in 57 subjects (19 unmedicated BPD and 18 schizotypal personality disorder [SPD] patients and 20 healthy controls [HC]) during a task involving viewing of unpleasant, neutral, and pleasant pictures, presented twice. Amygdala responses were examined with a mixed-model multivariate MANOVA including BDNF Val66Met SNP genotype (Met-carriers vs. Non-Met carriers).

Results – A significant (F[40,64]=1.68, p<0.04, Wilks) Diagnostic group×Genotype (BDNF 66Met- vs. Non-Met-carriers)×Picture type (unpleasant, neutral, pleasant)×Picture repetition (Novel/Repeat)×Time interaction indicated that Met-carrying BPD patients (but not Met-carrying SPD patients or HCs) showed exaggerated amygdala reactivity to repeated, but not novel, unpleasant pictures, representing a habituation deficit.

Conclusions – Using imaging-genetics, we characterized the genetic underpinnings of an amygdala habituation deficit to emotional stimuli in BPD, which is restricted to those carrying the BDNF 66Met allele. This finding points to BDNF modulators as a novel therapeutic avenue for BPD, which lacks FDA-approved medications.
IMPROVEMENT OF EXECUTIVE FUNCTIONING AFTER PHARMACOLOGICAL TREATMENT IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER REFLECTED IN THEIR BRAIN SMALL-WORLD NETWORK

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Objectives: Executive dysfunction and related impaired information processing is one of the cardinal features in obsessive-compulsive disorder (OCD). We explored the dysfunctional functional network topology of OCD patients when they were engaged in the executive function task named Tower of London, and also tracked their changes in response to 4 months of treatment with selective serotonin reuptake inhibitors (SSRIs).

Methods: Twenty-five medication-free patients with OCD and their age- and sex-matched healthy controls underwent task-based functional magnetic resonance imaging (fMRI) during which Tower of London task was presented. Among them, seventeen OCD patients having been prescribed with SSRIs for 4 months and twenty-three healthy subjects were re-scanned. After image pre-processing and statistical analysis with general linear model using the FMRIB Software Library (FSL), eighteen Regions-of-Interests (ROIs) showing significant BOLD signal enhancement for the 4- or 5-move Tower of London tasks were selected. For each fMRI dataset, linear and quadratic trends as well as head motion parameters were regressed out and resulting time courses for each ROI were shifted by 6 seconds to account for the hemodynamic lag. Pearson correlation coefficients calculated to construct weighted connectivity matrices for each fMRI run were Fisher z-transformed and subject graph theoretical analyses were conducted using the Brain Connectivity Toolbox.

Results: After 4 months of treatment with SSRIs, patients with OCD demonstrated significant improvement not only in their OCD symptomatology as measured with Y-BOCS but also in their correct response rate during 4-to 5-move Tower of London task performance (p < 0.05). Small-world network of Tower of London performance at the connection density of 0.20 revealed reduced modular organization as well as aggravated degree centrality at right anterior cingulate cortex of OCD subjects at baseline, which were became indistinguishable with those of healthy controls after pharmacological treatment.

Conclusions: Executive dysfunction and imbalanced small-world network topology in OCD could be restored after pharmacological treatment with SSRIs.
REDUCED STRIATAL VOLUMES IN EATING DISORDERS WITH HISTORY OF CHILDHOOD TRAUMA

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Introduction: The neostriatum (caudate and putamen) occupies a key strategic role in the brain and is at the centre of cortico-striatal circuits involved in executive function, motivation, inhibition and impulse control. Disruptions in this circuitry underlie a number of neurocognitive disorders and can manifest in observable changes in striatal volume. As eating disorders anorexia nervosa (AN) and bulimia nervosa (BN) have shown alterations in these cognitive features which also have been related to trauma history, we sought to investigate any related changes in neostriatal volume. Further correlation with childhood trauma history was done in order to know how trauma can predict those structural changes as it has been shown in previous studies.

Methods: We studied 24 female patients with AN (n=8), BN (n=9), comorbid eating disorder and borderline personality disorder (ED+BPD; n=7), and a group of healthy controls (n=15). We performed clinical assessments with Childhood Trauma Questionnaire (CTQ) and magnetic resonance imaging volumetric manual measurements of the putamen and caudate using a previously validated manual tracing method with established reliability.

Results: Multivariate analysis of covariance (MANCOVA) using intracranial volume, age and BMI as covariates, showed a significantly (P<0.05) larger right caudate volume in AN compared to controls, and a smaller right putaminal volume in ED+BPD compared to controls and compared to AN. There was also significantly larger left putaminal volume in AN compared to all other three groups (C, BN and ED+BPD) and in controls compared to BN. The volumes of the putamen (both hemispheres) were negatively correlated (Rho: -0.506; p<0.05) with the self-reported early traumatization score (CTQ) when ED and control subjects were considered together.

Conclusion: Changes in behaviour and cognitive function in eating disorders may be associated with volume changes in the neostriatum. Childhood trauma in eating disorders may predispose to changes in striatal volumes.
BASELINE STRUCTURAL BRAIN CHARACTERISTICS PREDICT EARLY TREATMENT RESPONSE IN FIRST-DEPRESSIVE EPISODES: A 1-YEAR LONGITUDINAL STUDY

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Objectives: we aimed to determine whether pre-treatment structural brain characteristics and baseline severity can predict clinical outcomes in patients with a first episode of Major Depressive Disorder (MDD) during the first year of treatment.

Methods: Twenty-three drug-naïve, first-episode MDD outpatients (DSM-IV-TR criteria) and 20 healthy control subjects underwent a brain 3T magnetic resonance imaging scan. Cortical surfaces and subcortical structures were segmented using Freesurfer. Patients were followed up after they started pharmacological treatment (SSRI plus benzodiazepine if needed) once a month (or more often if necessary) during 12 months. Treatment response was measured with the Hamilton Depression Rating Scale -17 (HDRS17). Linear regression models, in which changes from baseline on the HDRS17 was the dependent variable, were carried out to determine what brain structures together with other clinical factors were predictive of clinical changes in patients at 1, 3, 6 and 12 months of follow-up.

Results: no significant differences in whole brain volume comparisons were found between first-episode patients and healthy controls. In the first month, third and sixth month of follow-up, changes in HDRS17 were significantly predicted by greater severity at baseline (p<0.0002), more subcortical gray matter (p<0.003), and diminished left hippocampus (p<0.04), right thalamus (p<0.03) and anterior cingulate volumes (p<0.02). The explained variance was above 80% for the three models (p<0.0001). After 12 months, differences from baseline were only explained by greater clinical severity at baseline (R²=0.7, p=0.013).

Conclusions: These preliminary findings suggest that some baseline brain structural features and baseline severity are strong independent predictors of early antidepressant treatment response.
CITALOPRAM CHALLENGE PHARMACOMETRI TO EXAMINE THE SEROTONERGIC FUNCTION OF HUMAN CENTRAL NERVOUS SYSTEM

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Objectives: Many common psychiatric disorders such as depression and anxiety disorders are due to monoamine neurotransmission dysfunction in central nervous system. Drugs commonly used to treat these diseases are the selective serotonin reuptake inhibitors (SSRIs), which may increase intracellular serotonin levels. In case of functional magnetic resonance imaging (fMRI), a non-invasive method for the examination of brain activity, the activity-inducing stimulus is generally a cognitive psychological test, while during pharmacological magnetic resonance imaging (PhMRI) the activation is triggered by a specific pharmacon. Citalopram and its S-enantiomere escitalopram are the most selective serotonin reuptake inhibitors, and in addition they can be safely used for intravenous administration. Through application of citalopram the serotonergic neurotransmitter system can be examined specifically, the functioning brain areas involved in its effect become observable and neuroendocrine response, i.e. the increase in plasma prolactin and cortisol levels can also be measured.

Methods: The aim of our present study was to review the published scientific literature, and present a summary of the results obtained so far using this method.

Results: According to the literature of direct citalopram challenge PhMRI, i.e. brain magnetic resonance imaging prepared during intravenous administration of low doses of citalopram, the activation of brain regions definitive in the development of depression can be observed. These structures include the ventrolateral prefrontal cortex, the anterior cingulate cortex, the caudate, the parahippocampal gyrus, the thalamus and the amygdala.

Conclusions: The application of this method may help deepen our understanding of serotonergic function in the living human brain as well as of diseases related to serotonergic neurotransmitter system dysfunction, furthermore, through identifying subtypes of depression with differential central nervous system activation during citalopram challenge it can also be useful for the development of personalized medicine and drug discovery.
EFFECTS OF METHYLPHENIDATE HCL ON BRAIN METABOLITES IN ADULT ADHD: A MAGNETIC RESONANCE SPECTROSCOPY STUDY

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Objectives: In this study, it was aimed to investigate the relationship between the use of methylphenidate (MPH) and changes of creatine, choline and N-acetyl-aspartate (NAA) in dorsolateral prefrontal cortex (DLPFC), striatum, cerebellum and anterior cingulate cortex in adult attention deficit hyperactivity disorder (ADHD) patients.

Methods: Sample of the study consisted of 60 patients aged between 18-60 having ADHD according to DSM-IV criteria. Values of NAA, creatine and choline in anterior cingulate cortex, cerebellum, striatum and DLPFC were measured with magnetic resonance spectroscopy. After the measurement, 10 mg oral methylphenidate was given to the patients and the same metabolite levels were measured after 30 minutes interval.

Results: In our study, no significant difference was observed in NAA and choline levels in DLPFC, anterior cingulate, cerebellum and striatum after MPH. While no significant difference was determined in creatine levels in DLPFC, anterior cingulate and striatum after MPH, a significant increment was determined in creatine values in cerebellum.

Conclusions: We could not find certain effects of MPH on brain metabolites in adult ADHD.
THE STRUCTURAL NEUROANATOMY OF METACOGNITIVE INSIGHT IN SCHIZOPHRENIA

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Objectives: Lack of insight into illness is a multidimensional phenomenon that has relevant implications on clinical course and therapy compliance. Here we focused on metacognitive insight in schizophrenia, that is the ability to monitor one's changes in state of mind and sensations, with the aim of investigating its neuroanatomical, psychopathological and neuropsychological correlates.

Methods: Fifty-seven consecutive patients with DSM-IV-TR diagnosis of schizophrenia were administered the Insight Scale, and comprehensive psychopathological and neuropsychological batteries. They underwent a high resolution T1 weighted MRI investigation. Grey and white matter volumes were analyzed on a voxel-by-voxel basis using Statistical Parametric Mapping 8. Reduced metacognitive insight was related to reduced grey matter volumes in the left ventrolateral prefrontal cortex, right dorsolateral prefrontal cortex, bilateral premotor areas, insula and putamen. Further, it was related to reduced white matter volumes of the right superior longitudinal fasciculum, left corona radiate, left forceps minor, and bilateral cingulum. Increased metacognitive insight was related to increased depression severity and attentional control impairment, while the latter was related to increased grey matter volumes in brain areas linked to metacognitive insight.

Conclusions: Results of this study suggest that prefrontal grey matter and white matter bundles, all implied in cognitive control and self-reflection, may be the neuroanatomical correlates of metacognitive insight in schizophrenia. Further, higher metacognitive insight is hypothesized to be a risk factor for depression which may subsequently impair attention. This line of research may provide the basis for the development of cognitive interventions aimed at improving self-monitoring and compliance to treatment.
EEG NORMALIZED POWER VARIANCE IN BETA BAND CAN PREDICT SHUNT OPERATION OUTCOME IN PATIENTS WITH IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS

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Objectives
Idiopathic normal pressure hydrocephalus (iNPH) is a pathological condition characterized by excessive accumulation of cerebrospinal fluid (CSF) in the cerebral ventricles, which causes gait disturbance, cognitive impairment and urinary incontinence in elderly individuals. Since these symptoms can potentially improve by shunt operation, iNPH is often called as “treatable dementia”. Based on clinical improvement by CSF tapping and shunt operation, we classified 29 right handed iNPH patients into responders (N = 11) and nonresponders (N = 18).

Methods
Prior to shunt operation, drainage of a small amount of CSF (30ml), or “CSF tapping”, is usually performed to ascertain the effect of the operation. However, CSF tapping is invasive and of low negative predictive value. In this study, we used EEG data collected before CSF tapping, performed neuronal activity topography (NAT) analysis to calculate normalized power variances (NPVs), and aimed to discover a potentially predictive EEG marker for shunt operation outcome in iNPH patients.

Results
The NAT analysis revealed significant differences between responders and nonresponders in beta NPVs at the left dorsal frontal electrode (F3), the medial central electrode (Cz) and the right temporal electrode (T4). These results might indicate a disturbance of beta oscillation in gait related motor areas (the left dorsal premotor cortex and foot area of the primary motor cortex) and mirror neuron system (MNS) areas related to gait (right superior and middle temporal cortex). By utilizing these beta NPVs, canonical linear discriminant analysis generated a discriminant score, which enabled us to correctly classify “shunt responders” and “shunt nonresponders” with a positive predictive value of 82% (9/11) and a negative predictive value of 67% (4/6).

Conclusions
Our findings suggest that the NAT analysis can detect disturbances of cortical electrical activity with a higher sensitivity, and can thus predict the clinical response to shunt operation in iNPH patients.
La RMN-S de cerebro, nos permite estudiar metabolitos cerebrales que tienen relación con la actividad cerebral y con la estructura de los diversos componentes del cerebro. El estudio contempla las modificaciones que se presentan en entidades clínicas diversas, como son la psicosis esquizofrénicas, los trastornos bipolares, las demencias, el TOC, etc. Para ello se observan los cambios de diversos metabolitos como: el NAA marcador funcional de neuronas y axones; CREA marcador de la utilización de energía; CHO marcador de las funciones de las membranas neuronales; INO marcador de la glía, etc. Los datos obtenidos en las diversas patologías indican los cambios significativos neurofisiopatológicos que concurren en los diversos padecimientos mentales, en especial en el estudio de áreas específicas como el l—bulo frontal, cingulo anterior y l—bulo temporal.

Se concluye que la RNM-S de cerebro constituye un método muy orientador de los cambios fisiopatológicos y estructurales que se presentan en diversas entidades mentales, afectivas, conductuales o de deterioro cognitivo.
WPA-0073  A SYSTEMATIC REVIEW OF THE DIAGNOSTIC VALIDITY OF COMORBID BIPOLAR DISORDER AND OBSESSIVE-COMPULSIVE DISORDER: ONE DISEASE OR TWO?
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Introduction: At least 50% of patients with bipolar disorder (BD) have an additional diagnosis, one of the most difficult to manage being obsessive-compulsive disorder (OCD), which occurs, according to the Epidemiologic Catchment Area study (ECA), in 21% of BD patients.

Aims: To define the nosology of BD-OCD comorbidity because of its important clinical implications, given that treatments for OCD (SRI antidepressants) can worsen BD outcomes.

Methods: We performed a systematic review of the entire scientific literature until March 30th, 2013 searching through the databases MEDLINE, Embase, PsycINFO, Cochrane. We retrieved data on BD-OCD comorbidity’s lifetime prevalence and on the following validating criteria: a) phenomenology, b) course of illness, c) heredity, d) biological markers, and e) treatment response.

Results: 63 studies were included in the review. The proposed comorbid syndrome’s prevalence ranges between 11%-21% in BD patients and 6%-10% in OCD patients. It presents more episodic course of OC symptoms that worsen during depression and improve during mania/hypomania, as well as a higher total number of depressive episodes and more frequent manic/hypomanic episodes due to antidepressants as compared to non-comorbid patients.

Conclusions: This is the first systematic review on BD-OCD comorbidity. The best evidence regarding the nosological validity of BD-OCD comorbidity is based on the course of illness and indicates that in a majority of cases, OC symptoms are part of BD and in a minority of cases they represent a separate independent disease. These findings are of fundamental importance to guide clinical management of comorbid OC symptoms in BD patients.
WPA-0160 “RESULTS OF A STUDY OF HIGH SCHOOL STUDENTS TAKING MARIHUANA AND ITS EFFECTS THROUGH THE SPECT AND NEUROPSYCHOLOGICAL TESTS (2011-2012)”
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Cannabis in school children: neurocognitive effects.

Comparative study based on 565 adolescent school children coming from four schools in the metropolitan area of Santiago, Chile. All were interviewed in order to select a sample that was stratified for sex, class and condition of consumer or non-consumer. The variables of intellectual coefficient and socioeconomic level were maintained constant. With this selection we conformed two groups: 40 consumers exclusively of marihuana and 40 non-consumers. We compare the results obtained in both groups in the neuropsychological tests while the neuroSPECT studies of consumers were compared against a normal database for the same age group. The adolescent consumers of marihuana demonstrate less cognitive capacity related to the process of learning such as attention, concentration, ranking, viso-spatial integration, immediate retention and visual memory. The differences between both groups are statistically significant.

The findings of neuroSPECT demonstrate subgenual hypoperfusion bilaterally, more marked on the left side, in area 25 of Brodmann. This area controls mood. There is also frontal bilateral hypoperfusion (area 10 and area 32 of Brodmann). Area 32 is pre-anterior cingulate gyrus. Also hypoperfusion of the anterior cingulate gyrus (area 24 of Brodmann) and hypoperfusion of area 36 of Brodmann that projects over the hippocampus.

The students that were consumers exclusively of marihuana demonstrate coincident abnormal findings of neuroimages and neuropsychological tests in areas of the brain related with learning and also significant differences between consumers with non-consumers in the neuropsychological tests.

Key words: Cannabis, marihuana, adolescent, SPECT, HMPAO, neuropsychological tests
WPA-0287 BRAIN WHITE MATTER CONNECTIVITY ASSOCIATED WITH SUICIDAL BEHAVIOR IN PATIENTS WITH PSYCHOTIC DISORDERS
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Background and aims

The risk of suicide is particularly high among patients with Psychotic disorders. Brain imaging studies have showed a few relationships between neuroanatomy and suicidal behavior. The aim of this study is to examine the changes in the brain white matter connectivity related to the suicidal behavior in patients with psychotic disorders.

Methods

56 right-handed patients with psychotic disorders (schizophrenia, schizophreniform disorder, schizoaffective disorder) who met the diagnostic criteria of the diagnostic and statistical manual of mental Disorders, 4th edition, text revision through Structured Clinical Interview were examined with MRI at 3 Tesla. We divided the patients with psychotic disorders into two groups, attempter, and non-attempter. Fractional Anisotropy (FA) and mean diffusivity were compared between two groups using Tract-Based Spatial Statistics (TBSS).

Results

There were no significant differences between two groups in terms of age, sex, duration of illness, intra-cranial volumes, PANSS, SANS, SAPS, BDI, BAI, HAMD, and HAMA. There were significantly increased FA values in subjects with suicide attempt in the internal and external capsule, anterior and posterior corona radiata compared to subjects without suicide attempt in psychotic disorders (corrected p TFCE <0.05).

Conclusions

The current study suggests suicidal attempt can be associated with the aberrant white matter connectivity of the internal and external capsule, anterior and posterior corona radiata in patients with psychotic disorders.

Key Words: Psychotic disorder, suicidal behavior, connectivity, neuroimaging
WPA-0307  FKBP5 IS ASSOCIATED WITH AMYGDALA VOLUMES IN THE HUMAN BRAIN: A VOXEL-BASED MORPHOMETRY (VBM) STUDY
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The FK506 binding protein 51 (FKBP5) genes control the stress hormone system and are associated with mental illness to stress. Genetic studies suggest that FKBP5 plays an important role in depression, PTSD, and anxiety disorder. The aim of the present study was to investigate the effects of six single nucleotide polymorphisms (SNPs) of FKBP5 on amygdala volumes in human subjects using voxel-based morphometry (VBM). 112 healthy controls were genotyped with respect to six at-risk SNPs of FKBP5, rs3800373, rs992105, rs9296158, rs1360780, rs9470080, and rs2766534. All participants underwent structural magnetic resonance imaging (MRI). MRI data were statistically analyzed using voxel-based morphometry. We found significant alterations of amygdala volumes in association with and rs992105, rs1360780, and rs9470080. These effects of FKBP5 polymorphisms on brain morphology provide further support for an involvement of FKBP5 in the neurobiology of stress and anxiety.
Depressive state can negatively affect neurocognitive function and cerebral prefrontal cortex (PFC). Previous studies have shown that PFC activation linearly increases with increased workload during a deceitful reverse Rock, Paper, Scissors (drRPS) neurocognitive task. Using such characteristics, the authors conducted the clinical application of Near Infra-Red Spectroscopy (NIRS) study with drRPS to the field of psychiatry for the establishment of a sensitive state marker. The subjects were sixty-four subjects with depressive state with their informed consent. The NIRS device used was a Hitachi Medical Corporation ETG-4000 optical topography system. The subjects were asked to present a hand that loses the computer's hand presented on a display as much as possible for 60 seconds. The waveform of oxyhemoglobin concentration change during the task from the cerebral cortex was recorded from the probes non-invasively set over the sinciput of a subject. There was a significant correlation between the integral value of the waveforms in the right temporal region and Hamilton Rating Scale for Depression (HAM-D 17) (p<0.01, Pearson product-moment correlation coefficient), as well as the correlation between the integral value of the waveforms in the right temporal region and the number of drRPS trials. (p<0.05, Pearson's). The authors conclude that NIRS with drRPS may be useful as a state marker of depressive state.
BRAIN ACTIVATION DURING COGNITIVE EMPATHY AND EMOTIONAL EMPATHY IN ADOLESCENTS WITH ADHD: AN fMRI STUDY
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Objectives: Recent evidence supposed that there are two systems for empathy: cognitive empathy and emotional empathy. The purpose of our study was to investigate the difference of brain activity between normal adolescents and adolescents with ADHD during a cognitive empathy task and emotional empathy task.

Methods: Sixteen ADHD adolescents and nineteen normal adolescents were scanned with functional MRI (fMRI) during an empathy task. Differences in brain activation between normal adolescents and adolescents with ADHD were assessed by contrasting neural activation during cognitive empathy task and emotional empathy task. ADHD-Rating Scale and Bryant's Empathy Index were also used for behavioral and psychological measurement.

Results:
1) According to the results of behavioral and psychological data, adolescents with ADHD show significantly lower score level of the assessing factor related to cognitive empathy on Bryant's Empathy Index than normal adolescents.
2) According to the between-group analyses of fMRI results, adolescents with ADHD exhibited greater brain activation than normal adolescents in the bilateral superior frontal gyrus, right orbitofrontal gyrus, right middle frontal gyrus, right medial prefrontal cortex and right cerebellum during cognitive empathy task. On the other hand, the comparison of adolescents with ADHD vs. normal adolescents exhibited no difference to that of brain activation during emotional empathy task.

Conclusion: Brain activity of adolescents with ADHD was greater on the brain regions associated with empathic system than normal adolescents during cognitive empathy. These results suggested the greater brain activity of adolescents with ADHD as abnormal hyperactivity or brain compensatory mechanisms. In conclusion, these findings revealed the possibility of impaired cognitive empathy of adolescents with ADHD both on psychological and neurological bases.

Topic: neuroimaging
BRAIN WHITE MATTER CONNECTIVITY ASSOCIATED NEGATIVE SYMPTOM IMPROVEMENT TO PALIPERIDONE ER TREATMENT IN PATIENTS WITH SCHIZOPHRENIA
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Objective
Negative symptoms has been found to be closely related to the outcome of the illness and the response to medication in schizophrenia. It has been reported that paliperidone is effective in the treatment of positive and negative symptoms of schizophrenia. Although several imaging studies of schizophrenia suggested the alteration of white matter connectivity previously, no study investigated white matter connectivity of patients with schizophrenia in relation to the negative symptom improvement after paliperidone treatment.

Methods
Thirty-four right-handed patients with schizophrenia received paliperidone for 8 weeks. The Positive and Negative Syndrome Scale (PANSS), Scale for the Assessment of Positive Symptoms (SAPS) and Scale for the Assessment of Negative Symptoms (SANS) were administered at baseline and 8 weeks. We divided the patients with schizophrenia into negative symptoms improvement group (more than 30 percent reduction of SANS total score over 8 weeks) and non-improvement group after paliperidone treatment to compare white matter connectivity. At the time of brain MR scan, all patients were evaluated neuropsychological tests and the Beck’s Depression Inventory (BDI) for assess their memory functional impairment and mood status. Tract-based spatial statistics (TBSS) were used for image analysis.

Results
Significantly higher FA values were shown in the negative symptoms non-improvement group in almost all of the brain white matter tracts including the corpus callosum, the internal capsule, the external capsule, the anterior, superior, inferior corona radiata, the superior, inferior longitudinal fasciculus, inferior fronto-occipital fasciculus, the right cingulum (cingulate gyrus) and the left cingulum (hippocampus) compared to the improvement group. Conducting correlation analysis in the negative symptoms improvement group showed significant positive correlation between the SANS scores at 8 weeks and the FA values of the genu and body of corpus callosum, the anterior corona radiata, the superior, inferior longitudinal fasciculus and inferior fronto-occipital fasciculus. And verbal leaning memory test scores and BDI scores were shown to have significant correlations with FA values of the white matter tracts in the negative symptoms improvement group.

Conclusions
The current study suggests that the improvement of negative symptoms after paliperidone treatment may be associated with the fronto-limbic and fronto-temporal white matter connectivity in schizophrenia.

Key Words: Schizophrenia, Paliperidone, Negative symptoms, White matter connectivity, Neuroimaging
Neuropsychiatry and Behavioral Neurology
A STUDY OF POST-ICTAL PSYCHOSES OF EPILEPSY:
AN UNUSUAL CLINICAL ENTITY YET TO BE RECOGNIZED
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Introduction: Psychotic syndromes associated with epilepsy have traditionally been classified according to their temporal relationship to clinical seizures, as Ictal, Postictal (or Peri-ictal), and Interictal, with the last type being either brief/acute or chronic. Post-ictal psychosis is an unusual clinical entity that is frequently recurrent and is not uncommonly missed.

Objective: The present study aims to report cases of Post-ictal Psychoses (PIP) encountered at a tertiary care psychiatric hospital in India during one year and to review recent data concerning clinical, therapeutic and pathophysiological aspects of PIP.

Method: We will be reporting cases of PIP (which involved two patients till now) hospitalized at the SMS hospital, Jaipur (India) during 1 year (from August 2013 to August 2014), and discuss these cases in light of the relevant literature.

Results: The PIP generally occurs in patients suffering from intractable complex partial seizures which started several years before, with frequent secondarily generalized tonic clonic seizures. Postictal psychosis generally follows seizure clusters or a recent exacerbation in seizure frequency. Between the last seizure and the psychosis there is usually a non-psychotic (Lucid) period, which ranges from a few hours to a few days. Psychiatric symptoms consist of persecutory delusive ideas, auditory and visual hallucinations, agitation, and aggressiveness. Mood disorders are variable from one patient to another and may exhibit hyper religiosity, euphoria etc. Postictal psychosis last for few days/weeks to remit spontaneously or with use of low dose psychotropic medication.

Conclusion: The study is ongoing and more is likely to come and to be concluded in terms of clinical and therapeutic aspects of PIP.
¿DEPRESIÓN, DELIRIUM O DEMENCIA? DIAGNÓSTICO DIFERENCIAL A PROPÓSITO DE UN CASO

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Objetivos: Con el presente caso clínico pretendemos mostrar cómo la dificultad en el diagnóstico diferencial entre el delirium y la demencia, y en concreto con la demencia con cuerpos de Lewy (DCL), retrasa el diagnóstico certero, empeorando su pronóstico y evolución.

Métodos: A propósito de un caso de una USMC en el cual la evolución de un supuesto trastorno adaptativo se complica de forma brusca con un cuadro confusional (tratado por medicina interna con neurolépticos), se realiza una anamnesis familiar detallada y una revisión bibliográfica completa centrada en síntomas diana (inicio agudo, alucinaciones visuales y disruptividad en el medio familiar), empezando a sospecharse una DCL como diagnóstico principal.

Resultados: A partir de la revisión realizada se cambia la orientación del caso, considerando como diagnóstico de sospecha la DCL, iniciándose recomendaciones encontradas en bibliografía, retirando neurolépticos y ensayando tratamiento con IACE (Rivastigmina), obteniéndose una respuesta farmacológica positiva, que sirve además como confirmación de la sospecha diagnóstica.

Conclusiones: Con frecuencia el diagnóstico diferencial entre delirium y demencia es complicado; además algunos de los datos que se usan para diferenciarlos, como el inicio brusco, las alucinaciones y el curso fluctuante, están presentes en algunos tipos de demencia como la DCL, lo que ha de llevarnos a tener más presente esta patología en la clínica diaria.
ANTI-NMDA ENCEPHALITIS - INDUCED PSYCHOSIS: A CASE REPORT
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OBJECTIVE:
Present a case report that exemplifies the importance of consider Anti-NMDA-receptor encephalitis in differential diagnosis in young people with a first psychotic episode.

CLINICAL CASE:
23-year-old healthy woman with no psychiatric history was brought to a general hospital with a 2-week history of confusion, disorganized speech, delusions, auditory hallucinations and altered behaviour. Only headache was referred such a physical symptom. She was admitted in psychiatry service suspecting a psychotic disorder and antipsychotic treatment was started. She presented a rapid worsening in few days, with aggressiveness and fluctuation in level of consciousness.

Brain MRI showed alterations in the right hemisphere consistent with encephalitis: T2 weighted brain MRI (transversal) showed extensive area of increased signal in right temporal cortex and a hyperintense signal involving right occipito-temporal cortex. She was transferred to neurology service for complete etiological study. Treatment with acyclovir was started for presumed viral encephalitis.

Later, an electroencephalogram showed non-specific slowing in right hemisphere, CSF profile revealed lymphocytic pleocytosis and gynecologic sonography detected a left periadnexal ovarian cyst. All other general investigations were normal. With the suspicion of autoimmune encephalitis, intravenous treatment with corticosteroids and immunoglobulins was started with improvement of the symptoms. The presence of Anti-NMDA receptor antibody in CSF confirmed the diagnosis.

RESULTS:
The classic presentation of Anti-NMDA-receptor encephalitis involves a confluence of psychiatric, neurologic and autonomic symptoms, often with a viral prodrome. Diagnosis is based on the characteristic clinical symptoms and supporting results from brain MRI, EEG and CSF. Is treatable and potentially reversible, with the prognosis crucially depending on early recognition and prompt immunomodulatory therapy.

CONCLUSION:
Clinicians need to be highly aware of this disorder in young patients presenting acute psychiatric symptomatology in association with some neurological symptom.
STUDY OF THE ORGANIC PERSONALITY DISORDER
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Objective
The purpose is to illustrate by a case, the close relationship between injury of certain brain areas and the development of psychopathology, which may allow us to improve knowledge of the biological basis of mental disorders.

Methods
From the presentation of a case, we conducted a review of the literature in various databases.

Results
A case report of a 42 years old male admitted to the department of Neurological Rehabilitation after Traumatic Brain Injury (TBI)
Cranial CT: corticosubcortical small petechiae adjacent to the frontal horns and ventricular left temporal hypodense lesion.
Inicial diagnostic impression: Post-traumatic delirium.
Treatment was iniciated with Clonazepam 1.5 mg and Oxcarbazepin 800 mg.
After controlling psychomotor restlessness marked attention deficit and slight improvement of amnesia was objectived.
Clinical diagnosis: TBI with diffuse axonal injury and Organic Personality Disorder, disinhibited subtype.
In clinical course increases irritability coming to verbal and physical aggression, appears childish and inappropriate comments.
The treatment was changed and behavior disorders were controlled: Olanzapin 10 mg, Oxcarbazepin 2400 mg, Clonazepam 4,5 mg.

Conclusions
The Organic Personality Disorder can be defined as a lasting and significant alteration of the pattern of the previous premorbid personality of the patient, which is preceded by an illness or injury that affects the normal functioning of the brain.
Prefrontal lesions in the orbitofrontal cortex manifest behavioral disorders, subtype disinhibited with: impulsivity, irritability, egocentrism, childishness, lack of judgment and social indiscretion, small capacity of empathy and poor insight.
POST-STROKE DELUSIONAL DISORDER AND MAJOR DEPRESSIVE DISORDER IN AN OBSESSIONAL PERSONALITY: A CASE REPORT

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Objectives Neuropsychiatric disorders are relatively common among patients with cerebrovascular illness. But there are only very few case reports describing post-stroke psychotic disorders. In general, post-stroke psychotic symptoms are reported to emerge within few days of the vascular event and are usually transient. In this report, we describe a case of post-stroke Delusional Disorder, Somatic Type and Major Depression Disorder in a patient with Obsessive-Compulsive traits.

Methods A single case report.

Results A middle aged male patient with history of long standing Obsessive-Compulsive traits, recently diagnosed Ischemic Heart Disease and recent Percutaneous Coronary Intervention had a Stroke affecting his language function without motor or sensory deficits. He started complaining that he was finding it difficult to swallow food about one month after the stroke. Videofluoroscopic study was done which showed normal swallowing function. He subsequently became depressed over his “ill health”. He presented to our hospital with complains of “inability to swallow” but evaluations did not suggest any organic pathology. He was convinced that he can not swallow despite the evidence to the contrary. He was refusing to eat due to fear of choking. He was diagnosed with Delusional Disorder, Somatic Type and Major Depressive Disorder. He was initiated on Mirtazapine and Risperidone and responded well to the treatment.

Conclusions Neuropsychiatric symptoms in patients with cerebrovascular illness may be unusual like delusions. Psychotic symptoms may appear in weeks to months time after a vascular event and may be persistent.
PSYCHIATRIC FEATURES OF ACUTE DISSEMINATED ENCEPHALOMYELITIS (ADEM): CASE REPORT

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There are many neurological diseases whose initial features are neuropsychiatric symptoms, obstructing its diagnosis and delaying its treatment.

An example of this situation is Acute Disseminated Encephalomyelitis (ADEM). ADEM is an autoimmune disease caused by a demyelination of the Central Nervous System, probably a T-cell mediated autoimmune reaction to the myelin. It appears after the onset of a viral infection, but also it may follow a vaccination, bacterial or parasitic infection, or appear spontaneously.

We report a case of 41-year-old woman with previous history of psychiatric hospitalization with a diagnosis of depressive disorder. She was admitted to the emergency service due to strange behaviour. Initial exam was significant for fluctuant mutism and erratic response to simple commands. There was no reasonable cause found in the physical exam or basic screens (blood account, serum electrolytes, urine toxicology and CT). She was accepted in the psychiatric unit, where she presented a progressive decrease in awareness and response to stimuli reaching Glasgow Coma Score 5/15, requiring ICU admission. On hospital day 10, MRI showed multiple T2-enhanced disseminated hyperintense lesions in white matter compatible with ADEM.

We reviewed the present literature about this topic. We found limited experience about ADEM, but some case reports are similar to ours, pointing out the greater diagnosis problem with those cases with previous psychiatric history. Cases like this makes us aware of the need for a broad differential diagnosis, specially those with an atypical progression or poor response to conventional treatment.

References:
PSYCHIATRIC MANIFESTATIONS OF PARANEOPLASTIC LIMBIC ENCEPHALITIS: A CASE REPORT
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Objectives
We present the case of a patient with paraneoplastic limbic encephalitis, focusing on the psychiatric and behavioral manifestations of the syndrome and its management. Conclusions are based on the review of the existing literature.

Methods
The patient is a 41-year-old male, with a history of a malignant thymoma, admitted to the neurology unit, presenting with behavioral alterations such as hypersexuality, binge eating, irritability, sleep disturbances and delusional thought, among other symptoms. The patient was diagnosed of paraneoplastic limbic encephalitis and was treated accordingly. As for the symptomatic management of the behavioral alterations the patient underwent several drug trials with minimal effect on his agitation. He presented poor tolerance to antipsychotic drugs, even at very low doses. Inversion of the sleep-wake cycle was particularly challenging. After many trials he showed the best response to a combination of carbamazepine, clorazepate dipotassium and trazodone, with improvement of behavior and sleep disturbances.

Results
The review of other case reports of limbic encephalitis show similar psychiatric symptoms as the ones presented by our patient. It is not uncommon for these patients to have poor response or bad tolerance to various psychoactive drugs, making it difficult for psychiatrists to manage many of the symptoms.

Conclusions
Paraneoplastic limbic encephalitis can present with different neuropsychiatric manifestations, including alterations in consciousness, cognition, behavior, mood or perception. It may be difficult to diagnose, especially when the initial presentation is exclusively psychiatric. While the symptomatic management can be difficult for the psychiatrist, little has been published regarding this issue. We believe this is an interesting topic for future research.

References
PSYCHIATRIC SYMPTOMS IN CREUTZFELDT-JAKOB DISEASE
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OBJECTIVES
To emphasize the fact that Creutzfeldt-Jakob disease (CJD) may present different psychiatric symptoms for which can be initially misdiagnosed.

METHODS
We describe a case report of a 60-year-old female with no relevant medical history, who was transferred to our Department with a diagnosis of conversion disorder with motor symptoms which will serve us to review the emerging literature about Creutzfeldt-Jakob disease.

RESULTS
According to the family, patient’s symptoms started around four months before the hospital admission (October 2013) with cephalic sensation of pressure and gait instability. As time progressed these symptoms become more pronounced and psychiatric ones (anxiety, depression and insomnia) were added. The patient was fully investigated for an organic cause of her clinical presentation, after compatible magnetic resonance imaging (MRI), diffusion changes, positive for 14-3-3 protein in the lumbar puncture (LP) and electroencephalogram (EEG) findings, the case was reoriented to Creutzfeldt-Jakob disease. However the diagnosis should be verified with postmortem neuropathology.

CONCLUSION
Creutzfeldt-Jakob disease is caused by a prion protein. It supposed a devastating and rapidly progressive neurodegenerative disease that shows a wide range of early neuropsychiatric manifestations.
**CREUTZFELDT-JAKOB DISEASE (CDJ): AIMING TO A CASE**
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**Objectives:** Making a theoretical review about CDJ disease.

**Methods:** Literature research in major databases: PubMed, Cochrane and Uptodate using several keywords: CJD disease, neurologic symptoms.

**Results:** 62 year old male patient, diagnosed with depressive episode. He had temporal disorientation, perplexity and failures in ambulation. He suffered from mind blocking and anxiety. His gait was slow following stereotypes. He admitted visual impairment and failure at recognizing people. In addition, he needed help for hygiene and nourishment. The EEG and MRI showed features of CJD. He remained speechless with symptoms of myoclonus and stiffness.

In the event of death, his family gave consent for autopsy practice. Pathological examination in brain showed moderate and diffuse neuronal cell loss and gliosis in cerebral cortex corresponding with DWI changes. Due to the contagious nature of the disease and constant hesitation from relatives to give consent for biopsy, numerous challenges in confirming the clinical diagnosis were faced by healthcare professionals.

**Conclusions:** Creutzfeldt-Jakob disease is a contagious spongiform encephalopathy caused by the accumulation of an abnormal conformer of the prion protein. The disease is characterized by non-specific psychiatric symptoms. No specific treatment is available and in order to deal with the disease, supportive care is the key. Autopsy or biopsy provides a definitive diagnosis. This case demonstrates the importance of keeping an open mind towards the possibility of CJD when faced with esoteric neurologic presentations. Again, in psychiatric clinical practice, evolution is the key to diagnosis.
TO KILL THE MOCKINGBIRD
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Objectives: To introduce awareness of neurosyphilis (known as the Pathological Mockingbird), a disease thought to be rare since the days of Penicillin, and its neuropsychiatric manifestations.

Methods: I present two very dissimilar cases seen at a major tertiary hospital in Singapore. The first was a 55 year-old man presenting with rapidly progressive cognitive impairment for two weeks. His condition was confounded disproportionately by hearing impairment, illiteracy, and speech of disorganized content—hindering effective communication and posing a significant hurdle to the managing team. The second dealt with assessment of an unwilling 56 year-old man gripped by a 3 week history of cognitive impairment. He was unobliging and hostile at initial presentation, on a background of frequent abscondment from the hospital. I outline the steps of his management which led to remarkable recovery.

Results: Organic workup revealed elevated serum VDRL for both cases, as was positive CSF VDRL upon lumbar puncture. Both were diagnosed to have neuropsychiatric manifestations of neurosyphilis and responded well to intravenous crystal penicillin. For the latter case, MMSE improved from a score of 12/28 with impaired orientation, registration, 5-minute delayed recall, and visuospatial function, to 21/28 over a year later. Atypical antipsychotics were used successfully to manage agitation for both cases during treatment.

Conclusions: The case series demonstrated the necessity for a low threshold in considering neurosyphilis as a differential diagnosis in cases of subacute onset of cognitive impairment, even without physical symptoms or signs. The combination of early detection and close liaison with medical colleagues, as described, is key in improving prognosis.
NEUROPSYCHOLOGICAL PROFILE OF PEOPLE WITH PSYCHIATRIC DISORDERS VICTIMS OF MALTREATMENT: A META-ANALYSIS

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Introduction: Few studies have attempted to describe the range of cognitive impairments in people with psychiatric disorder who have experienced child maltreatment.

Objective: The aim of this meta-analysis was to examine the neuropsychological profile of these people and to determine the cognitive impact of maltreatment from childhood to adulthood.

Methods: Twelve publications from 1970 to 2013 were included with the following inclusion criteria: 1) people with a psychiatric disorder who have experienced maltreatment, 2) presence of at least one standardized neuropsychological measure, 3) presence of a control group without any psychiatric disorder. Several effect sizes were then calculated (Hedge’s g) according to the cognitive domains.

Results: The results of the meta-analysis show a negative impact of psychopathology combined with maltreatment on global cognitive performance with a moderate effect size (g = -0.60). The most affected cognitive domains for people aged 7 to 18 years old were visual episodic memory (g = -0.97), executive functions (g = -0.90), and intelligence (g = -0.68). For people above the age of 18 years old, the most affected cognitive domains were verbal episodic memory (g = -0.77), visuo-spatial/problem solving (g = -0.73) and attention (g = -0.72). The impact of maltreatment was greater in children compared to adults (slope=0.008, p<0.002).

Conclusion: These results suggest that exposure to maltreatment and psychopathology has an impact on specific cognitive processes regardless of age.
Objectives: Autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) are neurodevelopmental disorders thought to have both genetic and environmental causes. It has been hypothesized that exposure to elevated levels of prenatal testosterone may be associated with more traits of ASD and ADHD. We aimed to test the prenatal testosterone hypothesis by comparing neurodevelopmental symptoms between dizygotic twins with a male or female co-twin, assuming that testosterone levels from a dizygotic male twin fetus will affect the testosterone exposure of its co-twin.

Methods: Autistic and ADHD traits were assessed in a population-based twin cohort from the Child and Adolescent Twin Study in Sweden (CATSS). Parent reports were retrieved for 15930 dizygotic twins, 9 and 12 years old, using the Autism–Tics, ADHD, and other Co-morbidities inventory (A-TAC).

Results: The numbers of reported traits were higher in girls with a female co-twin than in girls with a male co-twin for both ASD and ADHD, both Ps < 0.001 (Mann-Whitney U-test). The effect size was small in both cases, r = 0.05. No differences between having a male or female co-twin could be seen in the boys.

Conclusions: Our results are reverse to what would have been expected from the prenatal testosterone hypothesis but consistent with a previous study of ASD and ADHD traits in dizygotic twins. The seemingly protective effect for girls of having a twin brother rather than a twin sister may result from an unexpected effect of sharing the intrauterine environment with a male co-twin, but it could also be due to parent report bias.
MODULATION OF MOTOR CORTEX EXCITABILITY PREDICTS ANTIDEPRESSANT RESPONSE TO TRANSCRANIAL MAGNETIC STIMULATION

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Objectives: Repetitive transcranial magnetic stimulation (rTMS) targeting the dorsolateral prefrontal cortex (DLPFC) is a treatment option for patients with medication-resistant major depressive disorder (MDD). However, antidepressant response is variable and there are currently no response predictors with sufficient accuracy for clinical use. Here we examined whether the modulatory effect of motor cortex (MC) rTMS on corticospinal excitability is predictive of the antidepressant effect of left DLPFC 10 Hz rTMS.

Methods: Modulation of motor evoked potentials by rTMS to the MC was measured in 51 patients with MDD, 45 of whom then completed ten days of DLPFC rTMS, as well as evaluation of treatment response.

Results: Modulation of corticospinal excitability by rTMS proved to be a very robust predictor of antidepressant response.

Conclusions: We conclude that MC rTMS-induced modulation of corticospinal excitability might be a useful biomarker of antidepressant response to left DLPFC 10 Hz rTMS that warrants further evaluation.
Fahr’s Disease - A Case Report
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Objectives: Fahr’s disease is a rare neuropsychiatric disorder characterized by idiopathic calcification of the basal ganglia. Its symptoms include movement disorders, dementia and affective disorders. The diagnosis is made with brain image particularly CT scan or MRI. The authors describe a clinical case of a 45 years old man with Fahr’s disease, which presented initially with affective symptoms.

Methods: a detailed report of the clinical case was made as well as a literature review on the topic “Fahr’s disease”, “Neuropsychiatric disorder” and “Mood symptoms”.

Results: Description of the clinical case.

Conclusions: Despite being rare, Fahr’s disease should be part of the differential diagnosis in patients with atypical affective symptoms or exhibit abnormal behavior and cognitive changes or extrapyramidal symptoms.
SUBACUTE SCLEROSING PANENCEPHALITIS (SSPE)
PRESENTING IN THE PSYCHIATRIC OPD
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Introduction:
Subacute sclerosing panencephalitis (SSPE) is a rare, chronic neurological disease of children and
adolescents resulting from persistent measles virus (MV) infection of brain cells.

Early clinical characteristics of SSPE may be variable, but they often include behavioral changes,
cognitive deterioration, sporadic episodes of falling, and such optic disturbances as
chorioretinitis. As the disease advances, neurologic symptoms, such as myoclonic jerks or
spasms, become more pronounced, and the patient develops severe physical and mental
impairment. SSPE has an average period of latency of 7–10 years (range, 1 month to 27 years)
after measles virus infection, and death generally occurs ~1–3 years after the onset of symptoms.
The clinical picture can be divided into 3 stages. The onset is usually insidious, manifesting itself
as personality changes and poor school performance, often attributed to psychosocial factors.
Visual disturbances may occur.

The diagnosis may be established by the characteristic EEG pattern, elevated gammaglobulins in
the CSF, raised measles antibody titres, presence of measles antigen on immunofluorescent
techniques and nuclear inclusion bodies in brain biopsy.

The Case for the Poster presentation:
A 15-year-old female was brought with complaints of cognitive decline since 6 months and
behavioral abnormalities since 4 months (poor scholastic performance, apathy, echolalia,
forgetfulness, impaired self care, inability to recognize relatives.

Method:
After a psychiatric-neurological co-consultation a diagnosis of Undifferentiated schizophrenia vs
SSPE was considered and further investigations done.

Results/Conclusions:
CSF analysis was done which was suggestive of raised IgG. CSF/Sr quotient was suggestive of
SSPE, this was confirmed from National Institute of Virology, Pune.

Therefore, the diagnosis of stage I SSPE was made.
Subsequent EEGs are advised and patient is being followed up.
PINEAL GLAND TUMOUR PRESENTING WITH PSYCHIATRIC MANIFESTATIONS
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Introduction:
The pineal gland, also known as the pineal body, conarium or epiphysis cerebri, is a small endocrine gland in the vertebrate brain.

It produces the serotonin derivative melatonin, a hormone that affects the modulation of sleep patterns in the circadian rhythms and seasonal functions

Pineal region tumors make up 0.4-1.0% of intracranial tumors in adults and 3.0-8.0% of brain tumors in children. Most children are aged 10-20 years at presentation, with the average age at presentation being 13 years.

The Case for the Poster presentation:
A 10 year old male child, studying in 4th grade, was referred to the Psychiatry OPD with complains of Scholastic backwardness, lability of mood, social withdrawal, disturbed sleep, headache, difficulty in walking, drooling of saliva, deterioration of the handwriting, crying spells and deviation of the left eye since 6 months.

Method:
After a psychiatric-neurosurgical co-consultation the patient was referred to neurosurgery for subsequent management

Results/Conclusions:
The patient was admitted under psychiatric care and routine investigations were performed, like a Hemogram, Chest X ray and ECG, which did not reveal any abnormalities. However, a CT scan plain & MRI of Brain(plain +contrast) revealed a pineal gland tumor(germinoma or pineal cell tumor) with hydrocephalus.

The patient was operated upon with good results and is being followed up.
PSYCHIATRIC MANIFESTATIONS IN NEUROSYPHILIS. A CASE REPORT
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INTRODUCTION.
The neurosyphilis (NS) is the affectation of central nervous system (CNS) by Treponema pallidum. There are early forms, which typically affect the cerebrospinal fluid (CSF), meninges, and vasculature, and later forms that affect the brain parenchyma and spinal cord. The clinical picture of neurosyphilis has changed in recent years, since the discovery of penicillin and its manifestations may mimic almost any psychiatric disorder. We examined the different psychiatric manifestations and present a case of neurosyphilis with psychiatric symptomatology.
The psychiatric manifestations are mainly:
- Dementia.
- Depression.
- Mania. The frequency is of 3.3% to 18% of cases of NS.
- Psychosis.
- Changes in the personality. These frequently are the initial presenting complaint.
- Delirium. Frequent during the course of the disease.

CASE REPORT.
Male patient, 56 years old, who comes to the emergency department for behavioral disturbances since two weeks ago.
The changes in his behavioral started two months ago.
Subsequently, in the last two weeks, he appears distrustful, fearful, speaks injury ideation focused on the environment and he is aggressive. In the last days he is with instability while walking, lacunar amnesia and incoherent speech.
When he arrived at emergency department, the physicians carried out physical examination, general analysis, CT and lumbar puncture, and he is hospitalize in neurology department because the physicians suspect viral encephalitis.
During admission, additional tests are performed and to determine etiology with diagnosis of neurosyphilis meningovascular disease.
It is valued for psychiatry.

CONCLUSIONS.
Psychiatric symptoms of the syphilis are considered different and nonspecific. NS during a long time has been known as the "great imitator". During the evolution of the case report you can find symptomatology of dementia, paranoid symptoms, depression and expansive syndrome. So, we can see the different psychiatric disorders in the course of NS in the same patient.
CREUTZFELDT–JAKOB DISEASE AND PSYCHIATRY: A CASE REPORT.
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Objectives
To report a case of Creutzfeldt–Jakob disease (CJD) in a psychiatric unit.

Methods
A review of the clinic history

Results
Prionopathies represent a group of neurodegenerative diseases of familial, sporadic or acquired origin, heterogeneous symptoms and fatal outcome. The psychiatric symptoms can be present at the beginning and/or during the clinical evolution, with the presence or not of neurological disorders. Patients with these symptoms are referred to psychiatric units, both at hospital level and as outpatients, to study a psychiatric disorder. In the described clinical case, the patient was admitted several times at emergency units, rated by neurologists and psychiatrists leading to different psychiatric disorders diagnoses. However spongiform encephalopathy was diagnosed only during the last month of the disease.

Conclusions
The possibility of CJD must always be borne in mind, and psychiatrists must pay particular attention when early neurological signs, occur together with the psychiatric features.

References.
DYSEXECUTIVE SYNDROME IN SCHIZOPHRENIA
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Objectives: Cognitive deterioration has been reported affecting a relevant percentage of patients with schizophrenia. Deficits in executive functions are especially relevant by their potential impact on functional outcome. Our first aim was to study the severity of dysexecutive syndrome in schizophrenic patients. Secondly, we studied if specific executive components are similarly affected.

Method: 26 schizophrenic patients, age range 26-55, completed the Dysexecutive Questionnaire (DEX; Wilson et al., 1996). DEX is a 20-items questionnaire aimed to cover the most commonly reported symptoms of the dysexecutive syndrome. An overall score on the DEX was calculated for each participant, representing the sum of ratings across the 20 questions (higher scores representing greater impairment). Component scores were obtained for each the five DEX factors (average of items scores included in each factor): Inhibition, Intentionality; Executive Memory; Positive and Negative Affect.

Results: Patients were classified using the cut-off proposed by Pedrero et al., (2011). 11.5% of patients showed an optimal functioning; 19.2% were within normality, but showed a sub-optimal functioning; 7.7% were moderately dysexecutive and 61.5% presented an important degree of dysexecutive disorder. ANOVA for the five components was significant (p=0.001). Paired comparisons showed that Executive Memory was less impaired that Intentionality (p=0.019), Positive Affect (p=0.049) and Negative Affect (p=0.037). No other comparisons were significant.

Conclusions: Our results showed that a relevant percentage of schizophrenic patients have moderate/severe executive deficits. Executive aspects of memory (confabulation, temporal memory, perseveration) were the less impaired. Inhibition, ability to formulate and to follows appropriate plans and positive or negative symptoms were similarly affected.
FRONTAL SYNDROME “MASKED SEQUELAE” - CASE REPORT

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Objectives: Our aim here is to comment on a case of frontal lesion caused by a traumatic brain injury, by describing in detail the nature of the patient's deficiencies. A wide range of behavioral and cognitive changes is observed in the persons who have undergone frontal lesions.

Methods: a detailed report of the clinical case was made as well as a literature review on the topic “Frontal Syndrome”, “Frontal Lobes” and “Traumatic Brain Injury”.

Results: Description of the clinical case of a male patient with 64 years old who was admitted with suspected HIV infection. He has a history of a serious road traffic accident at the age of 26 years old, which resulted in a head injury with loss of left frontal brain mass and a change in behavior.

Conclusions: With this work we want to emphasize the importance of early diagnosis and evaluation in patients with traumatic brain injury followed by Frontal lobe syndrome for the recognition of their psychological limitations often "masked" so that they can benefit from a holistic approach and therapy and thereby contribute to the promotion of quality of life in these patients.
DEPRESSIVE SYMPTOMS IN CEREBELLAR ATAXIA
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Objectives: Affective disorders have been increasingly recognized in neurodegenerative diseases involving motor system. In patients with cerebellar abnormalities, a Cerebellar Cognitive-Affective Syndrome has been proposed including diagnosable psychiatric entities as depression (Schmahmann et al., 2007). However, little attention has been paid to neuropsychiatric symptoms in cerebellar ataxia. In the present work we aimed to study depressive symptoms in Freidreich Ataxia (FRDA), an autosomal recessive ataxia with onset usually before puberty whose characteristic clinical features include progressive ataxia of gait and limbs, and dysarthria.

Method: 29 patients that satisfied the diagnostic criteria for FRDA and presented the molecular genotype participated in the study. All patients underwent a neurological examination and a clinical rating scale was used to quantify the severity of ataxia (SARA). 19 patients were confined to wheelchairs and the degree of ataxia of the other ranged between minor swaying and stand/walk on a large base. Depression was assessed by Beck Depression Inventory (Beck et al., 1979).

Results: FRDA patients reported a significantly higher BDI score than controls (p< 0.05). Patients were assigned to severity categories: 62% were classified as normal, 20.6 % presented mild depressive symptoms, 13.8% scored in the moderate range and 3.4% were classified as having severe symptoms. BDI scores were not correlated with SARA scores. Although BDI scores were higher in cerebellar patients, only 17% presented moderate-severe depressive symptoms.

Conclusions: These results contrast with those obtained in other motor neurodegenerative motor diseases such as Multiple Sclerosis o Parkinson disease in which a high prevalence of depression is reported. The presence of other neuropsychiatric symptoms in FRDA must to be studied.
LIMBIC ENCEPHALITIS. A CASE REPORT
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Objectives
To report a case of limbic encephalitis in a psychiatric unit.

Methods
A review of the clinic history

Results
A 12 Year-old male without a medical history of interest, which is valued in the Emergency Department of Pediatrics, for anxious clinic derealisation, phenomena of deja vú and confusing dream state were present. After several visits to the emergency department and even be hospitalized to assess neurological disorder, finally is derived to the Infanto - juvenile Psychiatry Unit for evaluation.

Conclusions.
The possibility of neurological disorders must always be borne in mind, and psychiatrists must pay particular attention in atypical psychiatrics disorders.

References.
LONGITUDINAL CHANGES IN PSYCHOLOGICAL FUNCTIONING OVER THE FIRST YEAR POST STROKE.
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Objective: The purpose of this study was to compare the psychological functioning of individuals with stroke during the first year post-stroke to healthy controls in Colombia.

Methods: Forty individuals diagnosed with stroke and forty age- and gender-matched healthy controls from Ibagué, Colombia were administered self-report psychological questionnaires at three, six, and twelve months post-injury. The battery included the Patient Health Questionnaire (PHQ-9), the State-Trait Anxiety Inventory (STAI), and the Perceived Stress Scale (PSS).

Results: The 2 x 3 repeated-measures ANOVAs showed main effects for group and time on the PSS, with higher scores for individuals with stroke compared to controls and lower scores across time (p’s<0.001). A Group x Time interaction was found for STAI-State (p<0.01). Although individuals with stroke had higher STAI-State scores compared to healthy controls at each time point (p’s<0.001), each group had significantly lower STAI-State scores at six months and twelve months compared to three months (p’s<0.01). A Group x Time interaction was also found for PHQ-9 scores (p<0.001). Although individuals with stroke had significantly higher PHQ-9 scores compared to healthy controls at each time point (p’s<0.001), the stroke group showed significantly lower PHQ-9 scores from one time point to the next (p’s<0.05), while the control group had significantly lower scores at six months and twelve months compared to three months (p<0.01).

Conclusions: Although both individuals with stroke and healthy controls reported less stress over time and less anxiety and depression compared to baseline, those with stroke consistently reported higher stress, anxiety, and depression levels compared to controls. Higher stress, anxiety, and depression in individuals with stroke persist even one year after the event. These results emphasize the need for psychological therapy during the first year after stroke to improve their psychological and emotional functioning, which may influence their quality of life.
ACUTE MANIA AS A FORM OF PRESENTATION OF MULTIPLE SCLEROSIS. A CASE REPORT
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Introduction: There is evidence of increased susceptibility of bipolar disorder (BD) in patients with multiple sclerosis (MS) compared to the general population, with rare emotional symptoms as initial presentation of MS. Recent studies show an association of both diseases using standardized diagnostic tools. Genetic factors, brain demyelinating lesions, medication used in MS or psychological reaction to the disease, are studied as possible etiologic factors of affective symptoms in MS.

Objectives: presenting a case and reviewing the literature to summarize the available information to date on pathogenesis and diagnosis of acute mania in patients with MS.

Methodology: Description of a case of a 30 year old patient with a history of regular cannabis use and an episode in 2011 of optic neuritis and paresthesias in upper extremities. No treatment was needed. The patient was studied by neurology without diagnostic criteria for multiple sclerosis. The patient, who had no history of psychiatric disorder, experienced a manic episode with psychotic symptoms in 2013 and required hospitalization in the acute psychiatric unit. 253 articles were reviewed in PubMed using the terms "bipolar disorder", "affective disorders", "acute mania" AND "multiple sclerosis".

Results: After clinical and paraclinical tests, studies showed supratentorial hyperintense lesions highly suggestive of the demyelinating disease MS type, without fulfilling diagnostic criteria for multiple sclerosis. These lesions could justify the diagnosis according to DSM V criteria 293.83 [F06.33] bipolar disorder due to multiple sclerosis with manic episode.

Conclusions: In affective symptoms with neurological symptoms of unknown etiology, it seems necessary to evaluate a demyelinating disease of the CNS as organic cause and perform a complete study, including a nuclear magnetic resonance.
Manic symptoms can be produced by multiple causes, including bipolar disorder, drug intoxication, medications or neurological disorders, including frontotemporal lobar degeneration (FTLD). Left-sided FTLD usually results in disorders of speech, while right-sided FTLD causes impairment of episodic memory, “getting lost”, prosopagnosia, disinhibition or aggressive behaviour.

We report a case of a 51 year-old male, with no previous psychiatric history, with a history of melanoma treated with surgery and interferon alpha 2-b. He was admitted to our Psychiatric Hospitalisation Unit for disinhibition, aggressive behavior and personality change with obsessional behaviour and behavioural rigidity. During admission we also evidenced prosopagnosia. The patient was started on Risperidone, which was increased gradually to 6mg per day with clinical improvement but produced extrapiramidal symptoms (EPS), and was replaced by Aripiprazole 5mg, which also produced EPS and was stopped. Neuropsychological assessment did not show frontal lobe impairments. Magnetic Resonance Imaging (MRI) reported diffuse cortical atrophy. Single-Photon Emission Computed Tomography (SPECT), showed right temporal lobe hypoperfusion. Behavioural disturbances were finally controlled with Valproic Acid 600mg a day in monotherapy with good tolerability.

Patients with late onset of manic symptoms require a thorough evaluation to rule out secondary mania, especially if symptoms do not respond or adverse effects occur. Pathology of the right temporal lobe may cause manic symptoms and prosopagnosia. An imaging test is important to reach diagnosis. There is little evidence regarding the pharmacological treatment of this condition.

References:


BETWEEN PSYCHIATRY AND NEUROLOGY
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Objectives
With the presentation of the case it is intended to explain the relationship between psychiatry and Huntington’s disease. This is a young woman diagnosed with EH, 13 years ago, who was admitted in the Hospital for referring a picture of anxiety, behavioral disorders, insomnia and suicidal thoughts during several weeks. The patient has a family clinical records from the paternal side of EH.

Methods
Psychopathological examination: Conscious, oriented and collaborative, approachable Bradykinesia. She presents mild choreic movements. Motor impersistence and mild dysarthria. Ideic, moderate, and somatic anxiety as recurring crisis which are reactive to internal and external stressors. On admission, it s objectifies depressed mood reagent to her medical condition. No clinical features in psychotic sphere. Suicidal ideation at admission has gone at her discharge.
Interconsultation Neurology: moderate axial choreic dyskinesias dominance. Small choreic dyskinesias in predominantly right hands.

Results
On admission she showed much anxiety reactive to their life situation. At discharge and with proper medication an improvement in symptoms of anxiety and insomnia and autolytic is clearly perceived, without reaching full remission of symptoms.

Conclusions
This case it is intended to explain how the EH causes an important psychopathological component that is sometimes subtle and masked by the disease itself. Starting in adulthood, she has a clear family history after the onset of the disease before symptoms appear engines (predominantly axial choreic dyskinesias) anxious-depressive symptoms, changes in behavior and ideas autolytic during the following nine years after the apparition of the disease and insidious cognitive impairment.
DOES SELECTIVE ATTENTION IMPAIRMENT INCREASE DELUSION PRONENESS?

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Objectives: Models describing the etiology of delusions, e.g. Langdon-Coltheart’s model, indicate a significant role of neuropsychological factors. Impaired selectivity of attention, responsible for a reasoning bias, may be considered one of delusional susceptibility determinants. The purpose of the study is to investigate whether a selectivity load may affect the intensity and/or frequency of delusional claims.

Methods: 40 psychologically healthy participants completed a computer version of Delusions Inventory (PDI) by Peters et al. (1999). Questions were presented for a determined period of time. 20 of them completed distraction-free computer version of the PDI and 20 of them completed the distraction-present computer version of the PDI. The way to distract participants was to change and/or modify background image colour and shape of the objects on the background image. Both groups were comparable in the terms of gender ratio, education and other demographic values.

Results: Results will be of discussed in terms of neuropsychiatric models of delusions in which selective attention impairment could be considered as the initializing factor for delusions.

Conclusions: Selective attention impairment may be considered as an important neuropsychological factor fostering greater delusional sensibility.

References
SOCIAL COGNITION

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Objectives: Making a theoretical review about social cognition in patients with bipolar affective disorder.

Methods: Literature research in major databases: PubMed, and Uptodate using several keywords: social cognition, neurocognition.

Results: 61 year old male patient, diagnosed with bipolar affective disorder. He suffered from apathy, blunted affect, attention deficit disorder, difficulty for concentration and lack of memory. Furthermore, he had schizotypal personality traits.

Since his youth, he was a man of few friends, shy indeed with few interpersonal relationships.

He was put on Aripiprazole 15 mg/day and Duloxetine 60 mg/day. However, he had cognitive impairment which affected his memory, verbal fluency and the area of social cognition.

After long periods of observation and monitoring, we could realize that his recent depression had a negative effect linked to his professional and social performance. Regarding the relationship between neurocognitive functioning and performance, we observed a positive and statistically significant correlation between speed processing, objectified by the WAIS Digit Symbol as well as global and social functioning. Moreover, we found a relative deficit in regards to attention, speed processing and verbal learning. In addition, both verbal learning and memory predicted significantly adequate functionality in the work place. Adaptation disorders are normally related to low capacity of execution therefore its early detection and intervention are paramount to prevent from its severe symptoms.

Conclusions:

Social cognition is the study of how people process information specially its encoding, storage, retrieval and application in social situations. Empirical evidence has shown the functional relevance of social cognition as a measurable variable between neurocognition and level of social functionality. At present, part of the impact of basic neurocognition in daily functions would be mediated by social cognition.

A percentage of bipolar patients have neurodevelopmental abnormalities thus this implies the possibility of cognitive endophenotypes as key indicators of the disease.
DOPAMINE DYSREGULATION SYNDROME: A CASE REPORT AND REVIEW OF THE LITERATURE

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Objectives: To highlight the rare occurrence of Dopamine dysregulation syndrome (DDS) as well as conduct review the available literature.

Methods: A case of dopamine dysregulation syndrome is described. A 48 year old chinese female with a 6 year history of Parkinsons disease presented to the hospital with an acute change in mental state. She was noted to be confused, disoriented, paranoid and hallucinating. The dose of her anti-parkinsons medication, Sinemet, had just been increased. She was also on Ropinirole. While her psychiatric condition was stabilised, it was noted that she continued to request for more Sinemet. This was despite the fact that she had objectively minimal parkinsonian symptoms. She was also noted to exhibit impulsive behaviour in the ward. She was eventually stabilised on a more frequent dosing regime of anti-parkinsons medication as well as Quetiapine. A literature review was performed and a summary of the relevant findings and possible treatment strategies was detailed.

Conclusions: The body of literature detailing DDS is small and belies its clinical importance. The treatment of this condition may include the use of the smallest possible dosing of anti-parkinsons drugs with more frequent dosing. Antipsychotics, mood stabilisers and even antidepressants may be considered in its pharmacological management.
IMPULSIVITY, MIGRAINE AND MEDICATION OVERUSE: 
STUDY IN A SERIES OF 155 CASES
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2.

OBJECTIVES: The psychopathological assessment of patients with migraine may have important clinical and therapeutic implications. There are certain personality profiles that seem to complicate the management of migraine. As a result, migraine chronicity represents nowadays a difficult treatment challenge. One of the main risk factors for chronicity of migraine is the overuse of prescription medication. Some patients with abnormal psychological profiles have a tendency to compulsive medication intake. We aimed to assess influence of impulsivity on Chronic Migraine (CM) or Medication Overuse (MO).

METHODS: Patients attended in an outpatient headache office in a tertiary hospital (January 2013-January 2014). Episodic migraine (EM), CM and MO diagnosed accordingly to ICHD-III. We gathered demographic and nosological characteristics. Patients answered Hospital Anxiety and Depression Scale (HADS), considering Anxiety or Depression when scored > 10 in any of the subscales. Impulsivity was assessed with Plutchik scale (15 multiple choice items, positive if score > 20).

RESULTS: 155 patients (22 males, 133 females), mean age 38.2 ± 11.7 years (range: 18-70). 104 cases (67.1 %) CM and, among them, 75 (72.1%) with MO. Mean scores of 7.9 ± 4.3 (0-17) in HADS-Anxiety, 3.6 ± 3.9 (0-18) in HADS-Depression and 14.1 ± 6.7 (1-32) in Plutchik scales; 28.4% of patients met criteria for anxiety, 7.1% for depression and 16.1 % for impulsivity. We first compared CM and EM groups; HADS-Anxiety (8.5 ± 4.5 vs 6.4 ± 3.6, p: 0.003), and HADS-Depression scores (4.4 ± 4.3 vs 1.9 ± 2.3, p < 0.001) were higher among CM cases. When considering CM with or without MO, HADS-Anxiety (9.3 ± 4.4 vs 6.8 ± 4.3, p: 0.01) and HADS-Depression (5.1 ± 4.6 vs 2.7 ± 2.9, p: 0.002) were increased in patients with MO. No differences in Plutchik score or presence of impulsivity in both comparisons.

CONCLUSIONS: In our population, impulsivity assessed by Plutchik scale is common, but, unlike mood disorders, does not correlate with CM or MO.
PERSONALITY PROFILE IN PATIENTS WITH HEADACHE: STUDY OF 80 PATIENTS WITH CLUSTER HEADACHE AND COMPARISON WITH A POPULATION OF MIGRAINEURS

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OBJECTIVES: Cluster headache (CH) has been traditionally associated with certain personality traits and lifestyle features, but there are few studies assessing the personality profiles in patients with CH. In contrast, the association between migraine and some personality disorders has been investigated more extensively. We aimed to analyze the personality traits in patients with CH, and to compare them with those of a migraine population.

METHODS: We prospectively evaluated consecutive patients diagnosed with CH at a headache outpatient office in a tertiary hospital from January 2013 to December 2013. Those suffering from other concomitant headaches or any medical or psychological disorder limiting their ability to participate were excluded. Demographic and clinical data were systematically recorded. Personality traits were evaluated using the Salamanca screening test. This test is a validated self-report inventory assessing 11 personality disorders which are grouped in 3 clusters. This test was also administered to migraine patients attending our office during the same period. We compared the personality traits between both populations by means of a chi-squared test.

RESULTS: We included 80 patients with CH (75 men, 5 women) with mean age of 43.2 ± 9.9 years (range: 23-64) and age at onset of CH was 31.3 ± 11.8 years (10-57). In Group B we considered 164 cases (30 men, 134 women, mean age of 36.5 ± 12.7, range: 10-78). In group A thirteen patients (16.3%) had chronic CH, and the rest had episodic CH. The most frequent personality traits in this population were anancastic (52.5%), anxious (47.5%), histrionic (45%), schizoid (42.5%), impulsive (32.5%) and paranoid (30%). When comparing both groups, paranoid (30% vs 11.6%, p: 0.001), and schizoid traits (42.5% vs 25.6%, p: 0.012) were significantly more prevalent in CH patients. Only two of the 11 personality traits (dependent, anxious) were more frequent in migraine patients

CONCLUSIONS: According to the Salamanca screening test, personality disorders are quite common among CH patients. Those included in cluster A (eccentric disorders) are more prevalent in these patients than in a population of migraineurs. Larger studies are needed to determine whether personality disorders are related to CH and their differences with other headaches.
NEUROPSYCHIATRIC DISORDERS INDUCED BY CORTICOSTEROIDS. 
REPORT OF A CASE.
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We present the case of a man of 70 years old, with no previous psychiatric history, which is derived for evaluation of suicidal ideation income. As relevant his medical history includes a diagnosis of chest chondrosarcoma, which has been treated by surgery and currently is being treated with chemotherapy cycles compounds by high-dose dexamethasone. Following the second cycle the patient starts to present a set of symptoms such as very ego-dystonic intrusive thoughts, concerning which he may do harm to himself or his family, accompanied by low mood, emotional lability, and marked apathy. After a short hospital say which antidepressant treatment is initiated, the patient's symptoms disappear almost entirely. However, after receiving a new cycle of steroids, the set of symptoms reappear, being needed a new hospital stay. At discharge, symptoms are virtually nonexistent, though they recur with each new round of chemotherapy.

Following this case report, we review literature on neuropsychiatric disorders induced by corticosteroids, with special emphasis on the pathophysiology and treatment of themselves.
PSYCHOSIS, MOOD CHANGES AND FRONTAL DYSFUNCTION IN LUPUS
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We report a case of a female of 17 years old, with family history of psychotic disorders. Her psychomotor development and school apparently normal. She starts in October 2012 with joint pain in upper and lower limbs treated with nonsteroidal anti-inflammatory with complete remission of the symptoms. In October 2013 she again begins with symmetrical arthralgia and received assessment by a rheumatologist, she was diagnosed with rheumatoid arthritis treated with methotrexate 12.5mg and indomethacin 75mg with improvement.

In November 2013 presents insidiously irritability, sudden changes in mood, adding auditory and pejorative visual hallucinations, psychomotor agitation and errors in judgment and behavior, she was assessed by a psychiatrist who starts treatment with olanzapine 10mg, carbamazepine 200mg and fluoxetine 20mg without improvement, the immunological markers were requested, suspecting lupus by drugs, changing treatment scheme to Calcort 30mg, plaquenil 200mg and celecoxib 90mg daily. By continuing psychotic was referred to our unit for emergency psychiatric hospitalization.

While staying with periods of intermittent shaking, sudden changes in mood, also presenting three pseudo seizures, she was derived a valuation rheumatology who corroborates diagnosis of neurolupus, received boluses of methylprednisolone and cyclophosphamide and olanzapine orally at 20mg daily with improvement. Continuing her psychiatric hospitalization where after psychosis remission, she had frontal lobe executive dysfunction by neuropsychological tests particularly in left frontal lobe.

She had 2 MRI with microangiopathic lesions in bilateral frontal region. Anti - nuclear antibody positive, anti-phospholipid cardiolipin positive, low complement levels.

Conclusion: This case illustrates the importance of the multidisciplinary approach and thorough history in a first psychotic episode in adolescents, therefore shared with the medical community.
TEMPORAL LOBE EPILEPSY WITH APPARENT SUICIDAL GESTURES
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Introduction
Temporal lobe epilepsy classically presents with pre-ictal (aura), ictal and post ictal phases. Though various ictal behavioural patterns have been described in the literature, suicidal gestures have not been widely reported as an epileptic phenomenon. Here, we present the case of a 38-year-old gentleman displaying apparent suicidal gestures, which were eventually attributed to complex partial seizures.

Case Description
A 38 year old, single man, employed full time as a factory machine operator, presented to GP with “blank episodes” and the fear of killing himself in those blank episodes. Primary care mental health nurse assessed and diagnosed him to have agitated depression with suicidal risk. He was referred to secondary care due to risk of suicide and poor response to antidepressant. When seen by psychiatrist in the clinic, he described blank episodes occurring two to four times in a week, each lasting for few seconds. These episodes typically started with pins and needles in his body. He was unable to recollect what happened after that. Following episodes, he felt very confused, exhausted and experienced mood swings. During blank episodes, he exhibited behaviours, which were complex and risky in nature such as he lit a cigarette and burnt his hands, seen holding knife in his hand, found standing near the railway track. He did not show any signs of clinical depression on assessment. The detailed clinical history, investigations findings (EEG and MRI) and response to sodium valproate confirmed the diagnosis of temporal lobe epilepsy.

Discussion
This case illustrates that abnormal behaviour patterns could be due to an underlying organic cause, in this particular case an ictal phenomenon, which needs to be ruled out before considering any functional psychiatric illnesses. This case highlights the fact that apparent suicidal gestures could be a presentation of complex partial seizures.
Incidences and severity of depression in multiple sclerosis

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**Objectives:** The most common psychiatric comorbidity in patients diagnosed with multiple sclerosis (MS) is depression. Both multiple sclerosis and comorbid depression have a strong influence on the quality of life of the patients suffering. The primary objective of this study was to determine the incidence and severity of depression in patients diagnosed with multiple sclerosis.

**Methods:** This study involved 120 patients definitively diagnosed with MS on the basis of the criteria of McDonald et al. applying to the Clinical Centre of Vojvodina, Novi Sad, Serbia. Incidence and severity of depression was measured using the Beck Depression Inventory (BDI).

**Results:** We found that 64\% of patients with MS were depressed, significantly more in female and younger age subgroups. In the group of depressed patients, 48\% had moderate, 35\% moderate to severe and 17\% severe depression.

**Conclusions:** Like in other studies, depression is one of the most common comorbidities in multiple sclerosis. Further studies are needed to investigate the frequency and causes of depression in MS because timely diagnosis and treatment of depression could improve the quality of life of patients suffering from MS.
NEUROPSYCHIATRIC MANIFESTATIONS OF NEUROCYSTICERCOSIS: A LITERATURE REVIEW BASED ON A CLINICAL CASE
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Objectives: The objective of the presentation is to make a literature review on the subject of Neurocysticercosis, one of the most common CNS infections, endemic in Portugal. We present a case of a 23 year old male patient with symptoms of increased anger, persecutory delusions and auditory hallucinations. The patient is from Cape-Verde, living in Portugal from the age of 16 with no prior background of psychiatric conditions. Of the diagnostic procedures the most relevant conclusions were the presence of active cysticerci on the left frontal lobe on the MRI and CT-Scan, and abnormal electric activity on the EEG, also in the left frontal lobe. He was treated with Metronidazol and Prednisolone and clinical improvements in symptoms and behaviour were readily apparent.

Methods: Patient and family interview, image exams (CT and MRI), blood tests, EEG, and a literature review using PubMed® and GoogleScholar® with the key words of psychiatric manifestations of neurocysticercosis.

Results: Cysticercosis consists of infection with the small larvae of the pork tapeworm Taenia solium. It has a variety of clinical manifestations normally neurological, the most common being epileptic seizures, focal signs, headaches and global deterioration. Psychotic symptoms are rare and may be seen in up to 5% of the patients. At the present day the patient is well and symptom free after the recommended treatment.

Conclusions: Although relatively rare, in Portugal there are still some cases of Neurocysticercosis. Poor cooking of pork meat and bad hygiene conditions are the factors that account for most of the incidence of the disease. The presentation could mimic other psychiatric conditions, and poor clinical investigation could lead to a misdiagnosis and a perpetuation or worsening of the symptoms. Treatment is relatively simple and with a good prognostic if identified, being a neuropsychiatric condition that psychiatrists can actually cure.
SCHIZOPHRENIA-LIKE PSYCHOSIS IN MULTIPLE SCLEROSIS OR CASUISTIC ASSOCIATION OF BOTH PATHOLOGIES?
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Objectives
To present a literature review and a clinical case report about the association and overlap between multiple sclerosis and schizophrenia.

Methods
Description of a clinical case. Literature search on MEDLINE with the terms “multiple sclerosis AND schizophrenia”, “multiple sclerosis AND psychosis”. Only papers in English, Portuguese, Spanish and French were included.

Results
The dual diagnosis of schizophrenia and multiple sclerosis had been considered uncommon until recently, and largely attributed to chance. For this reason, research on the subject is very scarce. However, a population based study challenged this assumption by demonstrating that co-occurrence of both pathologies has a prevalence higher than expected.

Conclusions
Although uncommon, the co-occurrence of schizophrenia and multiple sclerosis is more common than expected. The co-existence of both pathologies in the same patient creates a diagnostic dilemma: is the psychosis caused by multiple sclerosis or it is a chance occurrence of two different entities? Despite this, multiple sclerosis and schizophrenia have distinguishing aspects, namely, temporal association, clinical and imagiological features, age of presentation, gender ratio, and, probably, aetiology.
NEUROPSYCHIATRIC SYMPTOMS IN THE COURSE OF LANGERHANS CELL. HISTIOCYTOSIS – A CASE REPORT
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Objectives:
We propose to present a rare case of an adult woman showing psychiatric manifestations in the course of Langerhans Cell Histiocytosis (LCH) based on a brief review of available literature.

Methods:
Clinical information gathered from the patient, family and clinical files. Non-systematic literature review through the PubMed database.

Results:
LCH is a disease of unknown etiology which has been described mainly in children. There is few available literature concerning adult onset LCH. Only 4% of the patients present with central nervous system involvement. We describe the case of a 49 year old woman diagnosed with multiple organ involvement LCH. She was first diagnosed four years ago when she presented with Diabetes Insipidus and pulmonary involvement. As the patient developed behavioral changes she was referred to a general psychiatry consultation at Hospital de Magalhães Lemos. She presented with cognitive impairment, affective flattening, insomnia, hyperphagia and described episodes of visual and tactile hallucinations. The MRI revealed an expansive lesion in the hypothalamic region.

Conclusions:
Neuropsychiatric manifestations of LCH in adulthood are rare but should be considered in patients with multiple organ involvement presenting with behavioral disturbances. It is important to be aware of this type of clinical presentation to prevent a delay in the appropriate treatment.
“I WAS RAISED WITH THE FISH...AND NOW THEY CAME TO ME” - THE SAGA OF A FISHWIFE

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Objectives: To report and discuss a case of a fishwife, with Parkinson Disease, who developed visual and tactile hallucinations, in result from a peculiar infestation delusion.

Methods: We describe the psychopathology found in our patient, reviewing it attending to the previous knowledge, searching the major medical databases.

Results: A 74-year-old woman, retired (fishwife), was being followed in a neurology outpatient clinic for Parkinson Disease. The disease started eight years ago, currently at stage 2 of Hohen and Yahr modified scale, and she was treated with levodopa for the past four years. She began to have liliputian and cenesthetic hallucinations of several species of fish, travelling under her skin, mucosa and nails. She told us that they have moved from deep to the surface, where they would grow in size until causing pain and burn sensations, and only then were excreted, both through her tears and faeces. She believed that the fish were born from inside her, as a result of an long-standing infestation. Under olanzapine, although these hallucinatory activity still remains, it does not cause intense suffering.

Conclusions: Psychosis occurs in 20-40 percent of drug-treated patients with Parkinson Disease. Visual hallucinations are the most common but tactile hallucinations also occur. Delusions can also be a prominent feature of psychosis in Parkinson Disease, although usually they are paranoid in nature. The uniqueness of this case lays in a complex and ornate psychosis, with mixed hallucinations and a peculiar infestation delusion, rooting to the patient previous occupation.
“KNOCK KNOCK! WHO'S THERE?” A CASE REPORT OF NEUROBORRELIOSIS

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Objectives: We report a case of Borrelia infection presenting with severe abulia, anedonia and elementary auditive hallucinations.

Methods: Case report.

Results: Neuroborreliosis is caused by the spirochete Borrelia burgdorferi. Besides dermatological, cardiac, articular, and neurologic manifestations, this infection has been linked to a variety of psychiatric disturbances, including inappropriate laughter, obsessive-compulsive disorder, visual hallucinations, depression, panic attacks, and schizophrenia-like psychosis can also arise.

Mr A, a 60-year-old, a retired man with no past psychiatric or neurologic history, was living alone since his mother passed away 8 years ago. He was admitted to our hospital in the Emergency Room for a 6 month evolution of auditive elementary hallucinations, severe anedonia, abulia and terminal insomnia. No alterations were detected when performed the encephalic computerized tomographic. Since no organicity was objectified, the patient was given a low dosage of antipsychotic.

He then returned 1 month later presenting writing and dressing apraxia. Again, no changes were found in the magnetic resonance scanning. After performing a lumbar puncture, the cerebrospinal fluid displayed a lymphocytic pleocytosis with elevated protein. PCR was positive for Borrelia burgdorferi. He then was admitted to the Neurology ward where he responded to ceftriaxone. One month after completing the treatment, Mr. A had regained ability to perform almost every daily activity, although a certain degree of abulia persisted. No hallucinations were present.

Conclusions: This represent a case of neuroborreliosis were no other symptoms, than psychopathological ones were present at first. Infectious diseases of the central nervous system are quite rare entities when considering non-acute symptomatology. They should always be considered as a differential diagnosis when atypical psychopathology is described without past history of mental illness.
PSEUDOCRISSES VS MESIAL SCLEROSIS. REPORT OF A CASE
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Objectives
Describe the differential diagnosis between two entities which pose a diagnostic challenge for psychiatrists because of their presentation.

Material and methods
We performed a literature review of articles indexed in PUBMED on both entities from a clinical case.

Results
We describe the case of a forty-three year old woman who was admitted to Neurology presenting paroxysmal episodes without loss of consciousness and thirty minutes duration consisting of strange and childish behaviour. She had a previous diagnosis of epilepsy, but during these episodes, no EEG correlate was found. Different diagnosis where posed, in order to understand the case. A comprehensive psychopathological examination was performed, finding significant deficiencies in the area of personality.

Discussion
Up to 20% of patients refractory to antiepileptic treatment have pseudo seizures. These are characterized primarily by progressive onset, longer duration, uncoordinated motor phenomena and a normal EEG. Other phenomena, called epileptic constellations, including the mesial temporal lobe epilepsy, in which there is hippocampal sclerosis, appearing behavioural crisis which not always appear in the EEG. Finally, patients with pseudo seizures are associated more often with psychiatric comorbidity.
IDIOPATHIC BASAL GANGLIA CALCIFICATION: “FARH’S DISEASE” – DOUBLE CASE REPORT

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Fahr's disease is a rare neuropsychiatric disorder, sporadic or hereditary etiology with autosomal dominant pattern. This term is reserved for idiopathic cases of pathological calcification of the basal ganglia. The pattern of calcification studied extensively described as symmetrical and bilateral mainly globus pallidus.

Objectives: The authors aim to collect and review the clinical history of the two patients, analyze and expose the analytical and imaging findings, clinical course and understand the current social and family functioning of patients.

Methods: The two processes were analyzed concerning the initial symptoms presented by the patients and results of complementary diagnostic procedure: Subsequently patients underwent a new clinical interview to understand and review of clinical outcome.

Results: We report two cases of Fahr's disease, a woman of 58 years in which the first symptoms were cognitive dysfunction and a man of 75 years with clinical anxiety and depressed mood.

Conclusions: The important anatomical and functional role of the basal ganglia gives this neurodegenerative disease a heterogeneous pattern of clinical manifestations such as cognitive, behavioral, movement and / or neurological disorders. Therefore it is crucial the recognition and diagnosis of this pathology to better treatment and outcome of these patients.
GESCHWIND’S SYNDROME
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Objectives: to present and discuss current knowledge about Geschwind’s syndrome.

Methods: literature review using PUBMED/MEDLINE databases with Geschwind’s syndrome as key-words.

Results: Geschwind’s syndrome, also named Geschwind-Waxman’s syndrome, was described by Waxman and Geschwind in 1975 as an interictal behavioural syndrome present in patients with temporal lobe epilepsy characterized by hypergraphia, hypersexuality, sexual behaviour disorders and viscosity. Although Geschwind’s syndrome is typically described in patients with temporal lobe epilepsy, it is not universal or pathognomonic of this disorder, as it has also been identified in patients with fronto-temporal dementia, schizoaffective disorder and with right temporal lobe stroke.

Conclusions: Geschwind’s syndrome is commonly associated with temporal lobe epilepsy and although it is not universal or pathognomonic of this disorder the diagnosis of temporal lobe epilepsy must be ruled out in patients presenting with this entity.

References:


THE EFFECT OF COGNITIVE AND BEHAVIORAL THERAPY
ON DEPRESSION AMONG PATIENTS WITH TRAUMATIC BRAIN INJURY

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Objective: Depression is very common following traumatic brain injury (TBI). It is very important to recognize depression after TBI because of the association with poor global and psychosocial outcome and cognitive deficits. The purpose of the study is to explore if cognitive and behavioral therapy (CBT) could reduce depressive symptoms after TBI.

Methods: This randomized, controlled study was conducted in a general hospital setting. We recruited 72 patients with symptoms of depression after a traumatic brain injury. All participants were randomized to the 8-week cognitive and behavioral therapy group or to the control group. The primary outcome measure was symptoms of depression using the Patient Health Questionnaire-9 items (PHQ-9).

Results: Compared with the control group, the reduction of PHQ-9 was greater in the CBT group (P<0.05). The improvement of PHQ-9 scores was maintained at the 8 week follow-up. Most of the patients (80%) preferred this kind of intervention.

Conclusion: CBT is an effective therapy to improve the depressive symptoms after TBI. Also, it is a more preferred treatment for depression among TBI patients.

Key words: Cognitive behavioral therapy, Traumatic brain injury, depression, PHQ-9
A CASE REPORT OF WERNICKE-KORSAKOFF SYNDROME RELATED TO PANCREATITIS AND HYPEREMESIS GRAVIDARUM

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A case report of a 28-year-old pregnant patient, without history of alcohol consumption or psychiatric disorders, who developed Wernicke-Korsakoff Syndrome (WKS), as a result of vitamin B1 deficiency due to pancreatitis and hyperemesis gravidarum. The patient, in a second trimester gestation was admitted for repeated hospitalization, presenting severe nausea and vomiting associated to weight loss and dehydration. Patient received the diagnosis of hyperemesis gravidarum in the first occasion, when she stayed for 17 days of hospitalization. The treatment involved intravenous fluids and electrolyte replacement. After a short period of two days, patient went back to the hospital presenting upper abdominal burning pain radiating to the back and persisting intense nausea and vomiting. The diagnosis of pancreatitis was made and the level of the seric lipase were elevated to 1286 and 3333 IU/L at the entrance of second and third hospitalization, respectively. The treatment was an expectant management with prolonged therapeutic fasting, after a two day period in the second hospitalization, the patient presented nystagmus, ataxia, disorientation and fluctuation of consciousness. The diagnosis of pancreatic encephalopathy was made and the patient received only supportive measures. After 52 days of the beginning of the clinical picture, the patient still presenting disorientation, ataxia, memory impairment, confabulation and apathy. Just in that moment, the WKS diagnosis was suggested and the patient received thiamine treatment that included either intravenously and intramuscularly, to ensure adequate absorption. The changes in mental status have improved after few days and an effective response was observed with the complete reverse of confabulation and nystagmus, but cognitive function not recovered completely. The most common cause of thiamine deficiency and consequently WKS is alcoholism; however, it can occur in any clinical condition associated with malnutrition or thiamine deficiency. Clinicians should be prepared to promptly recognize and treat the thiamine deficiency.
HISTORIA DE UN TRASTORNO DELIRANTE ORGÁNICO

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INTRODUCCIÓN Y OBJETIVO
Un trastorno delirante (TD) se caracteriza por la presencia de creencias erróneas que implican una interpretación equivocada de percepciones o experiencias. El inicio tardío de esta patología se encuentra con frecuencia relacionado con las alteraciones del ánimo. Nuestro objetivo consistirá en realizar un correcto diagnóstico diferencial.

MATERIAL Y MÉTODOS
Presentamos el caso de un varón de 80 años con un antecedente de hemorragia cerebral secundaria a malformación arteriovenosa. Diagnosticado de epilepsia con crisis de ausencia, en tratamiento con Fenitoína y Levetiracetam. A la exploración psicopatológica, el paciente presenta una ideación delirante de perjuicio en relación a su familia así como alucinaciones olfativas de un mes de evolución. Resto de exploración anodina.

El paciente ingresa en psiquiatría donde se realiza una RMN que revela un área de encefalomalacia parieto-temporo-occipital izquierda y un electroencefalograma que muestra actividad bioeléctrica cerebral anormal sobre la misma área.

RESULTADOS
El TD de tipo esquizofreniforme es aquel en el que aparecen ideas delirantes persistentes o recurrentes, acompañadas en ocasiones de características que pueden evocar una esquizofrenia, como alucinaciones o trastornos del curso del pensamiento.

Cabe destacar la importancia de la filiación de la naturaleza de dichos delirios, así como la presencia o ausencia de patología cerebral o componentes afectivos, para poder categorizar de forma correcta la enfermedad y de esta manera realizar el tratamiento más adecuado para el paciente.

CONCLUSIONES
En nuestro caso, la exploración psicopatológica y las pruebas complementarias conducen al diagnóstico de TD de tipo orgánico, ya que encontramos una patología de base que concuerda con la disfunción cerebral del paciente. La ausencia de clínica afectiva mayor ayuda a excluir como diagnóstico un episodio depresivo grave con síntomas psicóticos, y la falta de un deterioro de funciones corticales superiores orienta a descartar el debut de una demencia.
ATYPICAL ANTIPSYCHOTICS AND NEUROLOGICAL DISORDERS

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Objectives
Review of atypical antipsychotics (AA) and major implications of its use in patients with neurological disease.
Cognize neurological complications of AA.
Understand which are AA more appropriate in some neurological diseases (Parkinson’s Disease, Epilepsy, Dementia, Tourette’s syndrome).

Methods

Results/ Conclusions
Psychiatric drugs are associated with a wide range of neurological complications. These include extrapyramidal syndromes, neuroleptic malignant syndrome, seizures, discontinuation symptoms and other cerebrovascular diseases. Clinicians need to be familiar with strategies to reduce the risk of the adverse events and to manage them when they arise.
Extrapyramidal symptoms (EPS) are less frequent with atypical than with conventional antipsychotics but remain common in clinical practice, however the risk of development of parkinsonism associated with the use of high-dose atypical antipsychotics was similar to that associated with the use of typical antipsychotics. With the exception of clozapine, and perhaps quetiapine, atypical antipsychotics have brought only “relative” avoidance of EPS. Nevertheless clozapine has been especially strongly associated with higher seizure risk. Olanzapine, which is structurally similar to clozapine, has been reported to be associated with EEG slowing or epileptiform abnormalities, and is viewed as being associated with relatively higher seizure risk. Conversely, risperidone seems to be one AA least likely to induce seizures. Atypical antipsychotics such as risperidone, which is not only a D2 receptor antagonist, but also a serotonin (5-HT)2 antagonist, has been shown to be effective in Tourette’s syndrome. One review of 2013 concluded that atypical antipsychotics appear to be effective and tolerable in the management of delirium, even though the evidence is limited. In randomised controlled trials in elderly patients with dementia atypical antipsychotics are associated with a higher risk of stroke and death than placebo, so careful use of antipsychotic drugs at proper dosage and for the closely necessary time requested is the most reasonable way of facing such complex patients.
DELUSIONAL SELF-MISIDENTIFICATION AND THE PROBLEM OF SELF-IDENTITY IN NEUROSCIENCE
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Objectives: Delusional misidentification syndromes (DMS) are conventionally divided into Capgras, Fregoli, intermetamorfosis and the subjective doubles syndromes. This study aims to provide a descriptive psychopathological approach to the phenomenon of delusional self-misidentification, which has been scarcely documented.

Methods: A large inpatient neuropsychiatric population (n= 830) was prospectively assessed, by means of ad-hoc interviews with patients and relatives, according to Alonso-Fernandez criteria for self-delusional misidentification syndromes, as well as structured interviews to assess DSM diagnostic criteria, neuropsychological measures, and structural neuroimaging by means of MRI studies.

Results: We identified 8 patients with DMS. 4 patients had delusional self-misidentification, which coexisted in all cases with a schizophrenia diagnosis (p= .029), and also with Capgras syndrome (n= 2), Cotard syndrome (n= 2) and reduplicative paramnesia (n= 2), suggesting reduplicative and/or nihilistic variants of self-misidentification. Patients with self-misidentification had no structural brain lesions.

Conclusions: Neurobiological models, as informed by clinical disturbances including asomatognosia, somatoparaphrenia and mirrored self-misidentification, have supported a unitary and localizationist view of the self. The description of patients without structural damage, who persistently deny their identity but construct a delusional one, provides a rational basis for the discussion of complex models of self-identity including autobiographic memory concepts based in narrative approaches.
BRAIN TUMORS IN PSYCHIATRIC PATIENTS: A CASE REPORT

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Objectives:
Highlight the importance of psychiatric symptomatology of brain tumors;
To alert the clinicians for the challenging diagnosis of these tumors among patients with chronic schizophrenia.

Methods:
In this presentation we report the case of a 80 year-old female patient, with a 40 year history of Schizophrenia, and a 12 year history of frontal meningioma. We also made a bibliographic review of this subject, based on the data published in PubMed.

Results:
Brain tumors are a well-known cause of frontal lobe dysfunction. Psychiatric symptoms may be the initial presenting symptoms in some cases of brain tumors. On the other hand, autopsy studies of schizophrenic patients in psychiatric hospitals have attempted to address the issue of whether brain tumors are more frequent in this group compared with the general population. Studies of more than 2000 autopsies found the frequency of meningioma’s to be higher among psychiatric patients than the general population. However, this seems to be controversial as epidemiological studies had shown no elevation of the rates of brain tumors after a first diagnosis of schizophrenia.

Conclusions:
The clinical manifestations of frontal meningioma are often non-specific and late to present but patients with mental illness may mimic past symptoms and delay diagnosis. When brain tumors develop in patients with established psychiatric disorders, detailed history, information from collateral sources and brain imaging become essential, as psychiatric patients are known to have difficulties in reporting and describing their own symptoms.
Therefore, psychiatrists must constantly be on the lookout for patients in their care who may harbour serious and potentially treatable intracranial structural lesions.
COGNITIVE IMPAIRMENTS ASSOCIATED WITH NEUROPSYCHIATRIC SYMPTOMS AFTER MILD TO MODERATE TRAUMATIC BRAIN (TBI)
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Objectives
Due to the mechanism of the TBI, acceleration-deceleration injuries, their lesions profiles include orbitofrontal, temporal contusions and diffuse axonal injury. Cognitive impairment can be diffuse regarding attention, memory and problem solving, among others. Impulsivity, affective disorders and desinhibition are frequently related with frontal, temporal and anterior cingulate areas. In association with the typical latter described cognitive impairments, these neuropsychiatric sequelae characterizes the frequently called personality changes. The aim of this study was to explore the relationship between neuropsychiatric symptoms and its prominent cognitive impairment following mild and moderate TBI.

Methods
Twenty six subjects with cognition impairments, and behavioural difficulties after mild to moderate traumatic brain injury were included. All of them lived in Colombia, their ages were from 23 to 58 years, and the school level was between 5 to 20 years. The attention, language, memory, praxis and executive domains were examined through a neuropsychological battery, and the main neuropsychiatric symptoms were identified in a psychiatric interview.

Results
Executive functions like inhibition, planning, verbal complex information interpretation and taking decisions capacities were the main functions with more impairments. The psychiatric interview indicates changes associated with irritability, impulsivity, apathy, anxiety, depression and puerility behaviours. Associations between inhibition functions and other cognitive and behavioural impairment were identified.

Conclusions
Assessment of neuropsychiatric symptoms, as well as defining it’s cognitive impairment association is a complex and challenging process. The nature of the diffuse injuries, the variety of cognitive impairment and behavioral difficulties may complicate an effective intervention. Nevertheless, a profound clinic assessment as well as a detailed enhance of the cognitive domain associated with such neuropsychiatric symptoms may improve an acute and early treatment.
SOCIAL AND INTERPERSONAL NEUROBIOLOGY
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The brain structure is shaped by two main aspects: genes and experience, and in the case of social behavior, there is a brain circuits group that acts on the development of that skill, known as the MIRROR NEURON SYSTEM (MN) that reacts when someone makes an intentional action; therefore, the “mirroring” can be of action and perception. The peculiarity of these neurons is that they only respond to acts with intention, revealing that the brain is capable of making neural maps of other’s actions, a manifestation of the way it builds the other’s mind image (Theory of mind), even before it can be capable to form words or understands what is happening. The first step for this “mapping” process is the predictable sequence of other’s behaviors that activates the MN, creating a map of other’s intentions in the form of a neural representation that anticipates the immediate next action, preparing the subject to enact the same behavior and stimulates mental states in the people that surround us (interoceptive awareness). This is the basic mechanism of imitation, compassion and empathy (the possibility to imagine another person feelings): the Neurobiology of Interpersonal and Social behavior.
Objective: Chronic diseases generally represent a significant risk factor for psychiatric morbidity, in particular in neurological diseases, like epilepsy, with a supplementary risk factor for psychosis. The prevalence is estimated to be 2 to 7 % by epileptics. The main objective of this work is to discuss the relationship between epilepsy and psychosis.

Methods: This case is about a 58-years old patient, epileptic unknowned, who experienced 3 psychotic episodes, at many years intervals, without psychiatric intercritical manifestations. Focal signs with fronto-temporal localization has been observed on systematic EEG.

Results: Possible epileptic origin of psychotic symptoms must be sought by a systematic EEG. Temporal localization is more often associated in this type of clinical table.

Conclusion: Comorbidity psychosis in epilepsy raise diagnosis and therapeutic issues. A close collaboration between psychiatrists and neurologists is more than desirable, in order to coordinate and optimize therapy.
RELATIONSHIP OF MOTOR ABILITIES WITH INTELLIGENCE QUOTIENT IN EARLY ONSET NEURODEVELOPMENT DISEASES
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Objectives
Some previous studies (Ferrin 2012) (Cuesta 2002), have proved the association between motor disorders and cognitive impairment. However, it was used a test (NES) that takes over 45 min to do. Our objective is to determinate how the motor abilities measured with the PURDUE'S PEGBOARD TEST (that takes around 5 min) is able to predict the IQ in pacients diagnosed as Early Onset Schizofrenia and ADHD.

Methods
We included in our study 73 pacients diagnosed as Early Onset Schizofrenia and 44 ADHD pacients. We used the WISC test to measure the IQ. In order to determinate how Motor Habilities are able to distinguish those pacients with <70 IQ from those who had >70 IQ, we realized a ROC curve (Receiver Operating Characteristic).

Results
The results were that, in pacients diagnosed as Early Onset Schizofrenia, the PURDUE'S PEGBORAD TEST has a AUC (Area Under Curve) in the ROC of 0.835 over 1. On the other hand, in ADHD pacients, the AUC was 0.551 over 1.

Conclusions
We can conclude that PURDUE'S PERGBOARD TEST is able to discriminate the IQ in Psychotic pacients but not in ADHD pacients.
We describe the case of a 53 year-old from Lima with a clinical presentation characterized by changes in behavior, sleep-wake cycle irregularities, psychotic symptoms, decreased job performance and poor performance of household chores. The patient presents late diagnosis of acrolentiginous malignant melanoma confirmed by skin biopsy. Multiple neoplastic lesions were evident at cortical brain MRI.

**KEY WORDS:** psychiatric symptoms, melanoma, brain metastases
WPA-0138 NEUROPSYCHIATRY OF EPILEPSY IN PERSONS WITH INTELLECTUAL DISABILITY

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Objectives: For patients with autism spectrum disorders and severe intellectual disability, greater than 30% present with complex forms of epilepsy and even higher rates of comorbid of psychopathology. This presentation will focus on the complex relationship between intellectual disability, epilepsy and psychiatric disorders.

Methods: This presentation is a series of case studies supported by a literature review focusing on diagnostic assessment and treatment options.

Results: Psychopathology in these patients demonstrates the boundary problems between neurological and psychiatric disorders. This presentation will explore the relationship between the state leading up to seizure activity (prodrome), ictal (semiology), post-ictal patterns of behavior (delirium) and interictal psychiatric symptoms and behavioral changes. In addition, treatment of affected individuals is complicated by neurobiological changes associated with chronic recurring seizures, need for multiple anticonvulsants, drug-drug interactions, adverse effects of seizures on the presentation and clinical course of comorbid psychiatric disorders.

Conclusions: The presence of epilepsy complicates the assessment, differential diagnosis and treatment of co-occurring neuropsychiatric disorders. Under many condition, psychotropic medications can either lower seizure threshold or increase the risk of adverse medication reactions.

References:
Lambert MV, Schmitz EB, Ring HA, Trimble MR. Neuropsychiatric Aspects of Epilepsy, 1071-1130, .
Neuroplasticity is the ability of the neurone to modify their functional activity and/or the structure of their synaptic tree. Duration and severity of illness during the initial phase or episode of illness have been considered to be a critical determinant of the outcome of psychiatric disorders. Abnormal function produces long-term changes in the brain. Plasticity in the developing cortex, in the adult sensory cortex, in the amygdala, the neuromodulatory systems, the relevance of neuroplasticity in psychiatric disorders specially depression, recurrent mood disorders, and in schizophrenia with reference to glutamate-mediated neuroplasticity is discussed.
NON MOTOR SYMPTOMS IN PATIENTS OF PARKINSON DISEASE
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Objective:
To assess the prevalence of Non Motor symptoms (NMS) in patients of Parkinson disease (PD).

Design:
Cross sectional study.

Place and duration:
Military hospital Rawalpindi. 3 months

Patients and Methods:
This cross sectional study was carried out at Military Hospital Rawalpindi from 1st October 2013 to 31st December 2013. All the cases of PD reporting in neurology department filled a 30-item self-completed NMS questionnaire featuring responses as “yes,” “no,” and “don’t know”. Frequencies of all the symptoms were calculated by using SPSS version 20.

Results:
A total of 62 patients, mean age 64.5 (range 34–91 years) male 80.6% were included in the study. The mean of total NMS Quest positive symptoms was 11.8. Most commonly experienced NMS included nocturia (80.61%) and unexplained pains (80.61%) followed by urgency (70.9%) and constipation (67.7%). NMS least reported were difficulty during sex (1.61%) and change in sex drive (8.06%) followed by diplopia (12.9%) and incomplete bowel emptying (16.1%).

Conclusion:
The study concludes that prevalence of NMS is high among patients of PD and they add significantly to the overall disability caused by PD.

Key words: Parkinson disease, Non motor symptoms, Prevalence, neurodegenerative disorder.
TIMELY CONSIDERATIONS ABOUT “NEURO”-DISCIPLINES
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Abstract
This essay is intended to prompt a debate on the importance of the diagnosis derived from valid neuroscience premises in order to demystify the vision of the brain as an arcane, and to integrate the fact that, even though there is “no ghost in the machine”, it is possible to design engines that are capable to solve the bipolarity between sciences and humanities, the touchstone to analyse the progress in neurophilosophy, neuroethics, neurosociology and neuroart, advocating that a change in paradigm is possible if we follow the trail of the Biology of the Mind.
Occupational Psychiatry, Psychiatric Rehabilitation
PSYCHOSOCIAL RISK AND RISK FACTORS AMONG MEDICAL RESIDENTS IN A GENERAL HOSPITAL

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Objectives: One out of four workers are affected by psychosocial risk factors (work related stress), which might account for 50-60% of absentism, with numbers growing. It’s economic cost has been estimated in the EU-15 members at around 20 billion Euros. There are very few studies in Portugal to quantify the actual risk to workers, even fewer on medical residents.

Methods: The authors have been applying the Copenhagen Psychosocial Questionnaire to evaluate psychosocial risks in the Psychiatry and Anaesthesiology departments of Santa Maria hospital. Also, other medical residents from the hospital attending Occupational Health consultations are also asked to participate, which serve as controls. There are 20 residents in each department, being selected for the long work shifts and workload in Emergency Medicine (Anaesthesiology) and the care of Psychiatric patients (Psychiatry). Data relating to gender, age, medical specialty, year of specialty, medical department, work-life conflicts, workload, workload in the emergency department will also be gathered and a clinical psychiatric interview will be conducted with residents from both aforementioned departments. Also, a COPSOQ Portuguese database will be used to compare to other health care professionals.

Results and conclusions: This study should be concluded in the beginning of April 2014. At that time, the authors will be able quantify the psychosocial risk in medical residents from these specialties at the hospital. Preliminary data indicate high levels of work related stress in residents from the Anaesthesiology department.
RECOVERY FOR YOUNG PEOPLE SUFFERING FROM PSYCHOSIS: AN EUROPEAN PROJECT IN MODENA, ITALY.

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Objectives: To implement recovery in community mental health services (CMHS) on young people suffering from psychosis, improve social skills and overall level of functioning, create a link between CMHS and local community.

Methods: This project, granted by the European Social Fund, involved CMHS, Social Services, local Education and Business agencies. From September 24th 2012 to April 1st 2013, service users between 18-40 years of age, with an ICD-9 diagnosis of psychosis, formulated after 2009, were selected by CMHS. Exclusion criteria were an acute psychotic episode and/or inability to give an informed consent. HoNos, BACS, CAN were administered at the beginning and at the end of the project. After an induction training, participants were allocated to either a 40 hours computer course or a 180 hours course, which included practical activities.

Results: Seventy-six subjects were enrolled; 22 completed the short course, 38 the longer one. 16 dropped out due to hospital admission (2), having resumed school (4) or work (6), being unable to attend lessons (4).

Conclusions: Despite the initial concern expressed by CMHS staff about the risk of distress and potential worsening of psychosis in young service users undergoing a formal training, only 2 patients dropped out due to a relapse of symptoms. Moreover, it is difficult to establish a causal link between the relapse and the training itself. On a positive note, 13% of participants abandoned the project as they resumed work or school, suggesting the effectiveness of a recovery-oriented care in reinforcing individual skills.

79% of participants completed the training reporting to be determined to look for a job or go back to education. These observations seem to indicate that recovery-oriented care projects might also improve self-esteem.

References

THE RELATIONSHIP BETWEEN HOUSING MANAGEMENT MODELS AND PEOPLE’S RECOVERY- AN ETHNIC CHINESE SOCIO-CULTURAL PERSPECTIVE

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The objective of this research is to study the relationship between housing management models and recovery of people with psychiatric disabilities in ethnic Chinese society by exploring (a) various types of housing and their current prevalence in Taiwan; (b) the effect of various housing management models on recovery of people with psychiatric disabilities; and (c) the influence of ethnic Chinese socio-cultural factors on this relationship. We reviewed the literature, which included the classification of housing by Corrigan et al. (2009), Anthony’s (1993) “essential client services in a caring system,” and the CHIME framework of recovery processes (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011). A semi-structured questionnaire was administered to and in-depth interviews were conducted with scholars, experts, government officials, and housing directors. We determined that four housing management models exist within the socio-cultural background of ethnic Chinese society: (a) Among the theoretical housing models, custodial care and supervised group housing exist in ethnic Chinese society with supervised group housing being the most common, but supported housing does not; (b) a new model, which combines elements of the custodial care model and the supervised group housing model, emphasises custodial care but accompanied by medical care; and (c) another new model, which integrates supervised group housing and supported housing, is highly workable in practice and beneficial to individual recovery as well. This new model features the coexistence of worker’s support as well as resident’s self-dominance. Both practical and theoretical models have consistent views regarding their effects on a person’s recovery. However, the selection of a management model differs because of considerations based on the characteristics of ethnic Chinese society and culture. Finally, we provide the implications of our findings for housing management and recommend several future research suggestions.
STORIES OF WORKING LIFE OF CHILEAN GAY MEN IN ORDER TO ACCOUNT FOR THE QUALITY OF LIFE AT WORK.
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Every through time, the scenario for sexual minorities has been a complex one. Working environment has been the public area where this difficulties show the most. Every since the 70’s, homosexual’s life conditions in society have progressively improved, thanks to the sexual revolution and the gay’s movement (MOVILH, 1998). The present study’s aim was to explore working life story of two groups of homosexual Chilean men with the purpose of assessing their working life quality.

Method: For that, biographic interviews were made to get their working life story. Hezbergs´ Two Factor Theory (1987) was taken to analyze extrinsic or hygienic and intrinsic or motivational factors. Special emphasis was given to the psychological CVL, which includes an individual centered analysis.

Conclusion: As a conclusion, we observed that among homosexual men, those that openly assume their sexual orientation tend to show a good adjustment to work life, feeling more comfortable, accepted, and valued by their bosses as well as their peers. The same happens with extrinsic factors, where they show higher feelings of self realization, positive professional recognition, adequate level of dependability and meeting of working objectives.
OUTPATIENT GROUP MENTAL HEALTH REHABILITATION AMONG EMPLOYEES WITH PSYCHIATRIC DISORDER - PERCEIVED BENEFITS AMONG PARTICIPANTS
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Objectives: Depressive disorders are associated with loss of functional capacity and decreased work ability. AMI mental health rehabilitation project launched and funded by the Social Insurance Institute in Finland (Kela) aimed at developing a new form of outpatient group rehabilitation program for depressive adults in paid employment. The 12 months AMI rehabilitation program enables patients to attend rehabilitation alongside work. The aim of this study was to examine participants' experiences on perceived benefits of attending the program.

Methods: The data were gathered by interviewing six rehabilitation groups during 2012-2013, each for maximum 8 participants (n=38). Interviews were transcribed and analyzed using content analysis.

Results: According to participants, peer support was the most remarkable benefit of the AMI group rehabilitation program. Individuals participating in the program felt a sense of being understood when interacting with other in similar condition. Further, benefits were seen in personal empowerment and coping with workload, ability to express oneself in a group, knowledge and awareness of depression as well in understanding and recognizing own personal (limited) resources.

Conclusions: Peer support seems to have remarkable power in recovering process among those participating in the program. It is beneficial to offer potential participants encouragement and individual support to help address fears against group-based work. Group-based interventions have the possibility to support recovery by normalising mental illness through a shared experience as well as increasing social contact. It is important to keep the number of participants small enough so that all have the opportunity to contribute.
Objective: Identify neuropsychological alterations in highway workers exposed chronically to low concentrations of Carbon Monoxide (CO).

Methods: Cross-sectional study that included 72 workers of the Mexico-Puebla Highway cabins (guards); 60 cashiers and 12 workers in charge of the shift, in which socio-demographic, clinical and occupational variables were explored; hemoglobin (Hb), hematocrit (Hct) and carboxyhemoglobin (COHb) was determined in their blood, and it was applied the Carbon Monoxide Neuropsychological Screening Battery O (CONSB). The workers who are in charge of the full shift integrated the less exposed to CO group, while the cashiers would shape the greater exposure group.

Results: In 49 workers, Hb: 18.1±1.9 mg/dL and Hct: 55.3±8.7 without significant differences in the presence or absence of erythrocytosis between exposure groups (p=0.82). In the neuropsychological tests of 72 workers, greater alteration was identified in the exposed group, only in the test of symbol and digits (p= 0.001), trails B (p= 0.002), and test of digits (p=0.003); the test of building with blocks resulted borderline (p=0.07). In all tests except in the test of learning of Rey, the non-exposed showed better performance.

Conclusion: Despite what has been achieved, it is important to follow up the erythrocytosis and the neuropsychological effects on all workers, in addition to start treatment to prevent complications. The perception of innocuousness of chronic exposure to CO in these workers must avoid.
INNOVATIVE CENTER FOR PATIENTS WITH CHRONIC AND SEVERE MENTAL ILLNESS FROM A CONTEXTUAL-FUNCTIONAL PERSPECTIVE: FIRST EXPERIENCE IN SPAIN

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2. PsicACT Center, Valladolid, Spain
3. Private Consulting, Valladolid, Spain

Objective
In present work we show the implementation of the first center in Spain dedicated to patients with chronic and severe mental illness from a contextual-functional perspective. We explain its creation process, philosophy and innovative programs.

Method
Up to now, traditional model of Psychosocial Rehabilitation doesn’t solve problems like relapse, adherence, frequent admissions or resistant patients. Hayes, Stroshal and Wilson stated that treatments focused on changing content of thoughts and emotional states can produce the paradoxical effect of increasing cognitive entanglement, while there are other interventions that modify the impact of behavioral problematic cognitions without directly changing the content. These interventions, called Contextual or Third Generation Therapies, are focused on person’s interests and satisfying life, facing the problematic private events by acceptance.

Results
We have implemented a new center with:
- **Human Resources**: psychologists, psychiatrist, occupational therapist and others.
- **Material resources**: offices, multipurpose rooms, meeting group rooms, library and others.
- **Specific Therapeutic Programs**: classic programs complemented with innovative ones such as self-differentiation, acceptance, mindfulness, cognitive defusion, values clarification and motivation to committed actions.
- **Location**: quiet place outside but near the city, surrounded by nature that provides outdoor activities.
- **Philosophy**: It offers innovative care based on:
  1. Respect for the persons’ interests.
  2. Chronicity prevention.
  3. Experimental base in all actions.
- **The aim**: to reproduce daily life in the center, generating healthy contexts, teaching people to interact in a more flexible way with the discomfort and helping to be more effective in their lives.

Conclusions
We have implemented a Center with a unique contextual-functional perspective, where the emphasis is not placed on the reduction of discomfort but in the life wanted. Interactions focused on effective behaviors and based-living values, practicing on acceptance of private events, finally generate greater flexibility and efficiency in the patient, despite of diagnosis or suffering degree.
Patients suffering from severe and persistent mental illness require rehabilitation. Psychiatric rehabilitation is based on the general principles of psychosocial rehabilitation, that aims to promote autonomy in people with psychiatric diseases, allowing them to reach their full functioning potential and quality of life.

The goal of psychiatric rehabilitation is to help disabled individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support.

At Centro Hospitalar Psiquiátrico de Lisboa (CHPL), the Rehabilitation Unit is composed of a multidisciplinary team that establishes a rehabilitation programme adjusted to each patient’s individual needs and coordinated by a case manager.

To better understand the structure and functioning of the Rehabilitation Unit, we chose to present a patient’s rehabilitative process.

We present a 56 year-old male that has a diagnosis of paranoid schizophrenia since he was 19 years old. He had a history of 42 previous admissions in psychiatric acute wards and eventually was admitted in a chronic patient residential unit 8 years ago.

The Rehabilitation Unit was created 4 years ago in this hospital centre and the patient initiated his rehabilitation process in a residential unit, focusing on identifying personal goals and promoting the patient’s strengths to create an individualized rehabilitation programme.

After 2 years, the patient was more autonomous and he started residential training in a more independent and less staffed sheltered unit, in preparation for independent housing in the community later on. This process was completed 10 months ago, with the patient’s return to his house and successful transition to community mental health structures.
OCCUPATIONAL FUNCTIONING IN PATIENTS WITH PSYCHOTIC DISORDERS: A COMPARATIVE PILOT STUDY OF PSYCHOSOCIAL GROUP THERAPY VS PSYCHOEDUCATIONAL GROUP THERAPY.

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Objectives: The objective of this study is to compare the effects on occupational functioning, of two groups treatment modalities [Psychosocial Group Therapy (TGPS) vs Psychoeducational Group Therapy (TGPE)] in patients with psychotic disorders (TP) followed by nine months.

Methods: Two patients group were formed with TP (n=10 each), two modalities group psychotherapy were compared: TGPS, based on social skills training and TGPE, focused on education and pharmacological control of their disease. Defined as improvement in occupational functioning, patients who achieved rehabilitation or improvement in employment status. We also valued the number of hospitalizations and desertion as secondary indicators.

Results: TGPS was composed of more males than TGPE (n = 10 vs. N = 7), younger age (mean=32.5, SD=8.3 vs. Mean=47.4, SD=9.7, p=0.0013, t=3.8, df=18) and more years of education (mean=12.4, SD=2.9 vs. median=7.9, SD=3.0, p=0.0035, t=3.3, df=18). Four patients of TGPS achieved improve of occupational functioning by three of TGPE. A patient of TGPS required hospitalization and none of TGPE. Seven patients of TGPS discontinued treatment (57% had improvement work) by four patients of TGPE (30% had improvement work).

Conclusions: TGPS seems a promising tool for the improvement in occupational functioning, however, a larger study, paired for demographic variables, it is necessary to determine its effectiveness vs. other tools available. Significant demographic differences and small sample number are limitations of our study.

Reference:


CREATION OF A MULTIFAMILY GROUP (GMF) POST-DISCHARGE OF SHORT-TERM HOSPITALIZATION UNIT (UHB) OF GENERAL UNIVERSITY HOSPITAL OF GUADALAJARA

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Objectives
- To share our experience of the creation of a multifamily group (GMF) post-discharge after short-term hospitalization.
- Describe the characteristics of patients presenting to the group.

Material and methods
- We describe the experience of creating a rare therapeutic modality consisting of an open group where you are invited patients and their families after being discharged from the UHB. We have a sample of 40 patients treated with 53 psychotherapeutic sessions (duration: 90 minutes per session), with additionally 30 minutes of revision coordinated by an observation team of two psychiatrists of the short-term hospitalization unit and two residents (psychiatry and psychology).
- TECHNIQUE: multifamily group psychotherapy focused on severe pathology. The sample of patients are open groups without any number and time restrictions.
- To that analysis the statistical software package SPSS 17.0 is used by means of descriptive statistics.

Results
- Clinical data: diagnosed with: substance dependencies 7.5%, personality disorders 7.5%, psychotic disorders 27.5%, emotional/behavioural disorders 52.5%, eating disorders 5%.
- Before participating in the multifamily group 90% of patients had received psychopharmacological treatment and 50% psychotherapeutic treatment. 42.5% had been hospitalized before, whereas 57.5% not. 7.5% of patients have been in the day hospital, 15% in the Addictive Behaviour Unit, and 77.5% have not received other previous treatment. 30% are toxic substance consumers, whereas 70% not.

Conclusions
Based on the collected data, we sum up the patients can be categorized as critically ill with a distinct use of other substances, hospitalized several times in the Short-term Hospitalization Unit (UHB), among these a high percentage of toxic substance consumers. The need for treatment approaches of these characteristics, it is useful for both patients and their families by the complexity of the diseases and in a state of great vulnerability after hospital discharge.

Bibliography:
THE DECISION TO LIVE WITHOUT BODY OR SPIRIT
Eduardo Kuffer
Centre Emili Mira Parc de Salut Mar. Santa Coloma de Gramanet. Barcelona

Objective
To demonstrate through a case that having a body and an i is a decision that corresponds to the subject and it is not something natural, and how the therapeutic work in a rehabilitation unit allows the subject to build an acknowledgment of himself.

Method
Therapeutical individual interviews, in group and with the family.
The patient is of 35 years old, son of separated parents. from the 7 to 14 years the patient lives with an abusive father that does not transmit to him neither his sister any norm but imposes his own law in an arbitrary and violent way. In his youth he begins with behavioral disorders and tendency to isolation. later he is hospitalized in a psychotic clinic for 5 years in another european country and after pass 6 years wandering and consuming toxics through europe he is brought to catalunya., after a log in a therapeutic community he iso drifted to a long stay unit.
The patient says he has no body and that he sees a zombie that lives in a Cia computer living in computer and that he is owned by several spirits.
He says he was kidnapped when he was in his true mother placenta and he was forced to live with his other parents.
At no time it is said to him that he is delirious. he speaks ant the other hears to him.
The impossible to say is repected.

Results
The patient improves since we point that we know that he has suffered and we understand his desire not to have body or parents or anything that remembers him about his life.

Conclusions
He has a body, a voice that begins to belong him. his suffer eases. There is a listening that respects his existential pain, his death pulsión
THE EFFECT OF RETURN-TO-WORK PROGRAM IN JAPAN: A PRELIMINARY STUDY ON RETROSPECTIVE REVIEW OF MEDICAL RECORDS

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Objectives
Return-to-work with prevention of recurrence in patients with depression is one of the major psychiatric clinical problems, and return-to-work program has received increasing attention. Return-to-work program is a psychosocial group program to improve social adaptation for readiness of return-to-work and prevention of recurrence. In our university hospital, the return-to-work program has been introduced since May 2013. In order to investigate the effect of our return-to-work program, we examined the changes of the evaluation sheet for patients with mood disorders to return to work before and after the program by retrospective review of medical records.

Methods
Our comprehensive return-to-work program contains the following sub-programs; 1) individual program, 2) group cognitive behavioral therapy, 3) patient education about self-monitoring and self-control of depressive symptoms, 4) group program to improve collaborative skill and interpersonal skill, 5) other programs such as relaxation and exercise. The subjects were 5 patients with major depressive disorder (3 male, 2 female) who were on sick leave. The subjects completed 3 to 7 months return-to-work program from May 2013 until March 2014. We assessed readiness of return-to-work and prevention of recurrence using the evaluation sheet. Differences in scales of the evaluation sheet sub-items before and after program were analyzed using paired t-tests.

Results
All subjects successfully return to their work after the program. After the return-to-work program, score of "positive attitude / willingness" was significantly increased and scores of "appropriate self-assertion", "role behavior", "coping", and "attitude toward advising from other persons" were increased trend toward significance.

Conclusions
Our results suggest that the return-to-work program improve the self-understanding, the problem-solving skill for one’s own task, and the adaptation in the group. The further prospective study with more subjects is needed to examine relationship between scores of the evaluation sheet scores and recurrence of sick leave after return to work.
REHABILITATION OF SOCIAL SKILLS AND EMPLOYMENT OF PEOPLE WITH INTELLECTUAL DISABILITIES

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Objective: Experience in the field of professional and social activation and employment of people with moderate and severe intellectual disabilities indicates the need to seek specific strategies for solving problems on the way into the labor market of people recruited from this social group. The analysis of the limitations and difficulties in recruiting these people, and based on samples taken before employing them on the open market, gave birth to the concept of developing an innovative system to support candidates for employment.

Methods: The development of the Project 'Our work - preventing discrimination against disabled people in access to work, preceded by a very detailed analysis of the situation, required a creation of a timetable for action, specification of the project management, definition of technical facilities and personnel involved in the project, defining the target group, identification of needs, preferences and predispositions diagnosis of the candidates, development of workshop programs tailored to the level of functioning and the perception of participants, and the demarcation of the general and specific objectives of the Project.

Results: The proposal of the concept represented a change from current thinking about the employment of disabled persons through 'matching them to work' and a new environment (which often ends as a trauma and feeling of having failed) to the 'matching jobs to particular people.'

Conclusions: This is an innovative career path for investigation by the employment of people with intellectual disabilities, defined as those with particular difficulties entering and staying in the labor market.
OCCUPATIONAL STRESS AND COMMUNITY HEALTH AGENTS: DISCUSSING THE BURNOUT SYNDROME AND ASSOCIATED FACTORS

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Objectives: To evaluate the occurrence of Burnout Syndrome in Community Health Agents (CHA) of Family Health Program’s teams from Vespasiano, Minas Gerais – Brazil.

Methods: From a universe of 49 Community Health Agents, 41 were interviewed. Standardized and validated questionnaire was used: Maslach Burnout Inventory (MBI-HSS). The research objectives were explained to the participants, they agreed and signed the consent form. The analysis was performed considering the criteria suggested for identification of Burnout Syndrome.

Results: The data point to the presence of Burnout Syndrome in 34% of workers; 78.5% were in the moderate stage (early warning signs) and 21.5% in the severe stage. Of the questionnaire items, there is the constant feeling of physical exhaustion in the day-to-day work, even after a good night's sleep. Items with psychological overtones, such as lack of motivation, dissatisfaction, pressure from other professionals and patients, high responsibility, limited autonomy and lack of job prospects were most often mentioned. Dissatisfaction with salary was highlighted by 94.0% of Community Health Agents.

Conclusions: Because of the importance of the work of Community Health Agents, leaders and Family Health Teams should be aware of manifestations suggestive of Burnout Syndrome and seek alternatives to support and assist the ACS in important ways to the performance and job satisfaction. The pursuit of health, physical and mental, is a constant challenge for transforming territories through quality care to assisted population, mainly of patients with mental disorders.
COGNITIVE INTERVENTION IN MULTIPLE SCLEROSES
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Objectives: The aim of the present study was to determine whether an intervention to reinforce and maintain the manipulative skills and attention capacity of a patient with Multiple Sclerosis was effective.

Method: The treatment consisted of 17 sessions, 8 of them dedicated to work on manipulative skills and 7 to work on attention processes. An initial assessment session and a final session to assess the treatment completed the 17 sessions.

Results: Data analysis of pre and post treatment shows no significant differences in any of the questionnaires administered. After the collection of the data, we proceeded to analyse them. When we compare the data obtained before and after intervention, we found no significant differences in any of the administered scales.

Discussion: The results of this study show how Occupational Therapy intervention can slow down cognitive and functional impairment in patients with multiple sclerosis.
WPA-0170 SOCIO-DEMOGRAPHIC PROFILE AND EMOTIONAL BURNOUT IN HEALTH WORKERS AT A MUNICIPAL HOSPITAL IN SÃO PAULO

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Objective: To characterize the socio-demographic profile and evaluate the incidence of emotional burnout in this population.

Method: Descriptive transversal study with the application of socio-demographic questionnaire and the Maslach Burnout Inventory (MBI). Univariate analyses explored the relation of variables for inferential study.

Results: 125 professionals (10.4% doctors and 84% nurses), average age of 41.6 years, 83.1% female and 16.9% male. 64.5% are white, 51.2% have a stable relationship, 72% have children and 91.1% feel themselves supported by their family. 61.6% have completed Middle School, 53.6% have been on the job for over 10 years, 54.8% have a monthly income of up to US$ 1,600. 49.6% have scale shifts, 53.2% have been on medical leave. 73.1% of the sample have high average values and statistically significant moderate to serious professional burnout. The individuals above the age of 50 have higher average values which are statistically significant for emotional burnout (p=0.003), nursing staff reached a high average score (p=0.010). Those that mentioned a monthly income of up to US$ 600, have a higher average emotional burnout score compared to the other subgroups (p=0.001), which shows an unfavorable difference for them.

Conclusion: Of all the evaluated variables, age, career and monthly income showed a significant association with emotional burnout, and can be considered predictors for the phenomenon.

WPA-0174 ABSENTEEISM, DEPRESSION, WORK ENVIRONMENT AND BURNOUT SYNDROME

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Objective: To compare the rates of absenteeism of health care professionals with the scores obtained by them in the Burnout Syndrome, Work Context and Depression evaluation instruments.

Method: Descriptive transversal study with the evaluation of the Absenteeism reports of five Health Units: Elderly, Surgical, Clinical, Intensive Care and Psychology, of the Maslach Burnout Inventory (MBI), the Work Context Inventory (WCI) and Beck Depression Inventory (BDI).

Results: 736 health professionals with an average age of 34.9 years, 84.1% female, had 139 absences over a year, where 54.2% were due to illness and 17.3% due to recurring absence. 40.5% of this population have moderate to serious levels of burnout syndrome and 7.1% moderate to serious levels of depressive syndrome. The largest absenteeism rate was in the Elderly Unit (74.5%). The highest burnout levels were in the Surgical Unit (47.2%) and depression in the Clinical Unit (9.3%), where the greatest losses regarding work environment were seen (91.9%).

Conclusion: Absenteeism is not one-dimensional, but a complex problem caused by personal and occupational characteristics. Some factors interfered in the levels obtained and contributed to increase the level of absenteeism. Work context and aspects regarding the nature and organization of work in the health area are included.

ORGANIZATIONAL STRUCTURE AND EMOTIONAL BURNOUT IN A HEALTH TEAM

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Objective: To verify the association of organizational structure aspects with the incidence of emotional burnout in a health team.

Method: transversal descriptive study with the application of socio-demographic questionnaire and the Maslach Burnout Inventory (MBI). Univariate analyses explored the relation of variables for inferential study.

Results: 125 professionals (10,4% doctors and 84% nurses), average age of 41,6 years, where 83,1% are female. 54,8% mentions feeling that their work is not recognized. This variable is a predictor or explains the scores achieved in emotional burnout ($p=0.002$). 93,6% have clarity in their work objectives, but in the absence of this clarity, are led to emotional burnout ($p=0.013$). 22,4% do not have a clear idea of what the institution expects from them and have higher scores in emotional exhaustion ($p=0.007$). The organizational structure was considered inadequate for the good development of work by 77,4%, which led to emotional burnout ($p<0.001$). The daily amount of work is excessive for 57,6% which leads to emotional burnout ($p<0.001$) and 62,4% no longer feel real possibilities for professional growth in the institution, which also leads to emotional burnout ($p=0.001$).

Conclusion: The workplace variables looked at, connected with the organizational structure, have proven themselves as being determinant in the production of emotional burnout, affecting the physical and psychological motivation and well-being of the subjects hence harming the professional performance.

WPA-0245  PSYCHIATRIC REHABILITATION REFORM IN ISRAEL: INNOVATION AND CHALLENGE FOR MENTAL HEALTH SERVICES

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Objectives: Presentation describes a case study on an innovative, mental health (MH) reform enacted by Israel in 2000. It describes the effects of this reform on the MH services of the country and analyzes implementation issues. This reform has been considered a progressive social policy change, assisting the country to transfer the locus of its MH services to the community. The paper offers cautionary notes regarding the future direction of the reform, and discusses the challenge and opportunity it presents for the MH professions.

Methods: The study focused on the critical elements of the mental health service system, namely, clients, financial resources and personnel, and assessed professional roles, objectives and skills that may put them in key position in implementing the reform. Also, it discusses other social service components affecting this policy change.

Findings: Number of persons in psychiatric rehabilitation has greatly increased, number of psychiatric beds declined significantly, and budget allocations for rehabilitation services increased. However, only about one fifth of the estimated eligible population received rehabilitation services.

Discussion and Conclusion: Factors endangering the viability of this reform and its role in bringing about a major MH services change are examined and opportunity for the MH professions and their social role are discussed.

References


WPA-0327 ASSESSING CAUSAL INFLUENCES OF EMPLOYMENT ON MENTAL HEALTH FOR PERSONS WITH SEVERE MENTAL DISORDERS: EVIDENCE FROM THE MHTS RANDOMIZED TRIAL
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Background and Aims: Since 1990, vocational rehabilitation for persons with severe mental disorders (SMD) has shifted focus. Placing patients into paying community-based jobs has been emphasized, while traditional sheltered placements declined. This shift responds to patients’ clear desires to work, and to reorientation of the entire U.S. mental health sector toward community-based treatment and integration. Supporting this shift, empirical studies reported that employed persons with SMD display better mental health, and viewed this finding as due to therapeutic benefits of community employment.

Alternatively, apparent therapeutic benefits may be due to unmeasured factors that positively influence both employment and mental health. Our study uses randomized trial data, and statistical models allowing for spurious correlation, to test for causal therapeutic effects of employment.

Methods: We analyze data from the MHTS randomized trial, which tested effectiveness of a multi-faceted behavioral health intervention including evidence-based supported employment.1 The trial included more than 2,200 disability insurance beneficiaries, with psychosis or a major affective disorder, who were followed for 24 months. We estimated the causal impact of Year 1 employment on the month-24 mental health component score of the SF-12. A non-linear recursive model was estimated by full-information maximum likelihood.

Results: When unmeasured factors influencing employment at Year 1 are ignored, employment has a significant positive effect on month-24 mental health. However, allowing for spurious correlation due to unmeasured factors, the positive effect of employment is not significant.

Conclusions: We conclude that employment, while a positive outcome for many reasons, does not have significant therapeutic benefits.

Reference:
Personality and Psychopathology
CIS – AND TRANSACTIONAL MODEL ON THE MUTUAL INTERACTION OF MOOD AND PERSONALITY: STUDY ON 4300 PATIENTS WITH MILLON’S CLINICAL MULTIAXIAL INVENTORY III
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Mehr Medical Group

Objectives: Evaluation of mood and personality interaction

Materials and Methods: Patients underwent evaluation with MCMI-III, clinical interview for psychological or non psychological reasons (4300) and Beck’s or Hamilton (320). Scores of mood and personality were studied for correlation. A model of cis-action and trans-action was developed.

Results:
1. Schizotypal, borderline, avoidant, dependent and self destructive personalities are more prone to mood disorders with more intense symptoms and less responsiveness to medication. P<0.03
2. Schizoid, paranoid, narcissistic and histrionic personalities are less prone to mood disorders than the general population. P<0.04
3. Schizoid, schizotypal, borderline and histrionic patterns show higher subclinical scores in mood disorder. P<0.1
4. Major depression augments schizoid, schizotypal, borderline, narcissistic, avoidant and dependent personality symptoms. Patients showed reduced personality scores and less symptoms after treatment for mood disorders. P<0.02
5. These latter personalities improve with their symptoms after antidepressants even if they do not fulfill clinical criteria for mood disorders as (MCMI-III and clinical interview). P<0.03
6. Curiously, almost all personality patterns improve with their symptoms even without mood problems if treated for short courses of antidepressants. P<0.01
7. Antidepressants probably disrupt persistent maladaptive neural circuits in almost all patients with different psychopathologies.

Conclusions:
1. Mood and personality interact in a cis pattern: they augment each other and trans pattern: they reduce the chance of the development or the expression and intensity of the other.
2. Diurnal variation of mood is connected to a threshold at which the development of mood disorder becomes inevitable (graphically shown) and personality acts as a tensor on this oscillation.
3. Personality disorders are not extreme of a spectrum of points of view and … but categorically distinguishable patterns with neuro-humoral backgrounds.
DO TEMPERAMENT AND PERSONALITY TRAITS FACILITATE THE RISK TO SUFFER A PSYCHOPATHOLOGY?
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Objectives

The high values of temperament and personality traits can produce the predisposition and development of any psychopathology.

Methods

Participants, 652 from the general population (61.65% female) with a mean age of 27.98 years (SD = 12.96). Instruments: Pavlovian Temperament Survey (PTS-S); The Sensitivity of Punishment and Sensitivity to Reward Questionnaire (SPSRQ); Goldberg’s general health questionnaire (GHQ-28); referential thinking scale (REF). Statistical procedure: A group called risk was created. It was integrated by subjects with low scores on strength of inhibition (PTS-S) and high score on sensitivity to punishment (SPSRQ) (n = 63). A control group composed by subjects with normal scores on both traits (n = 227). It was used SPSS 15, all analyzes were accepted for p <.05.

Results

There were statistically significant differences in the symptoms of anxiety, depression, somatic (GHQ-28), and number of self-references between the subjects of both groups. Participants with low scores in strength of inhibition and increased sensitivity to aversive stimuli, obtained an average higher in all factors (p <.05).

Conclusions.

Based on these data, 9.5% of the sample is in psychopathology risk because of its low capacity for self-control and high sensitivity to new stimuli, aversive stimuli, and negative affectivity. Highlights the score of self-references (mean = 10.29, SD = 6.07), it was close to that found in a previous study in subjects with schizophrenia disorders, with the mean score of 11.11 points (SD = 8.84).
ALCOHOL-DEPENDENT WOMEN AND PERSONALITY. A STUDY WITH MCMI –II.

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OBJECTIVES: Analyze the personality traits for an alcohol-dependent women sample.

METHODS: Cross-sectional study for a sample of 60 women admitted voluntarily and sequential, in the Alcohol Dishabituation Unit. All participants meet criteria for alcohol dependence as DSM-IV. We applied The Millon Clinical Multiaxial Inventory (MCMI-II) to the entire sample (minimum one month abstinence). This is a clinical self-applied questionnaire used to evaluate various maladaptative personality styles and a variety of clinical symptom syndromes. We only used the scores of 13 personality scales, and we considered as cutoff a base rate (BR) higher than 84.

RESULTS: 91.66% of the sample (55 of 60) scores BR>84. Only 28 of 55 patients (50.9%) scores in 3 or more scales. The scales with higher rates are: Self-defeating (49.09%), dependent (41.81%), avoidant (36.36%) and passive-aggressive traits (30.90%).  
The subsample with borderline traits (16 patients) has higher comorbidity with self-defeating (93.75%) and passive-aggressive traits (75%).

CONCLUSIONS: We highlight the high prevalence of dysfunctional personality traits in our sample (91.66%), which scores in 3 or more scales. The subsample with borderline traits display more often comorbidity with self-defeating and passive-aggressive traits.  
We conclude that our sample presents some bias due to severity of cases and we think that MCMI-II test tends to overestimate the dysfunctional personality traits. When we found altered scales, we should not be considered as personality disorder if we don’t accompany by an structured clinical interview.
DIAGNOSTIC DIFFICULTIES OF PATIENTS WITH LIMIT PERSONALITY DISORDER TO DISEASE ONSET

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The limit personality disorder is a well recognized syndrome. These patients are characterized by a marked emotional inestability, difficulty in controlling their impulses to the possible development of unpredictable behaviors and self-injury hetero-agression, significant impairment in interpersonal relationships and self-image, and the development of psychotic episodes are characterized by short duration. All this confronts us with a plot of diagnostic and therapeutic difficulties. Our goal is to determine at what ages often require specialized help these patients and what was the predominant symptoms at the start of treatment and follow-up years in our consultations.

Therefore, we performed a systematic review of the records of all patients diagnosed of limit personality disorder in our unit showing age at onset of treatment, symptoms present at the time, current age of the patients and clinical revised today. Also stories from Units of Child and Adolescent Mental Health were reviewed to determine the most frequent to begin to manifest symptoms the disease picture.

Among the results, we found an accumulation start tracking from adolescence and young adulthood. The clinical presented remains relatively stable over time, with a predominance of anxious and depressive symptoms at baseline to be diversified in evolution showing a clear predominance depressive drifts as time.

An early onset of symptoms clearly in our review highlighting a predominance of affective from the first clinical manifestations of the disease. Furthermore we find a certain stability of the clinical which requires longer follow-up in our consultations, clearly declined from the fifth decade of life in our revised stories.
WHICH COMMON COGNITIVE MARKERS BETWEEN SCHIZOTYPAL AND HYPOMANIC PERSONALITY? A SEMANTIC-EMOTIONAL PRIMING STUDY.

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Objectives: For many years, schizophrenia and bipolar disorders have been considered as two different diagnostic entities. However, these two types of diseases share common symptoms: neurocognitive impairments (Bora et al., 2010), social cognitive deficits (Montag et al., 2010) and genetic common determinants (Lichtenstein et al., 2009). Despite these observations, no study have yet comparatively explored semantic and emotional integration process in population with high risk to develop bipolar or schizophrenia disorders. The goal of this ongoing study is to explore the semantic-prosody integrative processes in relation with the level of hypomanic and schizotypal personality in a general population.

Methods: Healthy participants will be evaluated with the hypomanic personality scale (HPS) and with the schizotypal personality questionnaire (SPQ-74). We will use a task with the auditory presentation of a neutral sentence pronounced with positive or negative prosody (the prime), followed by a writing word or pseudoword (the target). Thanks to the prosody, the prime implicitly conveys the emotional state of a person, either positive or negative. The target word is congruent or incongruent with the emotional prosody context of the prime. Participants had to decide if the target was a real French word. The responses time of participants will be recorded.

Results: We expect to observe a common cognitive pattern between high hypomanic and schizotypic participants: high hypomanic and high schizotypal participants will exhibit impairment in the integration with semantic-prosody integrative processes contrary to low hypomanic and low schizotypal participants.

Conclusion: The major discussion points will concern the similarities and differences associated with semantic-prosody integrative processes as cognitive markers of vulnerability to bipolar and schizophrenia disorders.
ANTISOCIAL PERSONALITY OR FRONTAL LOBE EPILEPSY?
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Objective: The authors intend to report a clinical case of a patient with antisocial personality disorder criteria who was later diagnosed with frontal lobe epilepsy (FLE), and to review the clinical presentations of this type of epilepsy.

Methods: Literature review through Pubmed and report of a clinical case.

Results: Patient aged 24 years old with a progressive history of impulsive and aggressive behavior, lack of remorse, low tolerance to frustration and irritable mood. Most episodes of serious violent behavior (with personal and material injuries) were not remembered by the patient, were usually spontaneous and had a subsequent “confusion” feeling. Conscience disturbances, involuntary movements, tongue bites and loss of sphincter control were absent. The patient firstly attended Neurology consultation, which excluded epilepsy due to atypical presentation, and referred to Psychiatry. Here, an Electroencephalogram (EEG) was ordered and the patient was empirically medicated with valproic acid (VPA) 500mg bid to control the impulses, after which he had much less episodes and mood state improvement. The EEG result later revealed a bilateral frontal epileptic activity, predominantly in the left.

Discussion and Conclusion: Although temporal lobe epilepsy is more common than frontal lobe epilepsy (even frontal lobe greater size), the latter has already been studied in what concerns with psychiatric symptoms. Its ictal and interictal manifestations are difficult to diagnose because of complex connections to other brain areas and wide distribution of epileptic activity. Reversible antisocial behavior in FLE has already been reported, usually associated to a pharmacoresistant epilepsy. In patients with these behaviors and who recall amnesia for some of them, an EEG should be requested in order to prevent irreversible brain damage by continuous seizures.
PERSONALITY PROFILES IN PATIENTS WITH ANXIETY DISORDERS – ALEXITHYMIA MAKES THE DIFFERENCE
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Objectives: Empirical studies confirm a strong relationship between alexithymia and psychological disturbances indicating significantly increased alexithymia occurrence in mentally ill patients. The prevalence rates go up to 58%. Anxiety, caution, pessimism and shyness are discussed as characteristic personality traits in alexithymic individuals as well as in patients with anxiety disorders. The alexithymia-typical personality characteristics in patients with anxiety disorders however are unknown. The aim of our study was therefore to investigate the personality profile of alexithymic compared to non-alexithymic anxiety disorder patients.

Methods: Assignment to alexithymia or non-alexithymia group of patients was based on the Toronto Alexithymia Scale (TAS-20) sum score. The personality structure of 205 alexithymic (sum score ≥ 61) and 205 age- and gender-matched non-alexithymic patients (sum score < 61) with anxiety disorders was examined using the Temperament and Character Inventory (TCI). The groups were also matched for depression and anxiety scores assessed by the Symptom Checklist (SCL-90-R). Group differences were calculated using the analysis of covariance with Bonferroni-corrected post-hoc tests.

Results: Correlation analyses and chi-square tests showed significant effects of age, gender, anxiety and depression scores on the TCI personality scores, which were therefore included as covariates into the analysis. After controlling for effects of the covariates alexithymia-related personality profiles in anxiety disorder patients were characterized by significantly higher harm avoidance, lower reward dependence and lower persistence on the temperament dimension as well as significantly lower self-directedness and cooperativeness on the character dimension of the TCI.

Conclusions: The results of our study are contributing to further clarification of a potential relationship between alexithymia and anxiety disorders. Alexithymic anxiety disorder patients seem to have a specific personality structure that differentiates them from their non-alexithymic counterparts. The important role of alexithymia in terms of patient characteristics in anxiety disorders should be considered for both diagnostic and therapeutic purposes.
DSM-IV PERSONALITY DISORDERS PREVALENCE AND COMORBIDITY WITH AXIS I DISORDERS IN PSYCHIATRIC PATIENTS
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Objectives
The population prevalence of DSM-IV personality disorders (PDs) remains largely unknown. Data reported here relate prevalence of PDs and comorbidity with axis I disorders on psychiatric patients in a general hospital.

Methods
PDs and axis I disorders screening questions from the Millon Clinical Multiaxial Inventory (MCMI-III) were administered (n= 157). Prevalence and correlates were estimated.

Results
Prevalence estimates for personality disorders are 39.5% for any PDs and 13%, 29%, 35% for Clusters A, B and C respectively. Personality Disorders are significantly elevated among males, the previously single (Cluster C), the young (clusters A and B) and the older (Cluster C). PDs are highly comorbid with Axis I disorders, mostly Clusters B, 32% (mainly Borderline PD) and Cluster C, 54% (mainly Dependent PD).

Conclusions.
This study shows that the PDs prevalence in our psychiatric population is significantly high, namely Cluster C. Personality disorders are relatively common disorders that often co-occur with axis I disorders. In our psychiatric population we found a highly comorbid in Cluster C.
ENDURING PERSONALITY CHANGE AFTER PSYCHIATRIC ILLNES.
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Objectives.
The aim of this work is to focus on the changes happened in people who have suffered a psychiatric illness using for this the structural diagnostic interview of Kernberg.

Methods:
Case study.

Results:
Male, 29 years, who presents detriment of social, occupational, and family life, and conduct disorders for months. Early toxic abuse (cannabis), nowadays abstinence. Psycotic disorder at age 18, after using multiples psychoactive substances, which required admission. Studying the clinical evolutive history and after psychotic disorder (schizophrenia-like) no treated succesfully (without treatment for 5 years), a borderline personality structure has been generated: a malignant narcissism. The following manifestations: passive antisocial behavior, increased self-esteem, lack of empathy capacity, omnipotent mood reflecting superiority, control and triumph over his family, not self criticism or guilty (only shame) and paranoide attitude.
Integraned self and good ability to organize and plain his life.

Conclusions:
Professionals have to know that personality can change after suffering a severe psychiatric illness trying to reduce symptons and manifestations.
After starting treatment (psycotherapeutheic and pharmacological) shows a good social and familiar adaptation.

References:
RELATIONSHIP BETWEEN PERSONALITY TRAITS AND PERSONALITY DISORDERS AND PANIC DISORDER

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Objective: Panic disorder is a chronic course disorder that causes important distress and impaired social function. Several studies have analyzed the relationship between panic disorder and certain traits and personality disorders. The objective of this study is to review the most current literature on studies examining how personality traits may be related to panic disorder.

Method: A systematic review of the literature was performed to examine the evidence of the relationship between traits and personality disorders and panic disorder. PubMed and PsycINFO databases were searched, reference lists examined and citation searches conducted.

Results: The results indicate that there are specific traits and personality disorders associated with panic disorder. Traits as introversion, neuroticism, avoidant traits, dependent, self awareness and high anxiety sensitivity are predisposing factors panic disorder. Numerous studies have confirmed an association between panic and personality disorders. The cluster of personality that has been most strongly associated with panic disorder is the Cluster C (between 15-73% of patients with panic disorder). Personality disorder obtained higher scores in Cluster C is the avoidant (about 30%), followed by the dependent (about 25%) and finally the obsessive-compulsive (between 20-22%). The next cluster with greater comorbidity is Cluster B (20-30% of patients with panic), being the borderline getting the highest percentage (about 20%). Finally, the percentage of patients with panic disorder found within Cluster A represent about 20%, and paranoid disorder is the highest percentage obtained with about 20%.

Conclusions: These results support the idea that exists a base premorbid personality which influences the final appearance of a panic disorder.

Keywords: panic disorder, personality traits, personality disorders.
NEGATIVE SELF AND OTHER SCHEMAS AND INSECURE ATTACHMENT MEDIATE THE ASSOCIATION BETWEEN CHILDHOOD INTERPERSONAL ADVERSITY AND THE NONCLINICAL PSYCHOSIS PHENOTYPE

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Objectives: Mounting evidence indicates that childhood interpersonal adversity is associated with psychotic phenomena in clinical and nonclinical populations. However, the psychological mechanisms that underlie this association remain unclear. The present study investigated the associations of childhood interpersonal trauma with nonclinical psychotic phenomena, as well as the role of negative self and other schemas and insecure attachment styles as potential mediators of the associations between early trauma exposure and nonclinical psychotic phenomena.

Methods: At Time 1 (T1), 547 Spanish young adults completed self-report measures of schizotypy, suspiciousness, psychotic-like experiences, childhood trauma, self and other schemas, and attachment style. At Time 2 (T2), a subset of these participants (n=214), oversampled for high schizotypy and psychotic-like experiences, were interviewed for prodromal symptoms, schizophrenia-spectrum personality disorders, childhood trauma, and attachment style.

Results: At T1, physical/emotional trauma was associated with positive and negative schizotypy, suspiciousness, and psychotic-like experiences. Negative self-schemas, negative other-schemas, and fearful attachment mediated these associations. At T2, physical/emotional trauma was associated with positive and negative prodromal symptoms and schizophrenia-spectrum personality traits. Insecure attachment mediated these associations.

Conclusions: Childhood physical/emotional trauma was associated with the nonclinical psychosis phenotype across two time points and with both self-report and interview measures. These associations were mediated by theory-driven psychological mechanisms. Although this study cannot determine causality, the findings are consistent with theoretical accounts suggesting that interpersonal childhood adversity may contribute to the formation of negative schemas and insecure attachment styles, which, in turn, may impact upon the development and expression of the extended psychosis phenotype.
COMT MODERATION OF THE ASSOCIATION BETWEEN MOMENTARY STRESS AND PSYCHOTIC-LIKE EXPERIENCES IN DAILY LIFE

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Objectives: The present study employed Experience Sampling Methodology (ESM) to assess gene–momentary environment interactions in daily life in a non-clinical sample. Specifically, the current study examined (1) whether appraisals of general stress and social stress were associated with momentary psychotic-like experiences (PLEs) and paranoia, and (2) whether Catecol-O-Methyltransferase (COMT) variability moderated the association of general and social stress with momentary PLEs and paranoia.

Methods: Two hundred and one nonclinical young adults who were oversampled for psychometric schizotypy were genotyped for COMT Val158Met and were prompted randomly eight times daily for one week to report on their current symptoms, experiences, subjective appraisals of stress, and contextual factors.

Results: The results showed that stressful situations and social stress were associated with momentary PLEs and paranoia. The association between perceived social rejection and PLEs was higher for individuals with the Val/Val genotype as compared with those with the Met/Met genotype. Similarly, the association between perceived social rejection and paranoia was higher for individuals with the Val/Val genotype than for Met carriers. Additionally, results indicated that when participants were with others at the time of the signal, perceived social distance and preference to be alone were more strongly associated with PLEs for Val/Met than for Val/Val participants.

Conclusions: As predicted by the stress-sensitivity model, momentary stress was associated with momentary PLEs and paranoid experiences. Genetic variability in the COMT moderated some of the associations of social stress with PLEs and paranoia, but not the associations with situational stress. Although a mixed pattern emerged in terms of the genotypic profile conferring a higher psychotic-like response to social stress appraisals, the findings seem to be consistent with the increasing relevance given to socially defeating schemas in the experience of reality distortion.
COMORBIDITY OF ANTISOCIAL PERSONALITY DISORDER AND DEPRESSION- A CASE REPORT

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Objetives: Very important characteristic of antisocial personality disorder is "a pervasive model of neglect and contempt of rights of others that begins in childhood or in adolescence and continues into adulthood." There is small number of researches dealing with the study of comorbidity in psychopathology, but there are studies which indicate that arise schizophrenia, substance abuse, attention deficit, anxiety and mood disorders.

Methods: We present a patient with a diagnosis of antisocial personality disorder with development of major depression.

Results: The patient Z.Đ. 60 years old, unemployed, divorced (he had three marriages), has three children with whom doesn’t have contact for many years, comes from a dysfunctional family (his father was a military officer, he was often physically abused, alcoholic mother, brother treated by a psychiatrist). Psychiatric treatment started in 2002 because of irritability, aggressiveness, impulsiveness, inability to plan, irresponsibility, negligence, failure to maintain a job, harassment of other people... In 2009. The patient comes with appearance of major depressive episodes with marked anxiety, and suicidal ideas. Current condition was followed by a stressful situation (his third wife, left him), and the patient felt an existential threat. On several occasions patient was treated in the hospital, a solid clinical remission was established, and subsequent deterioration of clinical depression still occurred after conflicts with people from his environment, who have left the patient, from whom depends his basic existence.

Conclusion: The influence of environmental factors in the form of strong stress factors (questions of existence) may be crucial for the development of major depressive episodes in people with antisocial personality disorder.
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Objectives: Worry is considered as a shared cognitive factor in many psychological disorders, particularly anxiety disorders. Worry has a significant role in psychopathology of obsessive-compulsive disorder. The purpose of the present study was to examine the relationship between intolerance of uncertainty and worry in patients with obsessive-compulsive disorder according to the moderating role of metacognitive beliefs and deficit in cognitive emotion regulation.

Methods: One hundred patients suffering from obsessive-compulsive disorder (78 women, 22 men) participated in this study. All participants completed Intolerance of Uncertainty Scale (IUS; Carleton, Norton, & Asmundson, 2007), Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990), Metacognitive Beliefs Questionnaire (MCBQ; Wells & Cartwright-Hatton, 2004), and Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski & Kraaij, 2006).

Results: The results showed that worry in patients with obsessive-compulsive disorder was significantly predicted by intolerance of uncertainty. Further, analysis of the data revealed that the relationship between intolerance of uncertainty and worry in patients with obsessive-compulsive disorder was moderated by metacognitive beliefs and deficit in cognitive emotion regulation.

Conclusions: It can be concluded that the relationship between intolerance of uncertainty and worry in patients with obsessive-compulsive disorder is not a simple linear one. This is partly moderated by metacognitive beliefs and deficit in cognitive emotion regulation.

Keywords: metacognitive belief, emotion regulation, intolerance of uncertainty, worry, obsessive-compulsive disorder
MINDFULNESS AS A LIFESTYLE AND MENTAL HEALTH
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Objective. Currently there are multiple positive influences deriving from frequent mindfulness exercise. In this research, our intention was to analyse the consequences of Mindfulness attitude that is developed on a daily basis and involuntarily by people with no meditation techniques in relation with different aspects that integrate the psychopathological spectrums.

Methods. By means of a representative population-based sample, chosen at random, an assessment of sociodemographic variables was performed through a questionnaire designed ad hoc. Subsequently, the Symptom Checklist-90-R (SCL-90-R) was applied with the aim to detect a wide range of psychic symptoms. Finally, the sample responded to the Mindful Attention Awareness Scale (MAAS), with the aim to examine the daily rate of Mindfulness.

Results. A significant inverse relationship between higher MAAS parameters and different SCL-90-R rates was observed. More specifically, regarding Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety (p<.0001), Hostility, Paranoid Ideation, Psychoticism, a miscellany of non-specific symptoms (p = .002) and Somatisation (p<.05), after isolating the possible influence of age and years of education.

Conclusions. Mindfulness developed as a lifestyle, beyond being practised explicitly, it seems to be associated to one of the healthiest levels of adaptation and mental health. Further research must then deepen the full explanation of this phenomenon.

PERSONALITY CLUSTERS IN A SPANISH SAMPLE OF BARIATRIC SURGERY CANDIDATES

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Last decades, obesity has become a main sanitary problem. Bariatric surgery is the election treatment in morbid obesity. Nevertheless, bariatric population is heterogeneous, some patients experience negative psychological reactions postoperatively and the influence of pre-surgical psychological factors on mental wellbeing after surgery is unclear. Recent reviews emphasize personality is one of the principal predictors in weight loss post-surgery.

OBJECTIVE: To analyze personality traits clusters in a bariatric surgery candidates spanish sample and diferenciate them clinically.

METHOD: The sample was composed by 100 consecutives bariatric surgery candidates derived to a General Surgery Unit. The 88% were women (88) with a mean age of 42.41 years old (SD=9.59), range 24-63. The Body Mass Index was M=44.09 (SD=8.62; range: 34.37-61.30). Participants completed the spanish versions of Minnesota Multiphasic Personality Inventory–2 (Butcher, et al., 1989), State-Trait Anxiety Inventory (Spielberger et al., 1982), Body Image Assessment Scale (Gardner et al., 1999) and Bulimic Inventory Test of Edimburg (Henderson et al.,1987).

RESULTS: Clusters analysis shown a stable 5 group solution: Cluster 1 (n=19) was high on Hypomania; Cluster 2 (n=44) with a normalized personality profile; Cluster 3 (n=15) shows a high dysfunctional profile, specially high scores on Hypochondriasis, Depression, Hysteria and Psychasthenia. Cluster 4 (n=13) with high scores on Hypochondriasis, Hysteria and low in Masculinity/Femininity, and Cluster 5 (n=9) shows a high profile on Hypochondriasis and Masculinity/Femininity but low on Paranoia. Comparations between groups shown differences in State (F=4,49;p<0,01) and Trait Anxiety (F=7,83;p<0,01), Body Distorsion Index (F=2,91;p=0,02) and bulimic Symptoms (F=3,36,49;p=0,01) and Severity (F=3,52;p=0,01).

CONCLUSIONS: Results are different from others informed in bariatric populations. An important percentage of spanish prebariatric candidates informed a pathological personality pattern; the interaction between personality traits and levels of impairment in other areas should be emphasized to optimize the impact of any surgical or psychological intervention.
DIMENSIONAL ENDOPHENOTYPES IN BIPOLAR DISORDER:
AFFECTION DYSREGULATION AND PSYCHOSIS PRONENESS

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Objectives: The clinical phenotype of bipolar disorder (BPD) is heterogeneous and the genetic architecture of the disorder is complex and not well understood. Given these complications, it is possible that the identification of intermediate phenotypes (“endophenotypes”) will be useful in elucidating the complex genetic mechanisms that result in the disorder. The examination of unaffected relatives is critical in determining whether a particular trait is genetically-relevant to BPD. However, few dimensional traits related to BPD have been assessed in unaffected relatives of patients.

Methods: We assessed affective temperament and schizotypy in 55 discordant sibling pairs and 113 healthy controls (HCs) using the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego, Auto-questionnaire version (TEMPS-A) to assess affective temperament and the Schizotypal Personality Questionnaire (SPQ) to assess schizotypy.

Results: BPD patients scored significantly higher than HCs on all subscales of the SPQ and on all but one subscale (hyperthymic) of the TEMPS-A (all p <0.01). Siblings demonstrated scores that were significantly intermediate to patients and HCs on the anxious subscale of the TEMPS-A and on the interpersonal deficits and disorganized subscales of the SPQ.

Limitations: We did not investigate the BPD spectrum as most patients were diagnosed with BPD I (n = 47). Most of the patients had experienced psychosis (n = 42) and so we were unable to examine whether psychosis status impacted upon affective temperament or schizotypy in patients or their siblings.

Conclusions: These data suggest that schizotypy and affective temperament represent dimensional traits that are likely to underlie the genetic risk for BPD.
TYPUS MELANCHOLICUS TODAY
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Objectives
Based on a clinical case from the clinical practice, the authors intend to present a review of the scientific literature from Tellenbach’s work and discuss the clinical importance of this construct to the present day.

Methods
Research using textbooks and pubmed through the typing of the words “typus melancholicus”, “tellenbach”, “temperament”, “endogenous depression”, “melancholic” and “ananchastic”.

Results
The concept of Typus Melancholicus (TM) created by Tellenbach consists on the finding of a premorbid personality, which he considered as being vulnerable to endogenous depression. He described four features - orderliness, conscientiousness, hyper/heteronomia and intolerance of ambiguity, which he considered as characteristic of the TM. Alfred Kraus wrote about the characteristics of the TM construct regarding its similarities to anancastic behavior. Although in DSM-IV as well as ICD-10 some of the criteria of the TM are mentioned under the category of anankastic personality disorder, the phenomenology of melancholics is not identical to the phenomenology of anancastics. According to Krauss, all of the features of the TM are syntonic characterological features. This does not exclude the appearance of obsessive-compulsive symptoms in melancholic phases.

Conclusions
The clinical importance of this construct remains to the present day and in the authors’ opinion should be considered as valuable diagnosis.
HIGH FREQUENCY RTMS IN TREATMENT OF BORDERLINE PERSONALITY DISORDER: A DOUBLED BLIND RANDOMIZED CLINICAL TRIAL

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OBJECTIVES: Borderline personality disorder is a common psychiatric disorder in outpatient clinics and admitted patients. Regarding to limitations of current therapies such as pharmacotherapy and psychotherapy new methods of treatment may help reduce symptoms of BPD. Although studies have shown that rTMS could have notable role in the management of different psychiatric disorders such as depression. As well as some similar features in depression and BPD, this study tried to assess the effect of high-frequency TMS therapy on core symptoms of BPD.

Methods: This study was a double blind clinical trial. The subjects were interviewed by the structured clinical interview (SCID -2) and confirmation of BPD, will be assessed by inclusion and exclusion criteria. They randomly assigned to intervention and control group. Patients received 10 sessions of high-frequency rTMS or sham rTMS through in 10 days period consecutively. Assessment was done before treatment, exactly after the last session and one month after treatment by using following measures such as: BPDSI (borderline personality severity index), BDI (beck depression inventory), BAI (beck anxiety inventory), PANAS (positive and negative affect schedule).

Results: The results revealed a notable decrease in depression level (BDI score), anxiety level (BAI score), negative affect (PANAS score) and general BPD score after treatment and after one month.

Conclusion: regardless of the limitations of the study, our findings suggest a positive role for rTMS in the management of BPD.

Keyword: Borderline personality disorder, rTMS, depression
IN THE SEARCH OF PURE NEGATIVE vs. POSITIVE MULTIDIMENSIONAL PERFECTIONISM. USING PREVIOUS LITERATURE FINDINGS AS A GUIDE

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Objective: To develop a Composite Multidimensional Perfectionism Scale (C-MPS) with “pure” Positive Striving and Evaluative Concerns dimensions.

Methods: 217 university students (82% females), mean aged 18.5 years (sd=2.35) completed the Portuguese versions of the Frost and H&F Multidimensional Perfectionism Scales (Amaral et al., 2013; Soares et al., 2003), from which the C-MPS was developed (Soares et al., 2013). They also completed the Profile of Mood Scale/POMS (Amaral et al., 2013). To develop “Pure” Evaluative Concerns (Pure-EC) and “Pure” Positive Striving dimensions (Pure-PStr) the mixed items were excluded from the C-MPS factors. Firstly, the items loading acceptable (≥.30) in both Original Evaluative Concerns (O-EC) and PStr dimensions (O-PStr) were excluded. Secondly, the items from the O-PStr dimension significantly correlated with Concerns over Mistakes/CM, Doubts about Actions/DA and Parental Criticism/PC dimensions scores were excluded from the factor. The items from the O-EC dimension high correlated with Personal Standards/PS and Self-oriented perfectionism/SOP scores were excluded. The items from Socially-Prescribed Perfectionism/SPP were only excluded if associated with PC. The discriminant ability of Pure-EC and of Pure-PStr with negative affect/NA and positive affect/PA were analyzed.

Results: Pure-EC and Pure-PStr dimensions were highly correlated with their original dimensions (r=.824; .830 p<.01). Their alphas (.818; .801) revealed good internal consistency. Contrasting with the O-PStr dimension, Pure-PStr was not significantly correlated with CM, PC, DA dimensions, and with NA. Both O-EC and Pure-EC dimensions were positively associated with CM, PE, PC and DA. Contrasting with O-EC dimension, Pure-EC was not significantly correlated with PS and was weakly positively correlated with SOP.

Conclusion: The Pure C-MPS is a valid instrument to evaluate perfectionism and is shorter than the original version. Its dimensions, Pure-PStr and Pure-EC, revealed better discriminant ability in respect to negative and positive affect. Pure C-MPS may represent better the adaptive and maladaptive dimensions of perfectionism.
PERSONALIDADE, CATASTROFIZAÇÃO, ACEITAÇÃO E MINDFULNESS NA DOR CRÓNICA

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Objetivos: avaliar a relação entre quatro dimensões da personalidade (neuroticismo, psicoticismo, extraversão e mentira), aceitação, catastrofização da dor e mindfulness na percepção da intensidade da dor, em doentes com dor crónica.

Métodos: realização de um estudo transversal numa amostra de doentes com seguimento em consulta de dor crónica em Unidade Terapêutica da Dor, no período compreendido de Abril de 2013 a Abril de 2014. Foram utilizados os instrumentos de avaliação: Inventário da Personalidade de Eysenck, Escala visual Analógica da Dor, Inventário de Sintomas Psicopatológicos, Questionário de Aceitação da Dor Crónica, Escala de Catastrofização da Dor e Mindful Attention Awareness Scale (MAAS).

Resultados: o estudo encontra-se a decorrer pelo que ainda não são apresentados resultados.

Conclusões: é conhecida a complexidade e heterogeneidade dos casos de dor crónica. A literatura tem vindo a reconhecer a importância dos construtos de personalidade e da compreensão de variáveis como aceitação, catastrofização da dor e mindfulness na população de doentes com dor crónica. Este e estudos futuros com amostras maiores podem ser um contributo para a interpretação clínica e a tomada de decisão de um tratamento multidisciplinar nesta população.
IS THERE A LINE IN BORDERLINE? – CASE REPORT
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Self-mutilation is understood as any intentional gesture or alteration of the body tissue, without any intention of suicide. The most common self-mutilating gestures are, to a great extent, those that are superficial/moderate, such as cuts, burns or bites. The most severe, as is the case of genital self-mutilation, are extremely rare and, in most cases, are observed in patients suffering from psychosis.

The authors describe the case of a 20-year-old female patient who arrives at the Emergency Room after having amputated her clitoris with a chirurgical scissor. This self-mutilating gesture, because of its magnitude and eccentricity, could, at first glance, be interpreted as a bizarre and unexpected gesture both from the perspective of the individual and from that of the society where she is coming from. We have observed, however, that the patient has demonstrated a critical awareness before the event and has also created a symbolical representation which can be understood on the basis of her biography. This clinical case study aims at questioning the limits that have been associated to the self-mutilating gestures in Borderline Personality Disorder.
UNDERLYING CONSIDERATIONS ON BORDERLINE ORGANIZATIONS: A CLINICAL CASE ANALYSIS
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This work is to expose and analyze a clinical case of complex etiopathogenesis, transversely syndromic with obsessive-compulsive symptoms in comorbidity with Major Depressive Disorder; accompanied in inpatient settings.

Swift reference will be made to the neurophysiology effect of certain stimulating synthetic substances and consequent changes in the thinking style and problem solving, and consequent triggering of psychotic or obsessive-compulsive symptoms.

This is a clinical case followed at Quinta da Tapada, Luso, managed by the Portuguese company Dorial – Saúde Mental.

The intervention strategies by the multidisciplinary team encompass pharmacotherapeutic, psychotherapeutic and therapies facilitated by artistic mediators.

The therapy included pharmacological action, but mainly on individual psychotherapeutic intervention. The strategies used were essentially cognitive-behavioral - even though our approach is psychoanalytic - with exercises focused on emotions, as well as supportive therapy: compassionate strategies; therapist as a facilitator of nuclear pain; subsequently the purpose was to strengthen the therapeutic alliance and insight. Psychotherapeutic work on relapse prevention and psychoeducation, were continued in follow-up meetings after clinical discharge.

After treatment, positive results were achieved on long-term psychiatric stabilization, acquisition and maintenance of social skills which enabled the users integration on their communities.

The aesthetic experience is transformative, through the painting classes and drama/debate groups, we have the ability to give our experiences a more personal meaning.

Follow-up sessions after clinical discharge (to better manage the disease condition in the various areas of the client's life) reveal significant results. The ultimate goal is to include the user in a psycho-educational session (where feedback on certain clinical situations are better explained to them), even after the end of their internment.

This case highlights the treatment of dysfunctional and maladaptive personality dimension, borderline disorder, or “Borderland” condition (Amaral Dias), concurrently with psychotic structures, due to shortage of responses adapted to the specificities of these psychopathological expressions.
WPA-0046 INFLUENCE OF DISCARNATED PEOPLE IN MENTAL DISEASES AND ITS RESPECTIVE APPROACH
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The incidence and prevalence of mental diseases are growing throughout the world and their causes are not clearly established in spite of the recent advances of modern psychiatry. By using mediumistic techniques, or the human ability to enter spiritual reality in an objective manner, we have come into contact with spirits and spiritual contexts that have a defined relationship with each patient. This has happened in healing sessions in Spiritist Centers for patients of different mental diseases, such as depression, autism, schizophrenia, panic disorder and others. The diagnostic approach to uncover the spiritual aspects of each case happened with the aid of team of doctors-mediums. In all cases the spirits were of human beings who have lived their lives in the past such as we live ours in the present. They were now in the spiritual realm that is a world parallel to ours. They interfered psychically in the mind and in the lives of the patients, causing harm and maintaining the symptoms of specific mental diseases. The ties between these spirits and the patients were established in previous lives and old reincarnations. In a non-controlled prospective study of 54 patients with the mental diseases mentioned above we were able to perceive them and to act in a psychotherapeutic manner with improvement of a significant percentage of cases and even resulted in a complete and sustained recovery of many of them.
WPA-0408 PSYCHIATRIC SYMPTOMS ARE "NORMAL WARNING" SIGNALS OF PATIENTS' EXISTING PERSONALITIES FACED WITH CHALLENGES BEYOND THEIR THRESHOLD OF TOLERANCE

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Aims: The author demonstrates how psychiatric symptoms (anxiety, anger, physical symptoms, depression, and psychosis) are 'normal warning signals' for existing personalities of patients, faced with life challenges that exceed his/her 'threshold of tolerance' determined by past experience. Thus, the goal of therapy should be to 'raise the threshold of tolerance' through 'personality transformation' rather than reduction and elimination of the 'warning signals' themselves. When underlying personality of the patient changes and threshold of tolerance rise, all symptoms disappear, as they are no longer necessary as 'warning signals.'

Method: Working with the patient and his/her partner in life, Lifetrack therapy focuses on the single goal of bringing the couple far closer than they have ever been raising 'threshold of tolerance of closeness', provoking and overcoming waves of symptom spikes ('warning signals'), guided by their daily self-rating on 41 parameters via Internet, which allows accurate tracking of dynamic mental status and subtle changes in their personalities.

Results: Of 1,170 patients treated over the last 20 years, 48% of patients with various diagnoses and symptoms reached levels of adjustment beyond their previous maximum level according to their own daily self-rating, with presenting symptoms disappearing. Of those who failed to reach their previous maximum,75% showed significant improvement at the time of their premature dropping out.

Conclusions: Psychiatric symptoms (anxiety, anger, physical symptoms, depression, and psychosis) disappear, when threshold of tolerance of life challenges increase through personality transformation.

RECENT ANALYSIS OF THE PSYCHOPATHOLOGY AND THE REPRESSION OF THE ONLINE PAEDOPHILIA, THROUGH A PSYCHIATRIC AND LEGAL DETAILED STUDY OF 18 CASES
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The online paedophilia as a use of Internet for the watching, the diffusion, the exchange and the download of materials with paedophilic feature or for the search of potential minor victims, is a relatively recent phenomenon, in constant progression, badly known and badly analyzed, in its psychopathological aspects. In particular, the link with the pedophilia is purely empirical, in particular when the online paedophilia is regarded as a possible “main door” towards the pedophilia. The analysis of the international literature and our detailed psychiatric and legal study of 18 cases, during 5 years, rather seem to show two distinct categories of online paedophilia, with characteristics which will be detailed and a very different evolution towards the pedophilia. This study suggests more individualized treatments and especially a more detailed legislation with better taken into account of the second offence prevention and with a more adapted jurisprudential evolution to the fast changes of the online paedophilia practices.
Personality Disorders and Accentuated Personality
PERSONALITY DISORDERS IN EMERGENCY UNITS
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Objectives
Patients with a personality disorder are one of the main groups of health care users at both, hospital and community level.
There is a limited number of studies available assessing the prevalence of this disorder in emergency units in Spain.
The main objective of this study was to perform a descriptive analysis of psychiatric emergencies and hospital admissions for a personality disorder recorded in our hospital district between 2007 and 2013.

Methods
The Clinical Management Unit of the area of Psychiatry at the "Virgen de la Macarena" hospital provides mental healthcare services to the northwestern area of the province of Seville, with a population of 580,203 inhabitants.
From a total of 30,418 hospital emergencies recorded between January 1, 2007 and December 31, 2013, we selected the subjects who were diagnosed with a personality disorder.
Sociodemographic and clinical data were collected including: year and month of admission, gender, motive of consultation, autolytic attempt and hospital admission.
A retrospective analysis was performed. Chi-square was used to examine the association between two categorical variables.

Results
Of all patients admitted to the psychiatry emergency ward, 13.1% (3,689) were patients with a personality disorder. As many as 62% were females.
Sport personalitè disorders stand for 13.1% of hospital admissions. A statistically significant relationship was observed between gender and personality disorders (χ² 46.231, p<0.01).
Females were 1.83 times more likely than men to have a personality disorder.

Conclusions
The data obtained in our community are consistent with those obtained for other similar countries.

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PERSONALITY DISORDERS IN METHADONE DEPENDANTS PATIENTS

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Objectives

A descriptive study to identify and assess possible personality disorders among users in a methadone maintenance program

Methods

A total of 36 patients gave consent to be included in the study. The IPDE abbreviated version, in its CIE-10 version, was used to screen personality disorders. Statistical study was conducted with SPSS 17.0.

Results

A total of 97% subjects were identified with personality disorder. There is overlap between the various personality disorders. Mean patient personality disorders is \(4.67\). The distribution of the different kinds of personality disorder can be seen in the table below. There was statistically significant differences between men and women in Schizoid and impulsive personality disorder.

Conclusions

The prevalence of personality disorders is higher in methadone dependants patients than in community subjects. Our study does not reflect the higher prevalence of cluster B that is reflected in the literature. Superimposing different personality disorders is high, as reflected in the literature.

<table>
<thead>
<tr>
<th>IPDE (CIE-10)</th>
<th>Hombres N (%)</th>
<th>Mujeres N (%)</th>
<th>Total N (%)</th>
<th>Sig.</th>
</tr>
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<tbody>
<tr>
<td>Paranoide</td>
<td>15 (41,7%)</td>
<td>11 (30,6%)</td>
<td>26 (72,2%)</td>
<td>0,433</td>
</tr>
<tr>
<td>Esquizoide</td>
<td>21 (58,3%)</td>
<td>8 (22,2%)</td>
<td>29 (80,6%)</td>
<td>(0,016^*)</td>
</tr>
<tr>
<td>Disocial</td>
<td>6 (16,7%)</td>
<td>2 (5,6%)</td>
<td>8 (22,2%)</td>
<td>0,157</td>
</tr>
<tr>
<td>Impulsivo</td>
<td>9 (25,5%)</td>
<td>2 (5,6%)</td>
<td>11 (30,6%)</td>
<td>(0,035^*)</td>
</tr>
<tr>
<td>Limite</td>
<td>8 (22,2%)</td>
<td>3 (8,3%)</td>
<td>11 (30,6%)</td>
<td>0,132</td>
</tr>
<tr>
<td>Histriónico</td>
<td>7 (19,4%)</td>
<td>4 (11,1%)</td>
<td>11 (30,6%)</td>
<td>0,366</td>
</tr>
<tr>
<td>Anancástico</td>
<td>18 (50%)</td>
<td>10 (27,8%)</td>
<td>28 (77,8%)</td>
<td>0,131</td>
</tr>
<tr>
<td>Ansioso</td>
<td>18 (50%)</td>
<td>10 (27,8%)</td>
<td>28 (77,8%)</td>
<td>0,131</td>
</tr>
<tr>
<td>Dependiente</td>
<td>11 (30,6%)</td>
<td>5 (13,9%)</td>
<td>16 (44,4%)</td>
<td>0,134</td>
</tr>
</tbody>
</table>

\(*\alpha=0,1\)
DEVELOPMENT OF DELUSIONAL DISORDER (PARANOIA) IN A PARANOID PERSONALITY: HOW TO TREAT – CLINICAL CASE

M. Pinheiro¹, J. Pais¹, T. Cabral¹

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Introduction: Paranoid personality is reflected by a reserved and suspicious character, a hypersensitivity to setbacks, a propensity to litigation in a combative and tenacious sense of personal rights, excessive self-concept and ideas of self-reference. This phenotype can be gradually changed to a delusional disorder, characterized by systematized delusions, with some real foundation, that influence social isolation and deteriorate the patient’s quality of life.

Case: We present the case of a 54 years old single male, jobless, without relevant personal history, who presented in for a psychiatry consultation, because of delusions of grandeur and invention. The subject mentions that since he began working on projects to save the world, he stopped speaking with neighbors, going out with friends and taking care of his self-image. The patient was uninterested in personal relationships, developed a suspicious behavior, hypersensitive to criticism of others – personality characteristics that were rooted over the years.

After treatment failure with Risperidone (3mg id), in an ambulatory setting, compulsory detention was needed, and the patient was started on Risperidone (6mg id) and Diazepam (20mg id). This regime was completed with SOS medication: Cyamemazine, Haloperidol, Chlorpromazine, Diazepam and Biperiden. Given the lack of response, Fluphenazine Decanoate (25mg) was added. There has been a gradual improvement in symptoms, with attenuation of the underlying delusional thinking and increased social relationship.

Conclusion: This case points to the need of maintain surveillance in patients with paranoid personality at risk of progression to symptomatic delusional disorder, with subsequent rooting and increased difficulty of therapeutic success. In these patients, one option is compulsory detention. After symptomatic control, subsequent treatment with injectable antipsychotics can be achieved on an outpatient basis.
DEVELOPMENT AND CALIBRATION OF AN ITEM BANK FOR ASSESSING THE AVOIDANT PERSONALITY DISORDER – AvPD-IB

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2 University of Education Freiburg, Freiburg, Germany

Objectives: The Avoidant Personality Disorder (AvPD) is one of the most frequent personality disorders. Therefore a valid, reliable and economic diagnosis is of crucial importance. Computer-adaptive tests (CAT) offer a flexible, test-fair and economic opportunity for accurate measurement by presenting each patient an individual-tailored test. The object of this study was to develop and calibrate an item bank (AvPD-IB) as a prerequisite for a CAT assessing AvPD. This study is part of the project “Development and validation of a computer adaptive test for avoidant and obsessive-compulsive personality disorders: CAT-PeDi”.

Methods: After pre-testing for relevance and comprehension a pool of 143 items concerning AvPD were answered on a five-point Likert scale. Sample consisted of 463 patients, who were recruited in seventeen psychiatric, psychosomatic and psychotherapeutic units in Germany. A confirmatory factor analysis (CFA), Mokken analysis and Rasch analysis were conducted.

Results: Results of CFA and Mokken analysis confirmed one factor structure and double monotonicity. In Rasch analysis, merging response categories and removing items with misfit, differential item functioning or local response dependency reduced the AvPD-IB to 35 items. The AvPD-IB fitted to the Rasch model with a non-significant item-trait interaction (chi-square=22.05, df=210; p=0.27). Person-separation reliability was very high (0.93) and unidimensionality was verified.

Conclusions: The calibrated, unidimensional item bank AvPD-IB provides the basis for a CAT to assess AvPD in psychiatric, psychosomatic and psychotherapeutic settings. It can be used both as a screening instrument and as an assessment for AvPD severity.
ITEMBANK DEVELOPMENT AND SIMULATION STUDY OF A COMPUTER ADAPTIVE TEST (CAT) FOR THE ASSESSMENT OF OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

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2University of Education, Freiburg, Germany

Objectives: Computer-adaptive tests (CATs) are viewed as a promising diagnostic approach for patient reported outcomes. CATs can enhance diagnostic of axis II disorders by delivering time-saving, precise diagnostic tools. As part of the project “Development and validation of a computer adaptive test for obsessive-compulsive and avoidant personality disorder: CAT-PeDi”, we developed a CAT for the screening and severity assessment of obsessive-compulsive personality disorder (OCPD-CAT) based on an item bank (OCPD-IB). Objective of the present study was to calibrate the OCPD-IB and test stopping rules of the OCPD-CAT in a simulation study.

Methods: Starting with an itempool for obsessive-compulsive personality disorder we used exploratory factor analysis, Mokken analysis and Rasch analysis to calibrate the OCPD-IB. Based on data of 500 simulees, simulations of the OCPD-CAT were conducted using different standard error values as stopping rule (SE ≤ 0.3; ≤ 0.4; ≤ 0.5). The amount of required items and correlations of theta values with the full item bank were analyzed.

Results: The OCPD-IB consisted of 33 items. It shows a high Person Separation Index (PSI=0.87) and fitted to the Rasch model (Chi^2=170.58; df=165; p=0.37). Simulation of data showed a mean number of used items 22 items (SE ≤ 0.3), 11 items (SE ≤ 0.4) and 6 items (SE ≤ 0.5). All correlations with the full item bank were very high (r=0.99).

Conclusions: With the OCPD-IB as basis we were able to develop the OCPD-CAT. By introducing stopping rules, a reduction of the test length of 33-82% could be obtained, while maintaining high measurement precision.
SCHIZOID MEETS PSYCHIATRIST: CASE REPORT
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Personality disorders are defined by personality traits that, in the socio-cultural environment of the individual, are inflexible and maladaptive, causing significant stress or impairment in social and occupational functioning. Schizoid personality disorder, classified within cluster A, is characterized by selflessness and detachment from social relationships, isolation, absence of involvement in sexual experiences and emotional restriction. Its prevalence is estimated in the general population at less than 1%.

We present the case of a 55-year-old male with no previous psychiatric history, inpatient for hematuria at the Urology department of the Hospital 12 de Octubre. He is single, with no children, working as a bank employee. Psychiatry department is asked for evaluation because he presents with extreme neglect of personal hygiene and self-care, far from what might be expected for his socio-cultural level. This appears related to the patient’s intent to handle his state of weakness and disablement by himself, not asking for assistance to his family or friends. During progressive assessment, we encounter an isolated man, with no intimate relationships, who has always maintained scarce connection with people outside his family, only establishing social interactions as a means to an end.

Patients suffering from personality disorders often pose a challenge for clinicians, as their behavior may compromise care. The characteristic personality traits that define shizoid disorder, frequently involve that patients do not seek medical or psychological attention when needed. Moreover, they can set up barriers to developing an effective therapeutic alliance and present a poor adherence to treatment.

References:
IS THERE A PERSONALITY DISORDER BEHIND A DEPRESSIVE SYMPTOMATOLOGY?
J F. Marcos ¹, P. Penas ²; A. Jorge ²
¹ Instituto Burmuín
² Universidad de Deusto

Introduction ➔ Comorbidity of personality disorders in a depressive sample presents a variable prevalence between 6-87%. This relationship concerns many clinical aspects such as: an earlier onset of depressive symptoms, higher suicide rates and suicidal ideation, longer treatment responses and longer depression episodes. Therefore, the objective of the study is to compare the distribution and comorbidity of personality disorders in a clinical depressive sample vs. a non-depressive one. And thus, determine whether complainant depressive symptoms have some underlying personality factor.

Method ➔ The sample is composed by 18 clinical subjects hospitalized in psychoorganic medical unit. 8 of them showed depressive symptoms versus the other 10 that did not showed. The independent variable, depression, was assessed using the BDI, whereas, the personality variable was evaluated by the MCMI-III.

Results ➔ Limit [t(16)=2.15, p=0.023], avoidant [t(16)=2.11, p=0.025], dependent [t(16)=2.08, p=0.027] and obsessive compulsive [t(16)=4.05, p<0.001] personality disorders show a significant difference from the independent variable (depression). On the contrary, others were not significant.

Conclusion ➔ Despite the lack of statistical significance, it has obtained a large effect size, which would mean that it has a clinical significance. Therefore, the results show that the existence of depressive symptoms in the demand made from patients on the admission can predict features of these personality disorders. This is corroborated by several studies, showing a correlation between depression and personality disorders, especially those belonging to the cluster C (dependent disorder, avoidant and obsessive-compulsive) and cluster B (narcissistic disorder, antisocial, histrionic and borderline).
EFFECTIVENESS OF ARIPIPRAZOLE IN REMISSION FROM BORDERLINE PERSONALITY DISORDER ASSOCIATED WITH MULTIPLE DRUG USE - CASE REPORT

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Clínica Jorge Jaber, Rio de Janeiro, Brazil

The essential feature of Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts. These individuals may show worse performance in school or work situations unstructured. Impulsivity exhibit at least two potentially harmful to themselves. They can play, make irresponsible spending, overeating, abusing psychoactive substances, engage in unsafe sex, or drive recklessly. People with Borderline Personality Disorder have, recursively, behavior, gestures, or threats of suicide or self-mutilating behavior.

Methodology
The following case features a patient whose characteristics meet the diagnostic criteria for borderline personality disorder, with positive family history of psychiatric illness (parent drug addict and bipolar disorder patients) and user of multiple drugs, particularly cocaine, marijuana and alcohol. The same has been treated with the same professional team between 2011 and 2013, with an average of 2.3 psychiatric hospitalizations per year and with signs unchanged until the last year, and these intervals between hospitalizations patient had outpatient care when introduction of drug Aripiprazole caused the remission of some symptoms and attenuating others, with significant improvement in quality of life of the patient, as the scope of complete abstinence from drug use and school progress.

Conclusions
Although only one case, the excellence of the result with Aripiprazole in mood stabilization and improvement of impulsive behaviors, especially in the cessation of compulsive drug use, makes our attention turns to the substance so that it remains subject of further studies.

Keywords: borderline personality disorder, addiction, Aripiprazole, substance abuse.
OBJECTIVES: Assess the prevalence of childhood trauma and the ability to recognize facial emotions in subjects previously diagnosed with Borderline Personality Disorder (BPD), compared with the general population.

METHODS AND MATERIALS: The sample consisted in two groups matched according to socio-demographic characteristics: 40 subjects diagnosed with BPD and 40 without diagnosis (control), assessed by the Structured Clinical Interview for DSM-IV. Childhood trauma experiences were assessed by the Early Trauma Inventory Self Report–Short Form (ETISR-SF). The facial emotion recognition task were composed by 24 films of 10 seconds each showing black and white photographs expressing six emotions: happiness, sadness, anger, disgust, surprise, fear. The data analyses were conducted by parametric tests and logistic regression, adopting significance level of p≤0.05.

RESULTS: The BPD group showed a three times higher prevalence of childhood trauma, comparing to controls (p<0.001). The most prevalent types of trauma were “emotional abuse” and “physical punishment”. BPD participants presented more errors in recognizing fear and surprise (p=0.04/ p=0.01) and were slower identifying Joy (p=0.03), needing more emotional intensity to do so (p=0.01). As a risk factor, the study indicated that for each point obtained in the ETISR-SF, it increases by 56% the chance to present the BPD. As a protective factor it was found that the greater the ability to recognize surprise and fear correctly, decreasing were the chances of presenting the BPD (83% and 63% respectively).

CONCLUSION: BPD group, compared to controls, showed higher prevalence of childhood traumas and deficits in facial emotion recognition, corroborating findings of the scientific literature. Further, analysis suggests that childhood trauma constitute a risk factor for the development of BPD, whereas the greater ability to recognize surprise and fear correctly was a protective factor. We hypothesize that participants with BPD showed facial emotion recognition deficits due to constantly socializing with conflicting emotions.
THE ROLE OF COMORBIDITY IN THE CLINICAL COURSE OF PERSONALITY DISORDER WITH AFFECTIVE AND ADDICTIVE PATHOLOGY

N. Cherniak, A. Petrov
Irkutsk State Medical University, Russian Federation

Objectives: Recent scientific researches have revealed the issue of high frequency of comorbidity course of personality disorder (PD), the pathologies of affective spectrum and substance use disorder (SUD) among the patients searching for personal problems treatment.

Methods: 91 patients were examined to research comorbidity prevalence and influence on personal pathology course. The patients were men aged at 31±2 years with a verified diagnosis of PD according to ICD-10 (F 60.X), using the Personality Diagnostic Questionnaire -4+, Diagnostic Interview for DSM-IV Personality Disorders. The patients were divided into cluster “B” (n=52) and cluster “C” (n=39).

Results: Among all patients 49 people were diagnosed SUD and affective disorders were diagnosed in 53 cases, 19 of which were provoked by trigger mechanisms. Such affective disorders were autochthones taking course of episodes in 34 cases. Cluster “B” patients were significantly observed to have episode fluctuation of mood combined with SUD (48,6%) development. It led to the adverse current of PD despite the fact that the severity of the actual personality pathology has been more evident than in patients without the comorbid disease. SUD developed more seldom in cluster “C” patients (21,4%), correlating very often with reactive mechanism of affective fluctuations, which caused partial failure of social adaptation.

Conclusions: Co-occurrence of PD with affective disorders and a wide variety of SUD is very significant. Moreover, comorbidity deteriorates considerably every of these pathologies which demands for a proper diagnostic and therapeutic approach.
TRASTORNO DE PERSONALIDAD ORGÁNICO: A PRÓSITO DE UN CASO.
N. Martín Agudiez 1, E. Moral 2, P. Moreno 3

1. Psicóloga Interna Residente en Servicio Murciano de Salud, España.
2. Residente de Psiquiatría, Servicio Murciano de Salud, España.

Objetivos:
Descripción de las alteraciones en la personalidad, la fluctuación anímica, los desórdenes alimenticios con conductas purgativas y las dificultades de atención y concentración mostradas por una paciente de 23 años tras recibir el diagnóstico de Epilepsia secundaria a astrocitoma (intervenido quirúrgicamente en el año 2007).

Método y resultados:
Paciente derivada a Salud Mental en febrero de 2008. Presenta síntomas emocionales y del comportamiento en relación a un trastorno de personalidad de base orgánica (diagnosticada de epilepsia, en tratamiento en neurología con anticonvulsivantes). Fluctuaciones anímicas frecuentes. Conductas purgativas con pérdida ponderal que comienzan tras ser operada a los 18 años. La paciente refiere una merma en sus capacidades cognitivas y centra sus quejas en las dificultades atencionales y los problemas que esto le provoca. Varios ingresos anuales en neurología.
Tras las reiteradas quejas de memoria planteadas por la paciente se realiza una evaluación cognitiva con escala WAIS III, obteniéndose los siguientes resultados: Obtiene un CI total de 83. No existen diferencias significativas entre el CI Verbal (83) y el CI Manipulativo (86). Obtiene las puntuaciones más elevadas en los índices de Memoria de Trabajo y de Velocidad de Proceso, con un CI de 98 en cada uno de ellos. La puntuación más baja corresponde al CI de Comprensión Verbal con una puntuación de 71. Comparando con estudios previos de la paciente, posteriores a la intervención de neurocirugía, se aprecia una leve minoración en el rendimiento cognitivo que podría no ser significativa.

Conclusiones:
La paciente continúa en tratamiento conjunto por psiquiatría y psicología en la actualidad, con fluctuaciones en la sintomatología observada.
TRASTORNO DE PERSONALIDAD LÍMITE, CICLOTIMIA Y TAG: A PROPÓSITO DE UN CASO.

N. Martín Agudiez 1, E. Moral 2, P. Moreno 3

1. Psicóloga Interna Residente en Servicio Murciano de Salud, España.
2. Residente de Psiquiatría, Servicio Murciano de Salud, España.
3. Psicólogo Clínico. Servicio Murciano de Salud, España

Objetivos:
Paciente varón de 25 años que está en seguimiento en Salud Mental desde 2010 por parte de psicología y psiquiatría. Ha recibido el diagnóstico de Trastorno Límite de Personalidad, TAG y ciclotimia. En paro en la actualidad. Tratamiento psicofarmacológico actual: Vandral 75mg: 0-1-0, Cipralex 20mg: 1-0-0, Zyprexa 5mg: 1-0-1, Trankimazin 0.5mg: 1-1-1.

Método y resultados:
Consumo de múltiples tóxicos en la adolescencia que se prolonga durante varios años y que ocasiona un cuadro psicótico secundario. El paciente refiere que se sentía “como si estuviera en un videojuego”. Suspicaz “la gente me mira por la calle”. Considera que toda la sintomatología actual es un castigo por su estilo de vida anterior. Comienza con ataques de pánico y sentimientos de desrealización y despersonalización (“este no es mi cuerpo, estoy encerrado en él”). Teme estarse volviendo loco. Pensamientos heterolíticos que vivencia con gran angustia (por ejemplo: refiere que al hablar con la gente se imaginaba que les cortaba el cuello). Fluctuaciones anímicas diarias pasando de la euforia e incluso irritabilidad a sentimientos depresivos. Obsesiones de contenido agresivo (de matar a su madre o a su novia) con marcado carácter egodistónico de esta ideación. Por este motivo evita tocar los cuchillos de forma compulsiva.
Marcada impulsividad caracterial. Ataques de ira occasionales. Tendencia rumiativa y a la clinofilia. Ideación de muerte sin plan estructurado, no habiendo presentado intentos autolíticos ni autolesiones hasta el momento actual.

Conclusión:
Continúa en seguimiento por psicología y psiquiatría con pronóstico de cronicidad en psiquiatría.
THE ROLE OF ATTACHMENT IN THE DEVELOPMENT OF BORDERLINE PERSONALITY DISORDER
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²Department of Psychiatry, Hospital do Divino Espírito Santo, Ponta Delgada, Azores, Portugal

Objectives
This review aimed to identify the relation between attachment pattern during childhood and the development of borderline personality disorder (BPD) and the probability of developing this personality disorder in children of mothers with BPD.

Methods
The authors performed a non-systematic review of the literature published in the last 10 years.

Results
Insecure attachment, deficient theory of mind and the inability to identify emotions are seen as possible explanations for dysfunction of the emotional system in BPD. For this reason, children of mothers with borderline personality disorder should be considered a risk group given the poor psychosocial outcomes that have been found in this group. Also, children whose mother is diagnosed with borderline personality disorder are at risk for developing this disorder. Mothers with BPD may have difficulties with bonding, internalization, affect attunement and attachment.

Conclusions
The high prevalence and severity of attachment disorders found in these subjects support the central role of disturbed interpersonal relationships in clinical theories of Borderline Personality disorder. Mothers with borderline personality disorder may need psychoeducation regarding child development, parenting practices and skills for providing consistent warmth and monitoring.
DESCRIPTIVE STUDY OF BORDERLINE PERSONALITY DISORDER IN A MENTAL HEALTH UNIT.
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1. Mental Health Unit, Antequera, Málaga.
2. AGCS Campo de Gibraltar, Mental Health Unit, Algeciras, Málaga.

Objectives
Borderline personality disorder is a serious mental illness that is distinguished by the states of mood, behaviour, and unstable relationships. The majority of people with borderline personality disorder suffer from: problems regulating emotions and thoughts, impulsive and reckless behaviour, unstable relationships with other people. Our objective is to determine through the analysis of the medical histories: age of onset, symptoms that causes the first demand to our consultations, distribution by sex and to analyze comorbidity.

Methods
Systematic review of the medical histories of the patients diagnosed with BPD, during the established period of time, in a mental health unit, codifying the variables of interest for our study.

Results
We found an accumulation of home monitoring from the adolescence and first youth, certainly in relation to home of confronting the challenges of adult life. The clinical picture presented remains relatively stable over time, with a predominance of anxious and depressive symptoms at the beginning are diversifying in the evolution showing a clear drift to the depressive predominance as time progresses.

Conclusions
Appear clearly in our review a home early symptomatology highlighting a predominance of emotional clinic (sadness and anxiety) from the first manifestations of the illness (childhood and pre-adolescence). They also have high rates or co-occurring disorders, such as depression, anxiety, substance abuse disorders and eating disorders, as well as self-mutilation, suicidal behaviors.
EFFECTIVENESS OF PSYCHOTHERAPIES FOR BORDERLINE PERSONALITY DISORDER AND ITS ASSOCIATED SYMPTOMS

M. Pérez-Nieves, J. Suárez-Kindy, O. Pedrosa-Roche, A. Martínez-Taboas
Carlos Albizu University, San Juan, Puerto Rico

Objectives:
This study focused on the exploration of different therapies for borderline personality disorder (BPD), and their effects in the different symptoms that encompasses the diagnosis. The study focused on therapies like Dialectical Behavior Therapy (DBT), Schema Focused Therapy (SFT), Transference Focused Psychotherapy (TFP), and Mentalization Based Psychotherapy (MBP), identified previously by their effectiveness in various areas of functioning of the Borderline patient. A meta-analysis was conducted to address the effectiveness of these therapies in the treatment of BPD.

Method:
Systematic bibliographic research was performed to find relevant literature from online databases (PubMed, PsycINFO, and Medline). We excluded studies in which patients with diagnoses other than BPD were treated and treatments focused on other psychotherapies that were not the ones of interest. We conducted a literature review in order to analyze and compare descriptively individual clinical trials and reach quantitative conclusions about such therapies and the disorder. Using effect-size correlation, we calculated effect sizes for Global Functioning Index (GAF), Beck Depression Inventory (BDI), Social adjustment, Suicidal and Self-injurious behaviors, Hospitalization, SCL-90 and Anger.

Results:
Calculations of post-intervention effect sizes were based on 12 studies. A large to moderate effect size for BDI, GAF, Social adaptation, SCL-90, Suicidal and Self-injurious behaviors were found for DBT, when compared at an Intra-group level. A moderate effect size for hospitalization and Anger was obtained by TFP.

Conclusions:
According to our results, DBT therapy has proven more effective than traditional therapy in relation to diminution of symptoms, and improvement in overall performance index to finish time therapy. However it would be necessary to have a greater number of studies from the other therapies used in the study to determine if there are significant differences in categories such as social adjustment, hospitalization, and anger.
PERSONALITY DISORDER S. PSYCHOSIS: A CURRENT ISSUE
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Objective
My objective with the presentation of this poster is to expose the difficulty of the diagnosis in Personality Disorder, as well as the comorbidity and main differential diagnostics illustrating it with a case with special clinical interest.

Method & Result
The method used is to present a clinical case and make a bibliographic review about the Schizoid Personality Disorder and Schizotypal Personality Disorder, and how they are the previous step for the suffering of Schizophrenia and how these pathologies develop in time.

Clinical Case:
Maria is an adolescent of 16 years old that come to the patient consultation accompanied by this father for strange behavior.
Since her childhood Maria presents behavior alterations, with tendency to insolation and difficulty for social relationships. When she was 5, she was evaluated in Mental Health Consultation, diagnosed with Selective Mutism. The limited relationships that she established were with younger children, whom she abused. At home she behaved in an aggressive way before minimum frustrations and she lacked limits. When she arrives to the Psychiatry consultation with 16, the clinical profile that she shows is a social insolation situation, without interpersonal relationships (never wanted), and no specific hobbies; all of this lived without suffering. In psychological exploration she doesn’t show psychosis symptoms; by contrast she has got notable affective frigidity. During one year of tracking it develops towards anxiety attacks as well as magic ideation and mystic interests whereof she makes critics, without evident delirious ideas. Not hallucinations, but she expresses strange perceptive experiences. Occasional insomnia. Not affective symptoms.
NMR: dilatation in lateral ventricles with unspecific hyperdense injury, without clinical relevance.

• Diagnosis impression:
  - Schizoid Personality Disorder
  - Schizotypal Personality Disorder

Conclusions
The literature about the comorbidity of personality disorders with other clinical entities have proliferated in recent years pointing out the high frequency of submission. It has been argued that this comorbidity is not real, but an artifact of current diagnostic systems.
Most of the data in genetic epidemiology studies, designed with schizotypal personality disorder and schizophrenia, suggest that schizotypal personality disorder is one of the most serious risk phenotypes in the field of schizophrenia spectrum.
Also it has been found that share common neurobiological dysfunctions. The current discussion is reflected in this clinical case, which also have biological evidence pointing to schizophrenia such as NMR.
NARCISSISTIC PERSONALITY DISORDER – A CASE REPORT

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Objectives: Narcissistic Personality disorder is classified as a cluster B personality disorder and 1% of the general population meet the full diagnostic criteria. Several medications are helpful in treating components of this disorder, such as anger and mood liability. When diagnosing and treating patients with narcissistic personality disorder, physicians must acknowledge that the patient's behavior is protective of his or her sense of internal control and self-esteem. The purpose of this poster is to present a clinical case of this personality type followed in Day Hospital.

Methods: The following patient was admitted in day hospital for impulse control and diagnosis clarification. He was followed for a 5 month period, attending in day hospital from 9 a.m. to 4 p.m. and having medical observation 2 times per week, attending to psychotherapeutic group twice a week and corporal expression 1 time per week.

Results: The patient showed a positive evolution has the medical relationship was established and had a better control of impulsivity with the therapeutic adjustment made. The patient showed a great litigation with the group and an overall low functioning, having a low global functioning capacity.

Conclusion: In spite of not having a psychotic illness several cases of difficult personalities disorders, as a narcissistic personality disorder, can have a much worse prognosis and evolution than other psychiatric illnesses.
ANALYSIS OF KEY GENDER DIFFERENCES IN A SAMPLE OF BPD TAKEN CARE OF BY THE EMERGENCY DEPARTMENT OF A GENERAL HOSPITAL

S. Pineda Murcia¹, B. Ruiz García¹, K. Rozmus¹, I. Alonso García¹, L. M. Giménez Giménez¹, M. A. Bernal López¹, A. Reyes Torres², C. Campillo Jiménez¹, F. J. Gil Pérez¹, C. Vicente Martí¹,
¹. Hospital General Universitario Morales Meseguer, Murcia, Spain
². Universidad de Valencia, Valencia, Spain

Objectives: To analyze the main differences in gender in patients diagnosed with Borderline Personality Disorder (BPD) who come to the emergency department (ED) of Hospital Morales Meseguer (HMM) (Murcia) for one year.

Method: After the selection of subjects diagnosed with BPD who were seen in the ED of the HMM for the period of time required, we had access to reports of all-clear discharge of psychiatric emergencies and relevant data for the study was coded. To perform the data analysis SPSS version 15.0 was used.

Results: Of all psychiatric emergencies in a year, 8.95% have a diagnosis of BPD. The sample consisted of 71 subjects (N = 71): 29.6% men and 70.4% women. The age range is between 17-72 years old. (Average: 39.34, SD: 12.14). Most patients diagnosed with BPD who attended our SU are women between 30 and 39, unmarried, childless, retired because of mental illness, they come on their own initiative.

Conclusions: Half of women turn up for suicide attempts, while among men the reason for consultation percentages are divided between autolytic gesture, anxiety / depression / insomnia and disruptive behaviors. It is noteworthy that autolytic gesture infusion is more common in men than in women.
IMPROVEMENT BY TREATMENT WITH PALIPERIDONE PALMITATE IN A PATIENT WITH DIFFICULT TO DIAGNOSE BIPOLAR DISORDER AND SEVERE PERSONALITY DISORDER

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Objectives: To present the difficulty in diagnosis, management and treatment of patients with serious diseases in axis I (bipolar disorder) and axis II (mixed personality disorder).

Methods: Follow-up of our outpatient for eight years, taking a multiple approach: psychological, pharmacological and social.

Results: During these years, our patient received several diagnoses, being finally diagnosed with bipolar disorder type I after six years of follow up, when her first and only manic episode appeared; staying on Axis II diagnosis of mixed personality disorder with predominantly histrionic and borderline traits. After testing with several psychotropic drugs, our patient achieved clinical stability by introducing 100mg/month paliperidone palmitate (in addition to 500mg/8h valproate she was already taking), maintained for the last two years ago with excellent adherence and tolerability. This treatment has achieved the better and the only response and is the only one that has made the patient regains an adequate behavioral adjustment as well as emotional stabilization, having significantly reduced the demand for health services.

Conclusions: Paliperidone palmitate was effective in this case, improving mood and impulsive symptoms in a patient who was unresponsive to other stabilizers and antipsychotics treatments. Moreover, our case is an example of the well-known difficulty in diagnosing bipolar disease, which often leads to a significant delay in diagnosis.

References:
PERSONALITY DISORDERS: CLINICAL PROFILE OF INPATIENTS OF A HOSPITAL IN NORTHERN PORTUGAL
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Objectives: The aim of this study is to characterize the clinical profile of patients with Personality disorder interned in an acute inpatient psychiatric unit.

Methods: Descriptive, cross-sectional, retrospective study of all patients with diagnosis of Personality disorder interned in the acute inpatient psychiatric unit of Unidade Local de Saúde do Alto Minho, in Viana do Castelo, Portugal, between January 2008 and December 2012. Clinical data were collected from statistic electronic database. Statistic analysis was performed using Statistical Package for the Social Sciences, version 21.

Results: About 10,4% (N=236) of the patients interned in the considered period presented diagnosis of Personality disorder. Among those, vast majority (78,8%) were female. Within the considered years, 2012 recorded the highest number of cases (N=71). This diagnostic entity occurred in 44,5% of patients as primary diagnostic. In this situation, the specific type of Personality disorder more frequently displayed was Histrionic personality disorder (N=20), even though the majority of cases were classified as Personality disorder not otherwise specified (N=79). Considering the group of patients with primary diagnostic of Personality disorder at the moment of admission, about 63,8% presented with other psychiatric comorbid conditions, namely Depressive disorder (16,4%), Adjustment reaction (15,5%) and Nondependent abuse of drugs (12,9%). When Personality disorder appeared as secondary diagnostic, primary diagnostic at discharge was Adjustment reaction, in 41,2% of the cases. The prevalence of deliberate self harm in this sample of patients was about 17,4%.

Conclusions: Personality disorder is a frequent diagnosis in inpatients of acute psychiatric units. Recognition of profile of the subjects, namely trough prospective design studies, may help in outlining strategies to improve psychiatric assistance.
HIGH FREQUENCY TMS FOR THE MANAGEMENT OF BORDERLINE PERSONALITY DISORDER: A CASE REPORT

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OBJECTIVES:
To assess the effect of repetitive trans-cranial magnetic stimulation (rTMS) therapy in the management of Borderline Personality Disorder (BPD).

METHOD:
The subject was a 22 years old girl. She was first diagnosed with BPD after one of her suicidal attempts about two years ago. She received 10 sessions of high-frequency TMS over her left dorsolateral prefrontal cortex. Assessment was done before treatment, exactly after the last session, one and three months after treatment. Functional Scanning was performed before and after the TMS sessions and one month after the last session.

RESULTS:
Results of block design analysis revealed increased activity in amygdala, Superior Temporal Gyrus, Superior Frontal Gyrus, Middle Frontal Gyrus and parahippocampus in negative-neutral and negative-rest contrasts. In contrast to the mentioned areas that exhibited decrease in activity after treatment, we found that middle temporal gyrus and post central gyrus were activated by the emotional stimuli. The changes in brain activity were associated with decrease in BPD severity (measured by BPD severity index) and depression and impulsivity level.

CONCLUSIONS:
Regardless of the limitations of this study, our findings suggest a positive role for rTMS in the management of BPD.

KEYWORDS:
Borderline Personality Disorder, Trans-cranial magnetic stimulation, fMRI
TEMÁTICA: TRASTORNOS DE LA PERSONALIDAD Y PERSONALIDADES ACENTUADAS.
TRASTORNO ESQUIZOTÍPICO DE LA PERSONALIDAD.

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Introducción: El trastorno esquizotípico de la personalidad constituye un patrón de malestar intenso en las relaciones personales, distorsiones cognoscitivas o perceptivas y excentricidades del comportamiento. Estas características no aparecen en el transcurso de un trastorno del estado de ánimo con síntomas psicóticos, una esquizofrenia, un trastorno generalizado del desarrollo ni un trastorno psicótico.

Objetivos: Analizar las características clínicas, epidemiológicas, abordaje diagnóstico del cuadro, evolución así como el tratamiento del trastorno esquizotípico de la personalidad.

Material y método: Revisión de la temática y artículos recientes sobre trastorno esquizotípico de la personalidad en guías y revistas de Psiquiatría.

Resultados: Se trata de sujetos que cumplen cinco o más de los siguientes puntos: Ideas de referencia, creencias raras o pensamiento mágico que influye en el comportamiento y no es consistente con las normas subculturales, experiencias perceptivas inhabituales, pensamiento y lenguaje raro, suspicacia o ideación paranoide, afectividad inapropiada o restringida, comportamiento o apariencia rara y excéntrica, falta de amigos íntimos, ansiedad social excesiva que no disminuye con la familiarización y que tiende a asociarse con temores paranoides. El tratamiento es psicoterapéutico y farmacológico para el tratamiento de la inestabilidad afectiva y la depresión transitoria, en la impulsividad y la agresividad, en los síntomas psicóticos y distorsiones cognitivas y en la ansiedad de estos sujetos.

Conclusiones: Un 10% de los pacientes con trastorno esquizotípico de la personalidad acaban suicidándose. Se considera como una pre-esquizofrenia. La detección de este trastorno y su tratamiento precoz es fundamental para que el paciente pueda llevar una vida normal y conseguir la normalización de las relaciones sociales, familiares y prevenir el suicidio.
WPA-0015 RESIDUAL-ORGANIC PSYCHOSYNDROMME IN CHILDHOOD
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Background and aims. The problem of residual-organic border-line mental disorders turned to be of the great actuality in modern child and adolescent psychiatry. Inspite of accumulated rich data for nowadays, classifications, including ICD-10, didn’t completely reflect this group of disorders and got some shortcomings. The base of this message is represented by the results of longitudinal investigation of residual organic disorders in childhood by multidisciplinary team.

Methods. The typology of mental disorders, clinical dynamic of psychopathologic manifestations, their outcomings and therapeutic possibilities were studied. There were examined 726 children and adolescents. The criteria for including were early brain damages indications, early signs of organic psychosyndrome.

Results. To designate psychoorganic disorders of residual-organic genesis in childhood in conducted investigation we accepted the term Òresidual-organic psychosyndromeÓ as the most adequate for characterizing consequences of cerebral disease and corresponding the paragraph F07. The structure of such syndrome in childhood was defined by contamination of mental disorders, that used to be a complex of cerebrasthenic, cognitive, emotional and behavioral ones. The disorders of various development levels are reflected in the corresponding syndromocomplex and their definition could be accepted only as a relative. Each group was characterized with specific syndromes that allowed to define mild, moderate, middle and severe levels of diseases.

Conclusion. Complete structure of residual-organic psychosyndrome required multidisciplinary approaches for diagnosis, treating and rehabilitations. Such interaction can fully reflect diagnostic approaches from multiaxial classification system.
Objective: Lifetrack therapy treats borderline personality directly, through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experiences, transforming borderline personality into a positively well-adjusted personality. Once borderline personality experiences a successful closeness with a partner, he/she is no longer borderline personality by definition.

Method: Lifetrack therapy works with couples (the patient, his/her partner in life) bringing them far closer than their previous maximum level, guided by their own daily self-rating on 41 parameters, that allow accurate graphic tracking via Internet of subtle changes in their personalities during each therapy session. This approach frees the therapist from transference (counter-transference) issues, which is the principal obstacle in treatment of borderline personality disorder. Working in three-way teamwork, the therapist actively helps the couple to achieve closeness far greater than their previous maximum level; provoking and overcoming waves of defense (spikes of anxiety, anger, physical-symptoms, depression, and psychosis) until it disappears by exhaustion, usually without medications, as couples undergo personality transformation.

Results: The patients typically go through four distinct stages in the process of personality transformation, with stage-IV representing complete transformation. Of the 224 BPD diagnosis confirmed patients, 34% reached stage-IV, 16% reached stage-III, and 14% reached stage-II at the time of termination. Patients with partners did 10 times better than singles (in improvement beyond their previous maximum adjustment levels according to their self assessment).

Conclusion: Borderline personality disorder can be predictably transformed.

WPA-0363 CHINESE PERSONALITY TRAITS AND THE EMOTIONAL SYMPTOMS OF BIPOLAR DISORDERS: ANY CULTURE-SPECIFIC ASSOCIATIONS?

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Background and aims: In Chinese culture, people emphasize intelligence and social harmony, where any discordance might result in an emotional fluctuation or bipolar disorder.

Methods: We have administered the Chinese Adjective Descriptors of Personality (CADP), the Mood Disorder Questionnaire (MDQ), the Hypomanic Checklist (HCL-32), and the Plutchik * van Praag Depression Inventory (PVP) in 73 patients with bipolar I (BD I) and 35 II (BD II) disorders, and 216 healthy volunteers.

Results: Both BD I and II groups scored higher on the MDQ, HCL-32 and PVP scales than the healthy group did; BD II scored lower on the MDQ, but higher on the HCL-32 and PVP than BD I did. In BD I, the CADP Intelligent trait predicted the MDQ scale; the Intelligent, Agreeable (-) and Emotional traits predicted the PVP. In BD II, the Intelligent, Agreeable (-) and Unsocial traits predicted the MDQ; the Intelligent (-), Agreeable (-) and Emotional (-) traits predicted the HCL-32.

Conclusions: Four out of five Chinese personality traits were associated with the emotional symptoms in patients, which confirm that Chinese people emphasize the Intelligent and Agreeable traits, but the four traits displayed their association patterns differently in two types of bipolar disorder.
WPA-0405 PERSONALITY 'IS' PSYCHOPATHOLOGY

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Aims: Lifetrack therapy demonstrates that treating 'personality' directly is more effective way to treat 'psychopathology.' Recognizing that psychopathology * anxiety, anger, physical-symptoms, depression, and psychosis * is the consequences of interaction between patients' existing personality and life challenges, Lifetrack attempts to define, measure, and transform patients' personalities, through therapy so that the threshold of tolerance of life challenges will be dramatically raised, making symptoms (psychopathology) disappear as they become unnecessary.

Methods: Working with the patient and his/her partner in life, therapy focuses exclusively on bringing the couple far closer than ever before, taking advantage of acute distress ('psychopathology') of the patient, guided by their daily self-rating graphs via Internet on 41 parameters, closely tracking dynamic mental status and subtle changes in their personalities. Therapy can also be conducted at a distance, often achieving personality transformation in 6 months.

Results: Of 1,213 patients (patients with all diagnoses) treated with this approach over the last 20 years, 50% of patients reached or exceeded their previous maximum level of adjustment according to their own daily self-rating. 50% of patients (224) with borderline personality disorder were no longer borderline personality at the end of therapy.

Conclusions: Psychiatric distress is inevitable consequence of interaction between the patient's existing personality and life challenges. Accordingly, by transforming existing personality, psychiatric distress disappears, as they become no longer necessary.

ORIGINAL RESEARCH: EFFECTS OF QUETIAPINE ON SLEEP PARAMETERS AND ARCHITECTURE

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Objectives: To determine effects of Quetiapine on polysomnographic recorded sleep parameters and architecture to determine utility of this agent in management of various disorders.

Introduction: Quetiapine is an atypical antipsychotic agent and it acts as an antagonist at Serotonin (5-HT 1A and 5-HT 2), Dopamine (D 1 and D 2), Histamine (H 1) and Adrenergic alpha 1 and 2 receptors; there is virtually no action on cholinergic, muscarinic and benzodiazepine receptors. This special receptor profile suggests a favorable effect on sleep, especially because of the combination of a 5 HT 2 receptor and an H 1 receptor blockade.

Methods: A cross-sectional retrospective study of a convenience sample (n=42) conducted at the sleep center in a community-based, tertiary care, hospital. Medical and polysomnographic sleep records were selected and reviewed from among patients who presented over 24-months for evaluation. 21 patients were selected and matched based on age, sex, body-mass index (BMI), and the presence/absence of obstructive sleep apnea (OSA) to control without Quetiapine. Correlation analysis was performed to assess the association of Quetiapine with sleep efficiency, sleep and REM latency, wake time after sleep onset (WASO), and relative percentage of N1, N2, N3 and REM.

Results: The study population was 57% female with a mean age of 44.8 years and mean BMI of 37.5. A higher proportion of patients with OSA were in the group without use of Quetiapine (81%, n = 17). Use of Quetiapine was not significantly associated with altered sleep efficiency, sleep latency, WASO, or the relative percentage of sleep stages. A notable, but not significant (p = 0.08), increase in the REM latency was observed.

Conclusions: Among the study population use of Quetiapine was not associated with a change in sleep efficiency, sleep and REM latency, WASO, or percentage of N1, N2, N3 and REM.
RESPONSE AND REMISSION RATES IN AN ALGORITHM-BASED PHARMACOTHERAPY FOR FIRST-EPISODE SCHIZOPHRENIA SPECTRUM DISORDERS INVOLUNTARILY HOSPITALIZED

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Objectives: We examined response and remission rates in patients with first-episode schizophrenia spectrum disorders (FES), who were involuntarily admitted and treated based on an algorithm-based pharmacotherapy, to investigate little-known clinical outcome.

Methods: Retrospective chart review was conducted between October 2012 and December 2013 in 60 patients with FES admitted to the acute ward of our hospital on involuntary status; due to imminent risk of harming self or others, or being unable to care self in the context of severe symptomatic deterioration. These patients received the pharmacotherapy based on an algorithm as follows; (1) using olanzapine as third-line trial due to well-known risks of metabolic complication, (2) initiating antipsychotics at lower dosage, (3) monotherapy of antipsychotics, (4) duration of each antipsychotic trial > 4 weeks, and (5) use of benzodiazepines and anticholinergic drugs. Clinical response was defined as the CGI-I score of 2 or 1. Symptomatic remission was defined as all eight relevant items scores in the PANSS ≤ 3. This study was approved by the Institutional Review Board of our hospital.

Results: In the first-line, second-line and third-line trial, 62 %, 45 % and 30% of patients responded, respectively. The rate of symptomatic remission rate was 60 % at discharge.

Conclusions: In the acute treatment for patients with FES, who were involuntarily hospitalized, response and remission rates of those may be as high as those of participants in clinical trials, and an algorithm-based pharmacotherapy may lead to a good outcome.
**Aim:** We investigated the association between serum proBDNF, a precursor of brain-derived neurotropic factor (BDNF), and response to fluvoxamine in patients with major depressive disorder (MDD).

**Subjects and Methods:** All patients fulfilled the MDD criteria listed in the DSM-IV-TR, and they were physically healthy and free of current alcohol or drug abuse, comorbid anxiety, and personality disorders. We defined the responders as whose scores of the 17 items of the Hamilton Rating Scale for Depression (HAMD17) decreased by 50% or more.

**Results:**
A trend for a negative correlation was found between the patients’ baseline serum BDNF and baseline HAMD17 scores ($r = -0.18$, $p = 0.07$). No correlation was found between the HAMD17 scores and proBDNF at baseline ($r = 0.09$, $p = 0.42$). Further, no correlation was observed between baseline HAMD17 scores and baseline proBDNF/BDNF ($r = -0.13$, $p = 0.19$). No changes were observed in the serum levels of proBDNF and BDNF during the treatment periods.

**Conclusion:** These results suggest that there is no association between serum proBDNF/BDNF and fluvoxamine response in MDD patients, at least within 4 weeks of the treatment.
ANGIOEDEMA AS A RARE ADVERSE EFFECT OF OLANZAPINE

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Objectives

Angioedema is a rare adverse effect of antipsychotics and has been reported with risperidone, olanzapine, clozapine, ziprasidone. Here we report a patient who developed angioedema following treatment with olanzapine.

Methods

A case report

Results - Case Report

47-year-old man with a history of bipolar disorder is accepted to our clinic with the diagnosis of psychotic manic episode. The patient reported an irregular use of 1200 mg/day lithium carbonate and 800 mg/day quetiapine during the last month before admission. The medical history of the patient was unremarkable, and he did not report allergic reactions to any drug or food. After admission olanzapine 20 mg/day intramuscular and lithium carbonate 900 mg/day were started. Four days later he developed painless, non-pruritic swelling over the face. On physical examination, periorbital oedema was remarkable and the vital signs were normal. Olanzapine therapy was withdrawn and repeated laboratory examinations were found to be normal. A diagnosis of olanzapine-induced angioedema was made, and after a single injection of methyl-prednisolon 40 mg, pheniramine 22.7 mg/day was initiated. Angioedema was completely resolved within one week and the patient was started on risperidone 6 mg/day. During the follow-up, manic symptoms and psychosis improved significantly and he remained well without any recurrence of angioedema.

Conclusions

Adverse events should be monitored closely in patients receiving antipsychotics. A prompt diagnosis and early treatment with drug withdrawal can prevent life-threatening complications due to drug-induced angioedema.
RAPID ONSET OF ANTIMANIAC EFFECT OF ASENAPINE IN PSYCHIATRIC EMERGENCY SERVICES

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Objectives
Asenapine is a second-generation antipsychotic and approved for the treatment of manic episodes in adults with bipolar disorder and schizophrenia. Previous results indicate that Asenapine is rapidly acting and well tolerated for patients with bipolar disorder with or without psychotic features. Rapid onset of antimaniac effect and an early improvement is needed in psychiatric emergency rooms.

Methods
The goal of this observational open-label study was to assess the rapid onset of Asenapine in psychiatric emergency services. Adult patients in psychiatric emergency services experiencing manic or mixed episodes with or without psychotic features were treated with sublingual Asenapine (flexible dose 5mg o 10mg) Global improvement was assessed using PANSS-EC, PEC and Visual Analogue Scale/ Irritability score change from baseline to 30 min.

Results
Study period January to August 2014. Preliminary results show that mean dosage of Asenapine was 8.6 mg. Most patients describe a bitter taste caused by Asenapine. Improvement and rapid onset was observed in PEC and VAS in 4 patients. No statistical analysis available at this moment. No serious adverse effects were reported

Conclusions
Preliminary results indicate that Asenapine is rapidly acting and efficacious for patients in psychiatric emergency services.

References

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LATE-ONSET NEUTROPENIA DUE TO CLOZAPINE

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Objectives
Clozapine is an antipsychotic agent effective in treatment resistant schizophrenia. Although clozapine-induced neutropenia and agranulocytosis is highest in the first 6-18 weeks, it has been reported even 5 year or longer treatment with clozapine. We would like to report a case who developed neutropenia due to clozapine after 8 years of treatment.

Methods
Case report

Results - Case Report
46- year-old woman who had 8 years history of schizophrenia had been under treatment of therapeutic doses of risperidone for the first 6 months after the diagnosis. Because of no improvement in her clinical status clozapine was initiated at the dose of 25 mg/day and slowly titrated to a dose of 300 mg/day and risperidone was stopped. A year later because of electroencephalography (EEG) alterations valproate 500 mg/day was added. During the first 7 years of treatment, monthly hematological monitoring had been normal within the range between 4000 and 10000/mm³. In March 2012, WBC of 2100 and ANC of 1280 was counted with no sign of infection. The other laboratory results and her physical examination was unremarkable. After diagnosis of neutropenia was made, all medications were discontinued and weekly blood counts were monitored. The WBC count reached to normal limits 3 weeks after cessation. The patient’s mental status has been stable with treatment of sertindole 16 mg/day and amisulpiride 800 mg/day. Her clinical status remained well without any recurrence of hematological adverse effects.

Conclusions
Neutropenia can occur even after many years of clozapine use. Our case underlines the importance of regular blood monitoring in patients treated with clozapine.
ABOUT A CASE OF SECUNDARY HYPERPROLACTINEMIA AFTER EXTENDED RELEASE ANTIPSYCOTICA TREATMENT. STRATEGIES TO NORMALIZE
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Objective: It's about a young female who was treated for her mental disease (paranoid schizophrenia) with extended release antipsychotic treatment (paliperidone), after unsatisfactory response to others pharmacology options, with secondary hyperprolactinemia and the strategies decided to normalize the prolactine blood levels and control the associated symptoms and signs (such as reduction dose, add another antipsychotic with hypothetical effect to reduce prolactin level, add contraceptive).

Methods: Observation during twelve months treatment in ambulatory mental health center, controlled with psychiatric interviews and periodic blood tests (including prolactinemia).

Result: no clinically significant reduction of prolactin blood levels with the different strategies adopted and persistence of secondary symptoms of hyperprolactinemia after twelve months of treatment.

Conclusion: the use of contraceptive pills, add of another antipsychotic with hypothetical effect to reduce prolactine level and reduction dose of extended release antipsychotic treatment do not appear to be effective to reduce prolactine blood level and to treat secondary symptoms as amenorrhea.
UN ESTUDIO DE LAS CARACTERÍSTICAS CLÍNICAS Y DE ADHERENCIA DE LOS TRATAMIENTOS NEUROLÉPTICOS INTRAMUSCULARES DE LARGA DURACIÓN (ILD) EN ESQUIZOFREÑA Y OTROS TRASTORNOS RELACIONADOS

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OBJETIVOS:
Principal: Determinar diferencias entre las tasas de adherencia que tienen los distintos ILD en nuestra área. Secundarios: Determinar diferencias entre las características sociodemográficas o clínicas entre los diferentes tipos de ILD.

METODOLOGÍA:
Estudio descriptivo, naturalístico y comparativo.
Muestra: Universal de pacientes con ILD atendidos en 2013 en el Hospital Universitario Parc Taulí de Sabadell (n=342). Área referencia 380.000 habitantes. Variables: sociodemográficas, clínicas, adherencia al tratamiento, lugar de punción, dosis y frecuencia de administración.
Análisis descriptivo y comparativo, con pruebas paramétricas.

RESULTADOS:
Características: edad media 44,2, sexo masculino (64,4%), y diagnóstico de Esquizofrenia (64,6%) y Trastorno Esquizoafectivo (12,6%). Risperidona ILD es el tratamiento más administrado en nuestra muestra (42,1%), seguido por el Palmitato de Paliperidona (35,1%).
No se demuestran diferencias significativas según sexo o edad de administración de los diferentes tratamientos depot.
La adherencia es muy alta (media 94,55%, DE 8,2), no demostrándose diferencias significativas entre los distintos tratamientos, a excepción de la RILD con la Olanzapina Depot (p=0,01) y ésta última con el Palmitato de Paliperidona (p=0,05).
La principal zona de administración es glútea (73.1%). La frecuencia de administración más utilizada es bisemanal.
Existen diferencias significativas respecto del uso de los diferentes ILD en función del diagnóstico.

CONCLUSIONES:
Los ILD son ampliamente utilizados en nuestro medio, fundamentalmente en pacientes varones, de edad media y afectos de Esquizofrenia. No existen diferencias significativas en edad o sexo entre los diferentes ILD pero sí en diagnóstico. La adherencia global es correcta, con escasas diferencias entre sí.
TRENDS IN ANTIPSYCHOTIC PRESCRIPTIONS FOR 186,097 OUTPATIENTS IN JAPAN 2006-2012

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Objectives: To assess current trends in antipsychotic prescriptions for outpatients in Japan where we are witnessing greater emphasis on and more efforts towards the community mental health care.

Methods: This descriptive epidemiological study was conducted using dispensing records from 964 community pharmacies across Japan. A total of 186,097 outpatients aged 18 years or older receiving their first antipsychotic prescription between 2006 and 2012 were assessed. The summary statistics and year trends were described for monotherapy, polypharmacy, and doses of antipsychotics and/or psychotropic medications.

Results: Of the 186,097 outpatients, 119,353 (64%) and 66,744 (36%) were adult (18–64 years) and elderly (65–106 years), respectively. The proportion of females was constant at around 56% throughout the study period. In adult outpatients, atypical-antipsychotic monotherapy increased from 35 to 51%, whereas typical-antipsychotic monotherapy decreased from 39 to 32% and antipsychotic polypharmacy decreased from 26 to 17%. In elderly outpatients, similarly, atypical-antipsychotic monotherapy increased from 48 to 56%, typical-antipsychotic monotherapy decreased from 42 to 38%, and antipsychotic polypharmacy decreased from 10 to 6%. The mean chlorpromazine equivalent doses decreased from 270 to 201 mg/day in adult outpatients and from 111 to 98 mg/day in elderly outpatients. Anxiolytics/hypnotics, antidepressants, antiparkinson agents, mood stabilizers, and antidementia agents were prescribed together with antipsychotics at 64, 28, 17, 17, and 0.3% in adult outpatients and 38, 13, 15, 6, and 12% in elderly outpatients, respectively.

Conclusions: Our study demonstrated the increase in atypical-antipsychotic monotherapy and the decrease in doses of antipsychotics both in adult and elderly outpatients in Japan.
**IS SUSTAINED DOPAMINE D2 RECEPTOR BLOCKADE ABOVE 65% NECESSARY FOR MAINTENANCE TREATMENT OF SCHIZOPHRENIA?: A SINGLE-BLIND, RANDOMIZED, CONTROLLED STUDY**

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**Objectives:** In the acute phase of schizophrenia, 65-80% blockade of dopamine D2 receptors with antipsychotics optimizes therapeutic efficacy while minimizing risks of extrapyramidal symptoms. However, it is unclear as to whether it is necessary to keep D2 blockade within this therapeutic window for the maintenance treatment.

**Methods:** In this single-blind, 52-week, randomized controlled trial, clinically stable patients with schizophrenia (DSM-IV) treated with risperidone or olanzapine were randomly assigned to the continuous D2 blockade group (i.e. a trough D2 blockade of >65%) or intermittent D2 blockade group (i.e. a peak D2 blockade of >65% with a trough level of <65%). Plasma antipsychotic concentrations at trough that are expected to result in 65% D2 blockade are 15.2 ng/mL and 19.3 ng/mL for risperidone and olanzapine, respectively, according to the model that we recently developed. Oral doses that correspond to those plasma antipsychotic concentrations at trough will be estimated for each individual, using the mixed effect population pharmacokinetic approach. According to the group assigned, antipsychotic doses were individually titrated. Psychopathology and side effects were assessed at the baseline and one year with the Positive and Negative Syndrome Scale (PANSS), the Simpson-Angus Scale (SAS), the Barnes Akathisia Rating Scale (BAS), and the Abnormal Involuntary Movement Scale (AIMS).

**Results:** Sixty-eight patients were enrolled (mean±SD age, 55.4±14.9; 41 men; 33 and 35 subjects on risperidone and olanzapine, respectively). 26 (76.5%) and 31 (91.2%) subjects successfully completed the study in the continuous D2 and intermittent D2 groups, respectively, without any significant difference. No significant differences were found in changes in the PANSS total score (-0.6 vs. -1.5), SAS, BAS or AIMS between the continuous D2 and intermittent D2 groups.

**Conclusions:** Sustained dopamine D2 blockade above 65% may not be necessary for the maintenance treatment.
THROMBOCYTOPENIC PURPURA INDUCED BY PREGABALINE: A CASE REPORT

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Objective
Describe a case report of thrombocytopenic purpura induced by pregabalin.

Methods
Incidence of drug-induced thrombocytopenia is estimated at 10 cases per million. Usually platelets decrease after, at least, 7 days of treatment and recover quickly in the next 10 days after drug discontinuation.
Pregabalin is a drug indicated mainly for the treatment of neuropathic pain but also in generalized anxiety disorder.
In clinical trials, only 3% of patients with pregabalin and 2% with placebo reported decreased platelet count, defined as a decrease of 20% from baseline count or a count <150x10^3/ml.
Thrombocytopenia is approximately 1.5% among all side effects of pregabalin, but it is very infrequent the occurrence of purpura.
To date only 20 cases were reported among more than 57,000 side effects (0.03 %) reported by taking this drug. First case was published in December 2008. This is the interest of present reported case.

Results
This is a 29 years old male with generalized anxiety disorder that begins pregabalin treatment with increasing doses from 25 mg/day. Four days later, when reaching 75 mg/day, shows an outbreak of maculopapular rash not blanched with diascopy, starting in the abdomen and back but quickly coalescing in generalized purpuric spots, also accompanied by fever and progressive thrombocytopenia to a minimum of 25x10^3/ml. He required hospitalization and treatment with decreasing doses of corticosteroids that diminished rash within about 2 weeks and improved platelet count very slowly to normal values within 6 weeks.

Conclusions
The use of pregabalin can induce thrombocytopenia and purpura with potentially serious consequences.
It is necessary for psychiatrists to know that these adverse events may appear in order to anticipate them and act quickly in case of suspected diagnosis.
MONOTHERAPY WITH LONG-ACTING PALIPERIDONE PALMITATE IN A SHORT-TERM PSYCHIATRIC INPATIENT UNIT
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Objectives: The objective of this study is to make a naturalistic observation of the use of long-acting paliperidone palmitate (LAPP) in a short-term psychiatric inpatient unit in Madrid, Spain.

Methods: Data were available for 132 inpatients consecutively prescribed long-acting paliperidone palmitate.

Results: Diagnostics among the sample are schizophrenia (n=73), schizoaffective disorder (n=11), delusional disorder (n=23) and psychosis NOS (n=25). Only 2 patients discontinued because ineffectiveness or adverse effects. The average inpatient stay is 13.85 days, and subjects treated with the second dose of LAPP in day 4 have a lower stay (11.23 days) than patients who received the second dose of LAPP after day 4 (15.41 days), p=0.022. The rate of absolute monotherapy with LAPP is 33.8% (n=44), and the rate of antipsychotic monotherapy is 53.1% (n=69). Patients who received the second dose of LAPP in day ≤ 6 have a higher rate of antipsychotic monotherapy (73.2%) compared with whom received the second dose in day > 6 (51.4%), p=0.030.

Conclusions: Long-acting paliperidone palmitate is useful for treat patients with antipsychotic monotherapy in a psychiatric unit. Early administration of the second dose of LAPP increase the rate of antipsychotic monotherapy and reduce the average inpatient stay.
RELIABILITY OF THE CAPILLARY LITHIUM LEVEL
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Keywords: capillary lithemia, lithium, reliability, measure.

Introduction:
Lithium is a mood stabilizer used as a first line agent in the treatment of Bipolar disorder. Its biomechanical mechanism is unknown. Monitoring of serum lithium is important as the therapeutic range is narrow (0.6-1.2 mmol/L).

Objectives:
• To compare capillary lithium level with that of venous blood.
• To correlate these two values.
• To test out the reliability of the capillary lithium level.

Methods:
Prospective descriptional study. Sixteen individuals treated with lithium. Capillary and venous lithium levels were measured twelve hours after the last lithium dose was taken. Medimate Minilab (CE certificate) was used to measure capillary lithium levels in optimal condition.
Normal distribution expressed both with mean and standard deviation and non-normal distribution, median and interquartilic range. Wilcoxon test is used to analyse the results.

Results:
Capillary lithemia values in measured range (0.025-10.0 mmol/l)
Capillary lithemia: media: 1.04 y DE: 0.50. Mediana: 0.85. RI (0,63-1,30)
Venous lithemia: mediana: 0.81. RI (0.67-1.30)
Wilcoxon Test: Z=-2.33 (p value 0.02)
Interclass correlation coefficient: 0.93

Conclusions:
There were differences between the two measuring methods. It would be necessary to recruit a bigger sample in order to establish the compatibility of the two measuring methods. The method used for capillary lithium level demonstrates high sensitivity (88%) and positive predictive value (73%) which is proven to be a reliable method to measure the therapeutic range. This is a good screening test. However, low specificity (57%) was found in the toxic and ineffective range.

Bibliography:
Manual de instrucciones Medimate Minilab.
USE OF ANTIDEPRESSANTS AND AGE: A COMPARATIVELY HIGH RISK OF SUICIDE ATTEMPTS BUT NOT OF SUICIDE AMONG THE YOUNG

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Objectives The United States Food and Drug Agency (FDA) as well as the European Medicines Authority (MDA) have issued a number of advisory warnings regarding a possible causal link between antidepressants (ADs) and suicide behavior among young persons. We investigated the rates of (fatal) suicide attempts associated with ADs at different ages.

Methods By linking insurance claims registered in the Achmea Health Database and the death register of Statistics Netherlands (2001-2011), rates of (fatal) suicide attempts were estimated during episodes of AD use and intermittent episodes of no use over a broad age range.

Results For 232,561 patients with at least one AD prescription after ≥1 year of no use, 590 suicides and 2,939 suicide attempts were registered. During episodes of use compared to episodes of no use, the rates of suicide (8.5 vs. 3.1/10,000 pyrs.) and suicide attempts (68.8 vs. 28.1/10,000 pyrs.) were significantly higher. For suicide attempts, the Rate Ratio (RR) during AD use compared to no use decreased from 3.62 among those aged <24 years to 1.86 among those aged >60 years (P for interaction {age x episode}<0.001). A similar age dependency was observed when restricting use of ADs to SSRIs or to the later years (>5 years) after the first registered AD. For suicide, no statistically significant age dependency of the HR was established (P=0.9063).

Conclusions Episodes of AD are indicative of high suicide behavior risk, especially at young age. At young age, use of ADs may be less effective for prevention of suicide behavior, which necessitates intense clinical monitoring.

References
CLOzapine-INDUCED NEUROLEPTIC MALIGNANT SYNDROME ASSOCIATED WITH RAPID DOSE ESCALATION

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Objectives
Neuroleptic malignant syndrome (NMS) is a rare, life-threatening adverse reaction to antipsychotic drugs. Clozapine- associated NMS is seen rarely and differs from those with other atypical antipsychotics as it is less likely to show extrapyramidal symptoms. We would like to report a case who developed incomplete NMS after rapid dose escalation of clozapine.

Methods
A case report

Results - Case Report
50-year-old man who was diagnosed as schizophrenia 32 years ago and has been under treatment of clozapine for 14 years in the dose range of 400 to 600 mg/day in that he failed to respond adequate trials of neuroleptics. His clinical condition was going well with clozapine 450 mg/day for the last year. At one of his follow-up visits clozapine dose was increased up to 550 mg/day in that psychotic symptoms such as visual hallucinations exacerbated. After 2 days later the patient began to have choreatic movements and confusion. His body temperature was 38.9°C, creatinine kinase (CK) level was 426 U/liter (49-397 U/liter). He diagnosed as NMS and was hospitalized, all the drugs were discontinued, supportive treatment was given. After 4 days his clinical status turned to normal. After ten days of cessation of clozapine, psychotic symptoms emerged and Amisulpiride 800 mg/day was administered. Because there was no improvement in his clinical status he was switched to clozapine, it titrated to 200 mg/day very slowly under the control of vital signs and laboratory tests. He remained well under this dose without any recurrence of psychiatric symptoms and NMS.

Conclusions
Our case calls attention to atypical form of clozapine-associated NMS and underlines the importance of early diagnosis and treatment of NMS.
THE COMMON SIDE EFFECTS OF LONG TERM TREATMENT WITH CLOZAPINE AND THEIR IMPACT: A SRI LANKAN EXPERIENCE

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Objectives: To analyse the side effects experienced by patients who are on clozapine for a period of more than one year and to analyse the impact of the side effects.

Methods: A descriptive cross sectional study carried out in University Psychiatry unit, National Hospital of Sri Lanka, Colombo. All patients attending the clozapine clinic within one month and who are on clozapine for a period of more than one year and who are in remission were selected. Interviewer administered questionnaire was used to assess the presence of side effects and their impact. Data was analyzed using SPSS software.

Results: Sample was 63. Mean age was 34.9 years (range 18-60). Mean duration of usage of clozapine is 7.0 years (range 1-20). Fifty seven (71.4%) had hyper-salivation and constipation and 12 (19.0%) had nocturnal enuresis. Majority of patients who had hyper-salivation (86.6%) and nocturnal enuresis (100%) were not receiving any medical intervention. Fifteen (23.8%) reported the side effects have caused distress for them and 19% (n=12) revealed they have affected their activities of daily living.

Conclusions: Most common long term side effects were hyper-salivation and constipation. Majority of patients with hyper-salivation were not receiving medical intervention. Majority of patients did not report that the side effects affect their activities of daily living or they cause personal distress.
ESTUDIO DEL EFECTO DEL TRATAMIENTO CON PALMITATO DE PALIPERIDONA EN UNA MUESTRA DE PACIENTES DE UN ESM RURAL
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Introducción: Palmitato de paliperidona (PP) es un antipsicótico atípico de introducción reciente en el arsenal terapéutico de los especialistas en psiquiatría para el uso en psicosis crónicas. Mediante este trabajo pretendemos conocer las características de los pacientes que reciben PP en un equipo de salud mental comunitario rural y el efecto del tratamiento tras su inicio.

Objetivos: Describir las características básicas de los pacientes que se encuentran en tratamiento con PP en ESM y analizar el efecto del mismo.

Metodología: Planteamos un estudio descriptivo retrospectivo basado en la revisión sistemática de historias de pacientes ambulatorios en tratamiento con PP en ESM (n=20). Como variables para analizar el efecto del tratamiento usamos el nº de ingresos y descompensaciones psicóticas en los 6 meses previos y tras el inicio del tratamiento.

Resultados: Además de la descripción sociodemográfica de la muestra, apreciamos una disminución en las variables estudiadas, siendo el descenso del 80% en número de ingresos y del 85,7% en el número de descompensaciones tras el inicio del tratamiento con PP.

Conclusiones: Teniendo en cuenta el escaso tamaño muestral, los resultados parecen apuntar a una mejora en la evolución de los pacientes, si bien tenemos en cuenta que hay factores de confusión en el estudio como son el seguimiento más estrecho de los pacientes y la garantía de cumplimiento del tratamiento.
DEVELOPMENT OF HICCUP IN PATIENTS HOSPITALISED IN A PSYCHIATRIC WARD

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Objectives. To control for ongoing treatment in people hospitalized in a psychiatric ward who developed intractable hiccup.

Methods. We investigated 354 patients who were consecutive hospitalised at the Sant’Andrea hospital’s psychiatric diagnosis and care unit during 2013 for the development of hiccup.

Results. The symptom occurred in eight patients. All these patients were taking aripiprazole or benzodiazepines and seven of them were taking both. Only one patient out of 273 on benzodiazepines alone developed this untoward side effect. Of the 12 patients on aripiprazole who were not taking benzodiazepines, none developed hiccup. No patient of the 27 who were on other drugs than aripiprazole or benzodiazepines developed hiccup. In all cases the symptom subsided upon discontinuing aripiprazole and in the only case in which hiccup occurred with the benzodiazepine alone upon discontinuing the benzodiazepine. The difference between taking both aripiprazole and benzodiazepines versus not taking them and developing versus not developing hiccup was statistically significant at the p<01 level (chi-squared test 39.07).

Conclusions. Hospitalised psychiatric patients on both aripiprazole and benzodiazepines may be at significant risk of developing hiccup. Clinicians should be aware of this possibility and discontinue the antipsychotic shifting to another antipsychotic.
EVALUACIÓN DE LA EFICACIA CLÍNICA DE PALMITATO DE PALIPERIDONA EN PACIENTES ESTABLES EN SEGUIMIENTO AMBULATORIO CON TMG

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Objectives
El desarrollo de los antipsicóticos de liberación prolongada permite avanzar en el control de la sintomatología a largo plazo y mantenimiento de los pacientes con menor índice de recaídas y mayor calidad de vida.

En este estudio evaluamos los resultados clínicos obtenidos tras el cambio a palmitato de paliperidona en pacientes ambulatorios con TMG estabilizados previamente con otros antipsicóticos.

Methods
Estudio retrospectivo observacional de imagen en espejo. Recoge datos de 50 pacientes estabilizados y en seguimiento ambulatorio. Muestra correspondiente a los pacientes tratados con PP, dentro del programa de seguimiento de salud física en TMG en la USM. Variables recogidas: datos sociodemográficos, diagnóstico, tratamiento, ingresos, y valoración “subjetiva” de eficacia tras el cambio medida mediante la ICG-Mejoría (Psiquiatría), y satisfacción tras el cambio de tratamiento (paciente).

Results
Muestra de 50 pacientes. Media de edad de 46,5 años. El 84% presenta más de 10 años de evolución de enfermedad, pacientes crónicos con múltiples reingresos. Los diagnósticos mayoritariamente son: esquizofrenia (64%) o trastorno esquizoafectivo (24%). Tmedio en tratamiento con PP 18 meses. La practica totalidad de los pacientes (96%) transicionan 39 desde RILD y 9 desde Neurólépticos típicos.

Se observa una disminución de los reingresos respecto al periodo previo. Se observa una marcada disminución de la politerapia antipsicótica (20%). Clínicamente (ICG-Mejoría), la mayoría de los pacientes están mucho mejor (32%), o moderadamente mejor (46%), y la mayoría de los pacientes (92%) considera estar mejor que en el periodo previo y ninguno considera estar peor.

Conclusions
PP ha mejorado los resultados clínicos de pacientes psicóticos previamente estabilizados. Disminuido ligeramente los ingresos y simplificado los tratamientos disminuyendo polifarmacia AP. La valoración global de la mejora clínica es muy favorable por parte del equipo de psiquiatría y los pacientes.

A nuestro juicio estos resultados tienen mayor valor si consideramos que la mayoría de esta muestra son pacientes crónicos de larga evolución y tratados previamente con otros APS ILDs o depot.

Reference:
EVALUACIÓN DE EFICACIA CLÍNICA, SALUD FÍSICA Y SÍNDROME METABÓLICO DE PALMITATO DE PALIPERIDONA EN PACIENTES CON TMG AMBULATORIOS PREVIAMENTE ESTABILIZADOS CON RILD

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Objectives:
Estudios y metaanálisis demuestran mayor eficacia de los antipsicóticos de larga duración en la prevención de recaídas. Palmitato de Paliperidona ha demostrado ser no inferior a RILD en los ECA previamente estabilizados con la ventaja de su administración mensual. El objetivo del estudio fue evaluar los cambios obtenidos tras el cambio a PP en una muestra de pacientes previamente estabilizados con RILD.

Methods:
Estudio retrospectivo observacional de imagen en espejo. Sub-análisis de los pacientes que transicionan desde RILD. Muestra: 39 pacientes estabilizados y en seguimiento. Variables recogidas: datos sociodemográficos, diagnóstico, tratamiento, ingresos, variables de salud física y valoración “subjetiva” de eficacia tras el cambio medida mediante la ICG-Mejoría.

Results:
Muestra: 39 pacientes estabilizados previamente con RILD. Media de edad: 45,7. Diagnóstico: esquizofrenia (62%). La dosis más prescrita con RILD era 75mg y tras el cambio la dosis más prescrita es la de 150mg. Previo al cambio, un 53,85% de los pacientes con RILD estaban con dosis fuera de FT y tras el cambio a PP sólo quedan fuera de FT 20,51%.
Se observa disminución de la politerapia antipsicótica (20%), y disminución de los reingresos respecto al periodo previo.
La mayoría de los pacientes están “mucho mejor” (28%), o “moderamente” (49%), y la mayoría de los pacientes (92%) considera estar mejor que en el periodo previo y ninguno peor.

Conclusions:
Este estudio ha demostrado que las transiciones son seguras clínicamente y no se producen más reingresos. La reducción de la politerapia AP unido a las pautas mensuales facilitan el seguimiento y la seguridad del tratamiento.
2/3 de los pacientes están con la equivalencia mostrada en FT RILD-PP e incluso un 10% necesitan menor dosis.
Se observan mejorías relevantes de las variables físicas y se reduce en más de un 40% el número de pacientes diagnosticados del SM.

References:
MATERNAL PSYCHOTROPIC DRUG DOSAGE AND BIRTH OUTCOMES
1Vincent van Gogh Institute for Psychiatry, Venlo, the Netherlands
2University Medical Center, Utrecht, the Netherlands
3Viecuri Medical Centre, Venlo, the Netherlands
4Twee Steden Hospital, Tilburg, the Netherlands

Objectives
Mental disorders are highly prevalent during pregnancy, affecting up to 25% of all pregnant women. The aim of this study was to explore the relationship between the dose of psychotropic medication and birth outcomes.

Methods
In this retrospective study 136 women were enrolled. These women either had an active mental disorder, were taking medication to prevent a relapse or had a history of postpartum depression or psychosis. Medication use was evaluated for the three trimesters and during labor. Based upon the defined daily dose, medication use was classified into three groups. Primary outcomes variables included the infants’ gestational age at birth, birth weight and Apgar scores at 1- and 5-minutes.

Results
Our study showed a significantly higher incidence of Apgar score ≤ 7 at 5 minutes in women taking psychotropic drugs as compared with the group taking no medication (respectively 16.3% versus 0.0%, p=0.01). The results showed no significant differences in gestational age, birth weight, or Apgar scores for a low-intermediate or high dose of a SSRI and for a low or intermediate dose of an antipsychotic.

Conclusions
1. This study does not indicate a relationship between doses of SSRI’s and antipsychotics and neonatal outcomes.
2. This study showed a significant higher incidence of Apgar score ≤ 7 at 5 minutes in women taking psychotropic drugs as compared to the group taking no medication.

References
CASE STUDY: THE ADVERSE EFFECTS OF LITHIUM
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Objectives
Analysis of the treatment alternatives for patients diagnosed with a bipolar disorder of torpid evolution. Revision of the possible adverse effects of lithium and its impact on the adherence to treatment.

Methods
We revise the clinical evolution of a patient diagnosed with Bipolar disorder type I, with the following characteristics: at least two manic episodes per year, consumption of toxic substances and high sensibility to antipsychotics and euthymics.

Results
We will describe the case of a 23-years-old patient diagnosed with bipolar disorder type I. During the course of the illness, Benign Intracranial Hypertension is diagnosed and the treatment with lithium must be stopped. We replace lithium treatment by Asenapine monotherapy. The evolution of the patient was very positive. Taking account of the adverse effects of lithium and reducing them can facilitate the adherence to treatment and also benefit early remission and less deterioration in each episode.

Conclusions
It is fundamental to promote a comprehensive approach to each patient, including psychotherapy, psychoeducation as well as appropriate medication. The knowledge of the described effects helps us to determine the appropriate medication for each patient.
DESCRIPTIVE STUDY OF PATIENTS TREATED WITH PALMITATE PALIPERIDONE

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Objectives
Review of the diagnoses of the treated patients with Palmitate Paliperidone for one year in a Mental Health Unit, as well as some of their key socio-demographic characteristics, the length of the hospital stay and the average treatment according to clinical diagnosis.

Methods
Descriptive epidemiological study including patients admitted to our hospital. It covers the period from January 2013 to December 2013.

Results
For the period between January and December, a total of 315 patients were admitted in our Mental Health Hospital Unit, of which 45 were treated with Paliperidone Palmitate. The diagnosis were: Schizophrenia (25 patients; 55.56%), Schizoaffective disorder (7 patients; 15.56%), Delusional disorder (5 patients; 11.11%), Bipolar disorder (1 patient; 2.22%), Personality disorder (2 patients; 4.44%), Obsessive Compulsive disorder (1 patient; 2.22%), Organic Brain disorder (1 patient; 2.22%), Schizophreniform disorder (1 patient; 2.22%) and Mental Retardation (1 patient; 2.22%). The mean age of patients was 35.7 years old. The most common marital status was unmarried state (30 patients; 66.6%). The average stay per hospital admission was 19.33 days. The most abused drugs was tobacco (31 patients; 68.8%). The mean dose of Paliperidone Palmitate was 137.5 mg. Schizophrenic patients need higher doses of treatment.

Conclusions
A significant improvement in functionality was observed in our patients. What’s proven efficacy and good tolerability and adherence, so we consider Paliperidone Palmitate as a drug of first choice in the treatment of schizophrenia.
ABOUT TWO CAMPTOCORMIA CASES INDUCED BY SECOND-GENERATION ANTIPSYCHOTICS

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Reporting two Camptocormia cases in institutionalized and serious patients who have been taking antipsychotics for years.

One case starts with the neurological clinical picture months after taking olanzapine (20 mg/day); and the other when takes risperidone (6mg/day).

We consider both cases extremely rare being that olanzapine and risperidone second generation antipsychotics with few extrapyramidal effects.

Camptocormia is a clinical picture based on a forward flexion of the trunk walking, which disappears with dorsal decubitus. It is a severe and disabling issue, which requires differential diagnosis with other pathologies.

Analytical results and cerebral and spinal images are provided.

Symptoms got better with the drug withdrawal and the use of other options: replace by other antipsychotics, anxiolytic, anticholinergic… But only disappear taking clozapine.

Months after the patients are still asymptomatic in this way, with the improvement of his psychopathology state.

Using Clozapine successfully for the treatment is a novelty, inasmuch as the pathology has few treatment options and often are not effective.

KEYWORDS:
Antipsychotics, olanzapine, camptocormia, clozapine, risperidone.
Neuroleptic Malignant Syndrome is one of the most dangerous complications of antipsychotic therapy, rare but very serious, especially with first-generation neuroleptics. It is a medical emergency, an early diagnosis will be necessary and include general supportive measures and symptomatic drug therapy.

Objectives
NMS is a diagnosis of exclusion that typically occurs between 24 and 72 hours. Rare after two weeks, except that the deposit may extend this period. The course is between 7 and 10 days.

Methods
We will present a case in which we see the difficulties that arise in daily clinical practice.

Results
The most characteristic symptoms are engines, such as stiffness ("lead pipe"), dystonia, tremor, nystagmus, opisthotonos, bradykinesia, dysphagia, dysarthria, lethargy, convulsions, trismus, oculogyric crisis. Changes the state of consciousness (confusion, delirium and stupor or coma). Hyperthermia, above 38.5 °C (up to 41). Autonomic instability (hypertension, postural hypotension and variability in blood pressure, tachycardia, tachypnea, salivation, sweating, pale skin, and urinary incontinence).

Conclusions
It is particularly difficult to make the differential diagnosis with malignant catatonia, by the common features that both products, which are indistinguishable in a quarter of cases, conceptualizándose the NMS as a form of drug-induced malignant catatonia. This resembles by muscle rigidity, hyperthermia, and akinesia. His appearance is preceded by emotional disorders, psychotic symptoms, depressive symptoms, impaired functioning prior patient, acute anxiety and agitation, which occurs about two weeks before. Subsequently choreiform stereotypies, primitive hyperkinesias, spasms and rhythmic and cyclic arm movements. In catatonia, hyperactivity and hyperthermia typically occur prior to the administration of the neuroleptic. Laboratory findings are usually normal. The measures will be similar: remove ineffective antipsychotics and ECT used as a suitable indication, since the use of ECT and benzodiazepines are the treatment of choice in malignant catatonia and in severe or prolonged NMS.
PSYCHOACTIVE DRUGS AND INTERACTIONS: USEFULNESS OF PALIPERIDONE
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Objectives: To describe throughout a mild or borderline intellectual impairment treatment case the usefulness of paliperidone in a patient treated with phenytoin.

Methods: On the basis of a detailed analysis of a clinical case as well as an extensive bibliographical research, we want to draw attention to the usefulness of paliperidone to avoid drugs interactions.

Results: We present a case of a 72 years old man on outpatient follow presenting: mistrust, paranoidism and disturbed behaviour, probably to mild or borderline intellectual impairment. The patient was on treatment with phenytoin because of epilepsy. The patient began with risperidone up to dose of 2 mg/day without effective results. Thus, it was replaced by a combination of diazepam 10 mg/day and trazodone 100 mg/day, without improvement. We changed to quetiapine with sustained release and increased dose up to 300 mg/day, also without positive results. Neither response nor side effects were obtained upon any of these treatments. Finally, we proposed oral dose of paliperidone 3 mg daily, and we achieved significant clinical improvement of symptoms. Some undesirable minor effects appeared, therefore the treatment was continued.

Conclusions: Paliperidone does not produce clinical relevant interactions with drugs metabolized by the cyochrome P-450. Its pharmacokinetics could explain the patient’s evolution in spite of the combined treatment with phenytoine. In our case, the enzymatic induction boosted by phenytoine reduced the effectiveness of action of the drugs prescribed. Only paliperidone maintained the effect. We consider paliperidone as the first line drug in patients in concomitant treatment with drugs that could generate interactions.
ACUTE HYPERSENSITIVITY SYNDROME (AHS) CAUSED BY VALPROIC ACID: A CASE REPORT

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OBJECTIVES: Study the case of a patient who suffered a skin reaction probably secondary to the use of valproic acid (VPA)

METHOD: We analyze the case of a patient with suspected AHS caused by VPA whose symptoms appeared at 18 days of initiation of treatment for bipolar affective disorder. It was an erythematous maculopapular rash on trunk, and limbs, not itchy, as well as facial erithema and edema. There was 39ºC fever and tremors. We asked for a complete blood test, biopsy of the affected tissue with anatomopathological analysis, allergy tests and serologies (syphilis, parvovirus, cytomegalovirus, infectious mononucleosis, human herpesvirus 6, HIV-1, HIV-2, hepatitis A / B / C).

RESULTS: Skin lesions were examined by a dermatologist. Due to the initial diagnostic suspicion, VPA was suspended and corticosteroids were prescribed, as well as antihistamines. As a result, the exanthema totally disappeared. Diagnosis was described as a “late-onset pruritic erythematous rash, with fever and no laboratory abnormalities possibly associated to VPA”. A month later, the anatomopathological analysis confirmed the etiology as a “Drug-induced dermatitis”

CONCLUSIONS: We have found only four cases published where AHS was caused exclusively by VPA (1). That makes it rare and interesting for study, as opposed to a clinical condition commonly associated to other antiepileptics such as lamotrigine or carbamazepine

REFERENCES:

Drug Utilization Patterns in Patients with Post-traumatic Stress Disorder in Croatia: Consistency with Clinical Practice Guidelines

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Objectives
The objective of this study was to evaluate drug utilization trends among patients with posttraumatic stress disorder (PTSD) in Croatia and to compare the observed patterns of drug use with current guidelines.

Methods
The study provides details of the annual number of patients with PTSD with at least one redeemed prescription containing a diagnostic code F43.1 from fiscal years 2002 through 2012 in Croatia. Using longitudinal data analysis, overall change in medication use frequency was reported for each medication and therapeutic class according to absolute frequency.

Results
Over the 11-year study period, the number of patients receiving pharmacotherapy for PTSD increased 7-fold. The annual frequency of drug use was highest for anxiolytics increasing from 73,32% in 2002 to 75,83% in 2012, antidepressants from 44,56% to 67,40%, and antipsychotics from 21,81% to 30,21%. Overall change in drug utilization frequency was most prominent for antidepressants (22,84%).

Conclusions
Drug utilization trends are consistent with current guidelines for treatment of PTSD for antidepressants, but highly inconsistent for anxiolytics and partially consistent for antipsychotics. These data revealed areas of irrational use of drugs generating suggestions for interventions to improve drug use and also hypotheses for additional research.

References
ESTUDIO PROSPECTIVO DE LA EXPERIENCIA CON PALMITATO DE PALIPERIDONA EN PACIENTES HOSPITALIZADOS Y AMBULATORIOS

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Objetivos: conocer en la práctica clínica que consecuencias tiene la introducción de la paliperidona en formulación de inyectable de larga duración (ILD) sobre la adherencia al tratamiento, los ingresos hospitalarios y la repercusión en costes.

Métodos: estudio descriptivo de tipo prospectivo en 158 pacientes de entre 18 y 72 años de edad, tratados con paliperidona ILD y seguidos durante dos años. Se recogieron aspectos sociodemográficos, clínicos, farmacológicos y ámbito de intervención.

Resultados: independientemente de los años de evolución de enfermedad, el % de pacientes que continuó en tratamiento con Palmitato de Paliperidona era significativamente mayor (t de Student; p=0,000 IC: -0,753, -0,437) y reingresaban menos (Chi cuadrado; p=0,029). En cualquier grupo de edad, entre el 40 y el 60% de los pacientes con Palmitato de Paliperidona dicen sentirse “mejor” (Chi cuadrado; p>0,05).

El número medio de ingresos antes del tratamiento con Palmitato de Paliperidona fue 2,34; mientras que después fue de 0,40. Calculamos el ahorro medio por paciente en el periodo de estudio antes y después de iniciar el tratamiento con Palmitato de Paliperidona, multiplicando nuestra estancia media hospitalaria (11,2 días) por el coste medio hospitalización/día (400 €). Conclusiones: independientemente de los años de evolución de la enfermedad, los pacientes con Palmitato de Paliperidona abandonan menos el tratamiento y reingresan menos; independientemente de la edad del paciente, la mayoría refiere encontrarse “mejor”.

Utilizar un tratamiento de LD en el periodo de estudio puede reducir el coste en 8.694 € por paciente. En nuestra muestra suponen 1.373.178 € de ahorro en ingresos hospitalarios.

Como limitaciones al estudio señalar que los periodos anterior y posterior a la administración del Palmitato de Paliperidona no son equiparables, lógicamente depende de los años de enfermedad.

PANCREATITIS ASSOCIATED WITH INTAKE OF PSYCHOTROPIC DRUGS: RESULTS FROM THE PHARMACOVIGILANCE PROGRAM AMSP

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Objectives: Pancreatitis is a rare, but serious adverse drug reaction (ADR) during psychiatric pharmacotherapy. The goal of the Drug Safety Program AMSP (“Arzneimittelsicherheit in der Psychiatrie”) is the assessment of severe ADRs of involving psychotropic drugs in psychiatric inpatients under naturalistic conditions.

Methods: The postmarketing multicenter project AMSP is monitoring about 30,000 inpatients per year. 60 hospitals in Germany, Switzerland and Austria are actively participating. Severe ADRs are detected by continuous screening of all departments, causality is analyzed in a standardized form (special project criteria [1]).

Results: Between 1993 and 2011, a total number of 365,062 inpatients were monitored. We observed a total of 25 patients (male:14, female:11) with a drug induced pancreatitis (causal relationship: “probable” or “definite”), 8 of these patients had signs of a subclinical pancreatitis. In 18 ADRs no risk factors could be identified. The most frequently imputed drug was clozapine: 18 cases with 33,213 exposed patients, followed by valproic acid (4/34,693), mirtazapine (2/43,902) and sertraline (1/12,868) [ADR cases/exposed patients].

Conclusions: 72% of all reported pancreatitis in our study were associated with clozapine, no cases were related to other antipsychotics (of second- generation), in contrast to other investigations [2]. There are only a few case reports about pancreatitis associated with other psychotropics like mirtazapine [3]. Despite the low overall incidence of ADRs, postmarketing surveillance is important, because of the severity of pancreatitis with high mortality rates.

References:
1. Grohmann R et al. The AMSP drug safety program: methods and global results. Pharmacopsychiatry 2004; 37/ S 1, 4-11
AGOMELATINE FOR THE TREATMENT OF DEPRESSION IN PARKINSON’S DISEASE PATIENTS.
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Introduction: Despite the high prevalence of depression in Parkinson’s disease (PD), few well-designed studies have assessed antidepressant treatment in these patients. Because agomelatine acts as a MT1 and MT2 agonist and as a 5-HT2C serotonin antagonist, we hypothesized that this novel antidepressant improves both depressive symptoms and the quality of sleep in PD.

Objective: To assess the efficacy of agomelatine in treating clinical significant depressive symptoms in PD patients, and the potential changes both in sleep quality and motor Parkinson’s symptoms.

Methods: An open clinical trial with one intervention group receiving agomelatine was approved by the local Ethics Committee. The patients were followed for six months after initiation of antidepressant treatment. Clinical assessment was conducted by a neurologist with parkinsonian rating scales -motor subscale of Unified Parkinson’s Disease Rating Scale (UPDRS), Hoehn-Yahr Scale and Schwab and England Activities of Daily Living Scale-, and by a psychiatrist using rating scales of depression and sleep -Hamilton Depression Scale 17 items (HAM-D 17 items), SCOPA Sleep Questionnaire and Parkinson’s Disease Sleep Scale (PDSS) - . We present preliminary results at 12 weeks of follow-up.

Results: To date, 27 patients were prospectively included (13 men (48.1%); mean (SD) age: 75.6(8.4) years; median of PD duration: 60 months). 4 patients dropped out during the trial. The mean daily dose of agomelatine was 27.3 mg (range = 25-50 mg). No changes in dopamine replacement therapy were made. There was a statistically significant improvement over time in the HAM-D 17 items (F=63.86; p<0.0005), the SCOPA-S daytime sleepiness subscale (p<0.005), and the UPDRS motor subscale (F=56.48; p<0.0005). A wide variety of minor side effects were observed.

Conclusions: If these results are confirmed at six month follow-up, agomelatine ought to be considered a good option for treating depression in Parkinson patients.
MORNING PSEUDONEUTROPENIA: AN UNDERRECOGNIZED BENIGN CONDITION. CASE REPORT AND LITERATURE REVIEW
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Introduction: The use of antipsychotic drugs may be limited by the ability to produce neutropenia and agranulocytosis. Therefore, treatment with clozapine is restricted and subject to strict monitoring. Absolute neutrophil count (ANC) is affected by several factors, thus neutropenia may be a benign condition without clinical consequences and unnecessary drug withdrawal. This is the case of the circadian variation of ANC. This benign variation has been called “Morning Pseudoneutropenia”.

Objective: Emphasize the need to consider this condition in clinical practice, investigate its incidence, pathophysiology, and improve clinical use of antipsychotic guidelines.

Method: We report a case that illustrates the importance of taking into account this condition and show the results of the literature review on Morning Pseudoneutropenia after administration of antipsychotics.

Results: We found numerous publications studying the choice of withdrawal or not of clozapine after neutropenia, being much lower the number of reports related with neutropenia by other antipsychotics. It is striking that many of these publications have not even taken into account the existence of Morning Pseudoneutropenia, this being a recognized entity in 1999 by Ahokas. The publication on this circadian variation has continued afterwards, which recognizes the Morning Pseudoneutropenia as a transient benign neutropenia.

Conclusion: Current evidence points the existence of an entity recognized as Morning Pseudoneutropenia, where despite low ANC in the mornings, normal values are reached in the afternoon, this being a benign entity without adverse clinical consequences. We believe Morning Pseudoneutropenia is little known and seldom used in everyday clinical practice and raised the need to review the protocols acts against neutropenia after administration of antipsychotics.
USE OF LONG-ACTING OLANZAPINE INJECTION IN BIPOLAR DISORDER: TWO CASES STUDY.

Objectives: To describe the observed results regarding efficacy and safety of long-acting Olanzapine use in two patients with a diagnosis of Bipolar Disorder. Olanzapine long-acting injection was approved as maintenance treatment of adult patients with schizophrenia sufficiently stabilized during acute treatment with oral olanzapine.

Methods: Two patient cases, males, 56 and 91 years, diagnosed with bipolar disorder to whom, due to lack of therapeutic options, compassionate use of long-acting Olanzapine is applied.

Results: In both cases the results were favorable, both remaining stable patients after 5 months of starting treatment. One of them remained in monotherapy without side effects despite his advanced age (91 years) and the other one in combination with mood stabilizers. In any case there was post-injection syndrome.

Conclusions: Olanzapine long-acting can be effective as maintenance treatment of Bipolar Disorder and in exposed cases was well tolerated, even in patients older than 75 years.
USE OF ASENApine IN OUTpatients WITH BIPOlar DISORDER: A 24- MONTH STUDY
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Objective
The objective of the study was to assess long- and short-term efficacy and safety of asenapine used in common clinical practice conditions.

Method
We selected type 1 bipolar patients who received asenapine as antipsychotic monotherapy to treat an episode of acute mania. The following scales were used during the 24-month follow-up period: Clinical Global Impression for Bipolar Disorder (CGI-BD-M), Young Mania Rating Scale (YMRS), Montgomery-Asberg Depression Rating Scale (MADRS) and Side Effects Scale (UKU). These scales were administered at baseline and every 3 months.

Results
20 patients were recruited. The mean baseline YMRS scale score was 31.2 points; and the withdrawal rate at endpoint was 55%. At the end of the study the percentages of responders and remitters were 45% and 35% respectively and the mean change in the CGI-BD-M score was a reduction of 2.67 points, while a 21.3 points reduction was observed for the YMRS score. The essential variation in the MADRS rating scale was an 10.1 points increase. 5 cases of depressive episode and 3 cases of manic episode occurred.
In accordance with the UKU scale, the most common side effects were minimal to moderate sedation, somnolence and oral hypoesthesia.

Conclusion
Our results were similar to those found in the scientific research. Based on this study, it can be concluded that asenapine shows short and long-term efficacy for the treatment of bipolar patients.

References
RAPID CLOZAPINE TITRATION IN TREATMENT-REFRACTORY BIPOLAR DISORDER

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Background: Clozapine is effective in treatment-refractory bipolar disorder (BD). Guidelines recommend slow clozapine dose titration to avoid the risk of seizures, hypotension and myocarditis, but this stance is not supported by comparative data.

Objective: To evaluate the safety and effectiveness of rapid clozapine titration in BD.

Methods: Analysis of a consecutive cohort of treatment-refractory BD patients with mixed/manic episode admitted on alternate days to one of two units of a single hospital. On one unit, clozapine was started at 25-100 mg as needed every 6 hours the first treatment day, followed by upward adjustments of 25-100 mg/day. On the other, clozapine was initiated with 25 mg in the first day, followed by upward adjustments of 25-50 mg/day. The primary outcome was the number of days from starting clozapine until readiness for discharge. Logistic regression was used to adjust for number of antipsychotics used during the hospital stay and the presence of psychotic features.

Results: Patients subject to rapid (N=41) and standard (N=26) titration were similar in age, gender, smoking status, body mass index, illness severity at baseline and discharge, and highest clozapine dose. Hypotension and pneumonia in one patient each prompted clozapine discontinuation in the rapid titration group. The number of days from starting clozapine until readiness for discharge was shorter in the rapid titration group (13.2 ±4.6 vs. 15.7±6.0, p=0.038).

Conclusion: Rapid clozapine titration appeared safe and effective for treating refractory BD. The potential for shorter hospital stays justifies prospective trials of this treatment method.

Key words: clozapine, rapid titration, schizophrenia, symptom control
PATIENTS PERCEPTIONS TO ANTIPSYCHOTIC LONG ACTING INJECTIONS
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Introduction
Antipsychotic long acting injections are especially useful in complicated patients, with
low insight and non adherence to treatment, patients with a poor socio- family support,
or patients with poor accessibility to mental health services.
Among the advantages of the treatment with long acting antipsychotics are preventing
the relapse, presence of fewer side effects and improvement of the prognosis.

Objectives
Study how the patient’s perception of antipsychotic long acting injections change before
and after been treated with them.

Methods
We developed aliker scale to measure the level of satisfaction (agree, neither agree nor
disagree, disagree) on various issues related to antipsychotic treatment.
This scale was hetero - administered a total of 52 subjects treated with paliperidone
palmitate, long acting risperidone, fluphenazine decanoate and haloperidol decanoate.

Results
The items were grouped into 3 major categories:
- perceptions of treatment: comfortable, painful, annoying, good choice, complicated,
low side effects.
- perception of the patient's condition: calm, alert, improves my symptoms, improves
my quality of life.
- perception of the impact on the environment: family and social relations.

Results show an improvement in all categories, with statistical significance in: low side
effects(p=0.021), calm (p=0.013), alert (p=0.002), improves my symptoms (p=0.02),
improves my quality of life (p=0.005), family (p=0.000) and social relations (p=0.000).

Conclusions
- People with schizophrenia often have poor insight, which determines inadequate drug
compliance.
- The lack of adherence to treatment is a risk factor for relapse.
- Although long acting antipsychotics can ensure adherence and optimize patients
outcomes, it remains an underutilized option.
- According to previous studies, the perception of antipsychotic treatment, and the
impact on it and its environment, improved after the administration thereof.
LONG-ACTING INJECTABLE ANTIPSYCHOTICS IN AN OUTPATIENT UNIT. COMPARISON TYPICS VS ATYPICS IN PRACTICE AFTER 1 YEAR FOLLOW
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Objectives
To describe the way long-acting injectable antipsychotics are being used in an outpatient unit, analysing differences between a sample of patients with typical long-acting antipsychotics vs another sample with atypicals, attending to gender and age distribution, and incidence of psychiatric emergencies and inpatiented, during 2013.

Methods
We analysed 121 patients with schizophrenia and other psychotic spectrum, in a retrospective and descriptive study, during 2013, which were treated with long-acting injectable antipsychotics, in the district of Sant Marti Nord in Barcelona. The information was gathered from their clinical history, and checking each attention required at the emergency and inpatient unit. We divided them in two groups, the first one, 45 patients with paliperidone or Risperidone long-acting, and the second sample, 66 patients with pipotiazine, zuclopentixol or flufenazine.

Results
We obtained the “atypical group”, were younger, 44 years, without being a significant difference. The typical sample was older broadly, a media of 48 years, and a slightly higher difference towards men, but not being significant either. The number of attentions needed at the emergency unit was exactly identical according to the proportion of the samples, 22% of the patients needed attention. We found significant the fact no patient of the 21 under pipotiazine sample, needed to go to emergencies. According to being inpatiented to the psychiatry ward, “the typical group” were inpatiented 10,6%, which was 5 % less than the “atypicals”.

Conclusions
We found long-acting injectable treatment as a very good option for treatment in these patients. Broadly, almost only one of each five of them needed to be inpatiented during this period.
RETROSPECTIVE ANALYSIS OF AS NEEDED (PRN) PSYCHIATRIC MEDICATION USE IN PATIENTS BEFORE AND AFTER LONG ACTING INJECTABLE ANTIPSYCHOTIC INITIATION

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Objectives: The objective of our research was to conduct a mirror-image analysis to determine if there was a significant reduction in PRN psychiatric medication use when patients were receiving long acting injectable (LAI) antipsychotics versus oral (PO) antipsychotics.

Methods: The electronic medical record system at an adult, long-term inpatient psychiatric facility was used to collect PRN medication usage for patients receiving a LAI antipsychotic during 2012. Our inclusion criteria were: patients who had been admitted for at least one year; were receiving a LAI for 6 months with 80% compliance; and who were also given PO only antipsychotics for at least 6 months. Each patient served as their own control in comparing the number of PRN psychotropics used during the LAI time period to the number of PRN psychotropics used during the PO only time period. A paired t-test was performed to determine significance of PRN usage between the two time periods.

Results: A total of 174 patients were on LAI antipsychotics during 2012. Fifteen of these patients met inclusion criteria. No significant difference was found between PRN use in LAI and PO antipsychotic time periods. The calculated t-value failed to surpass the critical t-value (0.6149 and 1.761 respectively) and the p-value was found to be 0.265. The mean number of PRN medications administered during the PO only time period was 12.4 (SD equals 28.7) as compared to 7.4 (SD equals 11.0) during the LAI only time period.

Conclusion: In this small sample set, the use of LAI antipsychotics had a possible numerical and clinical impact, though not a significant decrease, on PRN psychotropic medications when compared to PO only antipsychotics. Further studies need to be conducted with a larger sample size with similar methodology to determine if LAIs can decrease the need for PRN medications in a psychiatric setting.
TREATMENT PATTERNS IN AGGRESSIVE ADULTS WITH A PRIMARY PSYCHIATRIC DISORDER AND CO-OCCURRING PERSONALITY DISORDERS
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Objectives: The primary objective of this study was to evaluate the medication regimen of patients in a psychiatric hospital with co-occurring personality disorders and determine if patients with a mood stabilizer in their regimen have generally higher total doses of antipsychotics than those without personality disorders. The secondary objective is to determine if the presence of a personality disorder has an influence on how high the dosing is, and if higher doses are associated with less aggressive events.

Methods: Data was collected retrospectively. Data analysed included patient demographics, location of event, event type, number of events, primary (Axis I) diagnosis, personality disorder (Axis II), and the patients medication regimen. We included all patients with aggressive events from January 1st 2013 to September 29th 2013, excluding patients with <2 aggressive episodes and patients with cognitive dysfunction. Statistical analysis was performed using a students t-test.

Results: Our study population (n=56) had a total of 281 aggressive episodes. On average, patients with primary psychiatric disorders and personality disorders received significantly (p<0.05) higher doses of antipsychotics (1820 milligram of chlorpromazine equivalents) versus those patients without a personality disorder (1210 milligram of chlorpromazine equivalents). Those with a personality disorder and lacking a concomitant mood stabilizer received a significantly (p<0.05) higher total and average dose of antipsychotic (2991 milligrams, 1867 milligrams respectively) compared to those with a mood stabilizer (1287 milligrams, 1689 milligrams respectively). There was no difference noted in the number aggressive events in each group.

Conclusions: Patients with personality disorders receive significantly higher doses of antipsychotics than those without personality disorders. Utilization of mood stabilizers significantly reduced the dose of antipsychotic medication in patients with personality disorders. Neither total dose of antipsychotic nor presence of concomitant mood stabilizer reduced the number of aggressive events.
ORGANIC AND PSYCHIATRIC COMORBIDITY IN PATIENTS TREATED WITH ORAL RISPERIDONE VS LONG ACTING INJECTABLE RISPERIDONE

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Objectives
To analyze organic and psychiatric comorbidity in a clinical sample treated with two different formulations of risperidone.

Methods
Descriptive, retrospective study of a sample of patients diagnosed with psychotic disorder included in Diagnostic Related Group 430 and treated in outpatient facilities with risperidone. Data were obtained from clinical records.

N= 48 patients, divided into two sub-samples of 24 patients; one treated with oral risperidone (OR) and other with long acting injectable risperidone (RLAI). Patients receiving treatment with other antipsychotics were excluded.

Results
61% of the sample were male. Age average age 36.5 years (SD: 5.6).

The most common organic disorders were obesity, (19.6%) followed by endocrine disorders, hypertension and infectious diseases.

The most frequent psychiatric comorbid disorders were depression (24.6%), substance abuse or dependence (16.1%) and anxiety disorders.

Organic comorbidity is less frequent in patients treated with RLAI compared to the group receiving OR with statistical significance in obesity / overweight and infectious diseases (p < 0.05).

Psychiatric comorbidity is more frequent in patients treated with oral risperidone.

Conclusions
1. This work has identified a trend towards higher comorbidity in the group treated with oral antipsychotic group, but due to the limitations of the study can not conclude that it is due solely to the treatment, as this requires discarding the influence other confounding variables such as duration of disease or previous treatment among others.

2. Results of this study support the need for a prospective design to confirm the real benefits in terms of comorbidity of injectable formulation of these drugs.
OBSESSIVE–COMPULSIVE SYMPTOMS INDUCED BY PALIPERIDONE LONG-ACTING INJECTIO
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Introduction

De novo emergence or exacerbation of obsessive-compulsive symptoms during treatment with atypical antipsychotics has been described in the literature. We report a case of a patient in treatment with paliperidone who developed severe obsessive thoughts.

Case report

A 34-year-old man diagnosed with paranoid schizophrenia had had a first episode two years ago with delusions of persecution and reference, avolition, disrupted daily life and occupational dysfunction. He was medicated with risperidone 3 mg/day with partial response due to poor adherence to treatment. Twelve months later and owing to low adherence to treatment, risperidone was switched to paliperidone long-acting injection. With initiation doses delusional thoughts were adequately contained, but two months after having received two maintenance doses of 100 mg per month, the patient complained of compulsive checking behaviour which produced excessive anxiety that he could not manage. The patient recognized the irrational nature of this behaviour, that being in relation to treatment, exacerbated the rejection of it. Initiation of treatment with Sertraline and a switch of antipsychotic to low doses of aripiprazole led to full remission of obsessive thoughts in two weeks.

Discussion

Paliperidone shares an antagonistic activity at postsynaptic 5-HT2 and D2 receptors. 5-HT2 antagonism in basal ganglia may play a role in the drug-induced OC symptoms. It will be necessary to monitor the onset of obsessive-compulsive symptoms in patients being treated with paliperidone.

References


THERAPEUTIC DRUG MONITORING (TDM) OF CLOZAPINE IN DRUG-RESISTANT SCHIZOPHRENIA: CLINICAL RELEVANCE IN DAILY PRACTICE.

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Objectives: Relevance of taking plasma levels of clozapine in a clinical context is still controversial. The aim of our study is to assess the relationship between age, gender, dosage and plasma concentration of clozapine in Tunisian patients with schizophrenia and to check the pertinence of TDM of clozapine.

Methods: A retrospective analysis of data from a TDM programme was carried out. Steady-state plasma concentrations of clozapine were dosed in patients with drug-resistant schizophrenia (DSM IV). Correlations between clozapine concentrations, sex, age, and dosage were evaluated.

Results: Our study included 160 blood samples collected in 100 patients. An important inter-individual variability was noticed in clozapine plasma concentrations at steady state, up to 32-fold at a same dose of 400mg/d. No correlation was established between prescribed doses and the occurrence of side effects. Males receiving clozapine monotherapy had plasma clozapine concentrations significantly higher from those who had other associated medications. (p=0.03) This result was not seen in females. Plasma clozapine concentrations were higher in women than in men (403, 04 ng/ml vs. 513, 95 ng/ml) and were significantly correlated with prescribed doses. (p=0.03)

Conclusions: The large pharmacokinetic and pharmacogenetic inter-individual variability may explain differences in toxicity risk. TDM of clozapine could lessen this risk. Plasma clozapine concentration has also the advantage of being a marker and a means of testing adherence to treatment and an effective means for monitoring the process of therapeutic titration.

References:
Li-jun Li, Population pharmacokinetics of clozapine and its primary metabolite noreclozapine in Chinese patients with schizophrenia, 2012.
THE EFFECT OF XIAO HUAN TANG CONTAINING SERUM ON PROLIFERATION AND MORPHOLOGY OF HUMAN NEUROBLASTOMA SH-SY5Y CELLS

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Objectives: To investigate the effect of Xiao huan tang containing serum on proliferation and morphology of human neuroblastoma SH-SY5Y cells.

Methods: 7 consecutive day’s gavaged Xiao huan tang or Risperidone to rabbit for preparation of Xiao huan tang, or risperidone drug-containing rabbit serum. The morphology of SH-SY5Y cells was observed by inverted microscope after 48 hours drug-containing serum treated, and every 24h proliferation of SH-SY5Y cell was tested by the MTT assay.

Results: Xiao huan tang containing serum treated 48h SH-SY5Y cell, were close contact between the cells, have pseudopodia, and promote proliferation. Xiao huan tang containing serum compared with the blank serum on proliferation of SH-SY5Y cells not statistically significant (P> 0.05), but risperidone containing serum can be a significant increase in the number of SH-SY5Y cells, showing the logarithmic growth trend (P <0.05).

Conclusion: Xiao huan tang containing serum can promote on the normal form of the SH-SY5Y cells, on normal proliferation of SH-SY5Y cells without significant intervention, different from the risperidone role.

Keywords: Xiao huan tang, MTT, human neuroblastoma SH-SY5Y cells, morphology, proliferation
THE USE OF RISPERIDONE LONG-ACTING INJECTIONS AS FIRST-LINE ANTIPSYCHOTIC TREATMENT: PATIENTS’ CHARACTERISTICS IN POLAND

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Objectives. Nonadherence to antipsychotic treatment is a tremendous problem in schizophrenia because those patients have neurocognitive deficits, especially lack of insight, and they may not understand clinical evidences that they should take systematically antipsychotic medicines. Because of that, the injectable long-acting antipsychotics (LAI) have been preferred for years as beneficial and in many cases the treatment of choice. If they’re administered, the long-term clinical, functional, and social improvement becomes achievable. Actually, long-acting formulation offers some additional benefits of a more steady level of drug, slightly but significantly higher efficacy, lower intolerability, and impressive improvement of adherence. The pharmacological intervention in early schizophrenia protects against neurodegenerative decline that is prominent in that phase of the illness. Moreover, that intervention preserves as much as possible social abilities of young patients. As long-acting second-generation antipsychotics are more and more popular, the need to understand the characteristics of patients that receive LAI becomes particularly important.

Methods. We analyzed (2011-2013) the clinical reasons for the choice of risperidone LAI in schizophrenia patients according to their age, duration of the illness and other characteristics in Poland.

Results. In relation to age, risperidone LAI has been prescribed more and more often (+297%; relatively) in a subgroup of the youngest (age 19-30) patients in 2011-2013 period in Poland. During 3 years, the administration of risperidone LAI in that population increased up to 32% of all risperidone-treated patients, becoming the largest share related to age. The risperidone LAI was preferred for patients with 5-year duration of psychosis, males (60%), unsuccessfully treated (50%), disorganized (30%), with prominent neurodevelopmental (20%) and affective signs and symptoms (20%), usually starting administration with 37.5mg/2wks dose (50%) and discharging from hospital with 37.5-50.0mg/2wks (60%).

Conclusions. Risperidone LAI is being prescribed more and more often in a subgroup of young schizophrenia patients.
RISPERIDONE COMBINED QING HUAN LING EFFECT ON HIGH ACTIVITY AND PREFERENCES BEHAVIOR OF THE SCHIZOPHRENIA MICE

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² Xi’an medical university, Xi’an, Shaanxi, China

Objectives: To investigate the effect of risperidone and (or) Qing huan ling on activity and preferences behavior of glutamate dysfunction mice model.

Methods: 70 kunming mice were randomly divided into 5 groups, one group as blank group. Rest groups intraperitoneal injection MK-801(0.072mg/ml, 5ml/kg/day) continuously 14 day, then randomly numbered: model group, risperidone group, Qing huan ling group and risperidone combined Qing huan ling group. Gavaged corresponding drugs for each group one month, at the same time observe high activities and changes in the preferences of five groups.

Results: Compared with the blank group, activity of model groups was increased (36.8±16.2 vs blank group 11.3±14.5, P<0.05). After gavaged one month, model groups of high activity was decreased, especially risperidone combined Qing huan ling group. There was no statistical meaning in inquiry activity of five groups (P > 0.05). Compared with model group, latent period of step-through test was prolonged 34.1s (P<0.05), of step-down test was prolonged 20.2s in risperidone combined Qing huan ling group.

Conclusion: the combination of Qing huan ling and risperidone can suppress the high activity, prolong harmed memory time, and protect preference behavior of schizophrenia mice.

Key words: ground dizocilpine maleate (MK-801); Qing huan ling; risperidone; Independent research activities; preferences behavior
RESIDUAL SYMPTOMS IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: PATTERNS OF EMOTIONAL AND PAINFUL PHYSICAL SYMPTOMS IN PARTIAL VERSUS COMPLETE REMISSION

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2. Kyorin University School of Medicine, Tokyo, Japan
3. Keio University, Tokyo, Japan

Objectives: To assess the pattern of residual symptoms across emotional and painful physical symptoms (PPS) among patients with partial remission (PR) in contrast to those with complete remission (CR) of major depressive disorder, which has not been specifically investigated.

Methods: One-hundred sixty five patients with PR (defined as a score > 7 and ≤ 18 in the 17-item Hamilton Rating Scale for Depression [HAMD-17]) and 158 patients with CR (HAMD-17 score ≤ 7) were enrolled in this study after any antidepressant treatment for 12 weeks. Residual symptoms were assessed by each HAMD-17 item and Brief Pain Inventory Short Form (BPI-SF).

Results: The mean age of the patients was 46.2 years, and 52.0% were female. Regarding the pattern of residual symptoms, work and activities, depressed mood, psychic and somatic anxiety, and general somatic symptoms in HAMD-17 items were commonly observed in at least 75% of patients with PR. BPI-SF results showed that pain was more prevalent among patients with PR (54.5%) than with CR (35.4%). Similarly, moderate or severe pain was significantly more prevalent among patients with PR than with CR (odds ratio = 3.04; p<.001).

Conclusions: We concluded that residual symptoms of depression after antidepressant treatment were associated with emotional depressive symptoms such as depressive mood and anxiety as well as bothersome physical pain. Our results imply that comprehensive evaluation of residual symptoms across emotional and painful physical symptoms might be demanded in treatment for depression.
ACUTE DEVELOPMENT OF PSYCHOSIS FOLLOWING ABRUPT DISCONTINUATION OF LURASIDONE

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2. Hackensack University Medical Center, Hackensack, New Jersey, United States

Switching over to different medications due to lack of response or unsatisfactory response has been commonly used technique in all fields of medicine particularly in Psychiatry. With newer drugs getting FDA approval for various psychiatric diseases, it has become essential to become more cautious when switching over from newer drug to widely used drug. Herein, we present a case of young patient developing acute psychosis when switched over from Lurasidone 120mg daily to Haldol 1mg BID. Patient is 32 y/o Hispanic male brought to emergency room at our hospital by mother after patient started acting bizarre at home since past 2 days. On further questioning, we were informed that patient has been prescribed Lurasidone for his diagnosis of schizophrenia by outpatient psychiatrist and dose was titrated up to 120mg daily. About a week prior to arrival to emergency room, Lurasidone was discontinued and patient was started on Haldol 1mg twice a day. Patient has been reported under good control for about 1 day followed by expressing bizarre behavior at home. Patient became very agitated, paranoid and was also found walking on his knees in his house stating people following him have taken his legs below knee away. Patient was also found pushing family out of house stating their house will catch fire soon. Patient was reported to talking and yelling at people in his room when nobody was around. After admission to inpatient psychiatry unit, we were able to stabilize patient on higher dose of Haldol with good effect. Considering Lurasidone’s long half life of about 18 hours, patient did not exhibited any acute behavioral changes in next couple of days. However, when receptors blocked by Lurasidone did not find enough qualitative blocking by low dose Haloperidol, patient became acutely psychotic leading to hospital admission for medication stabilization.
MONITORED THERAPY OF DEPRESSION - AMPLIFICATION BY MAGNESIUM IONS.

E. Drozdowicz1,2, J. Skrzeszewski2, M. Skalski1,2, H. Matsumoto1,2, G. Nowak3,4, A. Pilc3,4, M. Radziwoń-Zaleska1,2

1Medical University of Warsaw, Warsaw, Poland
2Nowowiejski Hospital, Warsaw, Poland
3Institute of Pharmacology, PAS, Cracow, Poland
4Jagiellonian University Medical College, Cracow, Poland

Objectives: The use of contemporary monitoring techniques, such as: the exact assessment of the clinical status, the measuring of the level of antidepressant drug in the blood and the estimation of pharmaco-EEG allows for the optimisation of the therapy of an individual patient. The aim of the studies was to assess the efficacy and the safety of the therapy of depression with the amplification of the therapy by magnesium ions.

Methods: The research was conducted in the Clinical Wards of the chair of Psychiatry, Medical University of Warsaw, 34 patients who were on the fluoxetine therapy due to a depression episode were included in the trial. The trial was conducted on the double blind methodology with addiction of either magnesium ions or placebo. During an 8 week observation, using the psychometric scales, the clinical status of the patients was assessed, the levels of fluoxetine and magnesium in blood was controlled and the pharmaco-EEG was conducted. The results obtained were analyzed.

Results: During all stages of the therapy there were no significant differences between patients treated with magnesium ions or with placebo, concerning neither the efficacy of the treatment nor its safety. There were no statistically significant differences in the pharmaco-EEG profile in both groups. In the multidimensional statistical analysis of the whole investigated group, a significant influence of the output values in the Scale of Adverse Effects and of duration of the illness on the probability of remission was found.

Conclusions: Application of various monitoring techniques into clinical practice could help optimize the treatment and prediction of antidepressive drug response. It is necessary to increase the number of patients included for evaluation of amplification of antidepressive effect of fluoxetine with Mg ions.
Over-the-counter (OTC) drugs are often used by patients without any consultation with a physician. Interactions between OTC and prescribed medicines (including psychotrophic drugs) may result in modification of both its safety and efficacy. We prepared a questionnaire, consisting of 34 questions, which was sent to Polish pharmacists to assess both their opinion and knowledge about major aspects of safety and efficacy of OTC drugs. We also studied factors influencing pharmacists' recommendations given to patients about OTC drugs. Our results show that pharmacists consider important factors, such as age, co-existing morbidities and prescribed drugs taken while recommending OTC drugs to patients. Pharmacists are also aware of law aspects of approval of a marketing authorization for OTC medicinal product in Poland. In conclusion, our comprehensive analysis of pharmacists role allows to have a broad picture of actions that have been made in the area of OTC drug safety monitoring in Poland. Moreover, our study shows that clinical pharmacy is important and underestimated area of drug safety monitoring in Poland.
UN PROBLEMA OCULTO CON UN VALOR MEDIBLE

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Unidad de gestión de Salud Mental. Hospital Clínico Universitario “Virgen de la Victoria”. Málaga, España

Objetivos y método: La hiperprolactinemia es un efecto secundario frecuente e importante en los pacientes en tratamiento con antipsicóticos. Las consecuencias a corto y largo plazo incluyen alteraciones menstruales, amenorrea, galactorrea, ginecomastia, disfunción sexual, infertilidad, osteoporosis e incluso cáncer de pulmón. En muchos casos estos secundarismos son causa importante de abandono del tratamiento. Mediante un estudio descriptivo de individuos a propósito de un caso vamos a estudiar las consecuencias de los psicofármacos a nivel de la esfera sexual en un paciente con diagnóstico de episodio maníaco sin síntomas psicóticos.

Se trata de un varón de 34 años en seguimiento en Salud Mental por episodio maníaco sin síntomas psicóticos. Tuvo un politraumatismo a los 18 años que requirió hospitalización prolongada y múltiples intervenciones quirúrgicas. Consumo habitual de cáñabís. Un episodio psicótico a los 26 años que hizo tratamiento con olanzapina durante 6 meses abandonándolo posteriormente. En Diciembre del 2011 requiere ingreso y se diagnostica de episodio maníaco sin síntomas psicóticos. Se comienza tratamiento con risperidona 6mg y seguimiento en el Centro de Salud Mental.

Resultados: La evolución a nivel psicopatológico es favorable remitiendo los síntomas maniformes, pero mantiene hipotimia, disminución de la energía vital, disminución de la libido, lo que le está produciendo alteraciones en sus relaciones de pareja, hecho que le preocupa. En analítica se evidencia aumento de prolactina. Se cambia la risperidona 6mg por aripiprazol 15mg y tras dos meses de tratamiento los niveles de prolactina se normalizan y los problemas a nivel sexual desaparecen.

Conclusiones: En varios estudios se ha constatado el beneficio de añadir o cambiar a aripiprazol a su tratamiento, disminuyendo así los niveles de prolactina y mejorando las consecuencias de ello.

Referencias:
PLASMA CLOZAPINE CONCENTRATIONS, DOSE-DEPENDENT?
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¹ Hospital Universitario de Puerto Real, Cádiz, Spain.  
² Hospital Universitario Puerta del Mar, Cádiz, Spain.

Objectives: Nicotine’s role as inductor of clozapine’s metabolism at citocrome P 450 is known by everyone. The aim of this study is to determine plasma levels of Clozapine in 28 patients and to investigate the relationship with dose and smoking habit.

Methods: A sample of 28 patients (Therapeutic Community) under treatment with Clozapine, individual Clozapine dose: 150-800 mg/day (monotherapy or not) is selected to evaluate plasma concentrations of Clozapine. Patients are distributed in 2 groups: smokers (23 heavy smokers) and no smokers (5).

Results: Smokers: dose of clozapine 469 + 160 mg/day and plasma levels of clozapine 391 + 194 ng/ml. No smokers: dose of clozapine 350 + 132 mg/day and plasma levels of clozapine 492 + 157 ng/ml.

Conclusions: Smoking habit makes low plasma levels of clozapine. We have to be prudent because no smokers group is little and results could be slanted. It would be interesting to evaluate interindividual variation and interactions with concomitant psychotherapeutic drugs. Daily dose doesn’t correlate with plasma levels of clozapine.

Bibliography:
IMPACTO EN EL NÚMERO DE INGRESOS Y DÍAS DE ESTANCIA HOSPITALARIA TRAS LA INTRODUCCIÓN DE PALMITATO DE PALIPERIDONA EN PACIENTES CON TRASTORNO MENTAL SEVERO

A. Belmar Simó¹, MR. Raposo Hernández¹, MD. Piqueras Acevedo¹, A. Gil Sánchez², I. Martínez Pérez³, JP. Martínez López¹, CJ. García Briñol¹, L. Belinchón Ortega¹, JM. Peñalver Mellado¹
¹. Área de Salud Mental de Cartagena. Hospital Santa María del Rosell.

Objetivos
Estimar la evolución de la demanda de Ingreso Hospitalario así como la duración de los mismos después de la introducción de Palmitato de Paliperidona.

Método
Estudio de imagen en espejo de una muestra de 45 pacientes en tratamiento ambulatorio, diagnosticados de trastornos psicóticos. El tiempo de estudio es de 1 año en donde se valoran las siguientes variables: Nº de ingresos/año y Nº de días de ingreso.

Resultados
Desde la introducción de Palmitato de Paliperidona, se observa una disminución del Nº de Ingresos y de la estancia media hospitalaria. Siendo la Media de Ingresos/año en 2012 de 1,51, disminuyendo en 2013 a 0,60 Ingresos/año. También hemos observado, un disminución en el Nº días Hospitalizados/año, siendo la media en 2012 28,56 nº días hospitalizado/año y en 2013, tras la introducción de Palmitato de Paliperidona, de 9,33 Nº días hospitalizados/año.

Con lo que se objetiva una reducción significativa del Nº de Ingresos y de la duración de los mismos.

Conclusiones
Desde la introducción de Palmitato de Paliperidona (D media=219,445mg/mes) durante el periodo de 1 año, podemos concluir con los siguientes datos:

- Se consigue una disminución de las Rehospitalizaciones de un 60% de forma significativa (p<0,0001), lo que traduce su eficacia en la prevención de recaídas, permitiendo alcanzar una mejora en la funcionalidad del paciente, un menor deterioro y por tanto conseguir un mejor pronóstico de la enfermedad.
- Disminuye la Estancia Hospitalaria en un 67,33 % de forma significativa p=0,0054

Por tanto, Palmitato de Paliperidona es un tratamiento eficaz y óptimo para el tratamiento de pacientes con Trastornos Psicóticos graves, garantizando el control sintomático y la prevención de recaídas.

Referencias
ARIPIPRAZOLE INFLUENCE IN PALIPERIDONE/RISPERIDONE-INDUCED HYPERPROLACTINEMIA.

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2. Universidad del Pais Vasco, Spain.

Objectives: Hyperprolactinemia is a common side effect of antipsychotic treatments and is mainly associated with dopamine D2 receptor affinity. Hyperprolactinemia may cause depression, sexual dysfunction, galactorrhoea, breast cancer and osteoporosis. Our objective was to test whether a low dose of aripiprazol (a dopamine partial agonist) reverses the paliperidone/risperidone (D2 antagonist) -induced hyperprolactinemia.

Methods: Twenty schizophrenic patients (9 women and 11 men) being treated with risperidone/paliperidone were recruited into this pilot study. We added aripiprazole (5 mg/day) on the first day of the study and measured serum prolactin levels before and 7, and 28 days after starting the treatment with aripiprazole.

Results: Serum concentrations of prolactin in ng/ml (mean and sd) are presented in the table. A high variability in the levels of prolactin is observed.

<table>
<thead>
<tr>
<th>Day of the study</th>
<th>Women</th>
<th>Men</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>88 (71)</td>
<td>34 (14)</td>
<td>60 (54)</td>
</tr>
<tr>
<td>Day 7</td>
<td>72 (66)</td>
<td>19 (20)</td>
<td>45 (52)</td>
</tr>
<tr>
<td>Day 28</td>
<td>53 (35)</td>
<td>19 (23)</td>
<td>35 (34)</td>
</tr>
</tbody>
</table>

Prolactin diminished in 6 out of 9 women and in 9 out of 11 men in 28 days. Repeated measures analysis of variance shows a significant variation of prolactin concentrations over time F=4.00 p=0.028 and an influence of gender F=7.30 p=0.015. There is no interaction between both variables.

Conclusions: Adding a low dose of aripiprazole was effective in reducing serum prolactin levels in a high proportion of schizophrenic patients treated with risperidone/paliperidone. The putative influence of the genotypes of dopamine D2 receptor and of dopamine catabolizing enzymes is being investigated. These may influence the prolactin levels variations in response to aripiprazole administration.
CLINICAL FACTORS WHICH PREDICT RESPONSE TO LAMOTRIGINE IN THE TREATMENT OF BIPOLAR DEPRESSION: A PRELIMINARY STUDY
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1. Shinshu University, Matsumoto, Japan
2. Keio University, Tokyo, Japan

Objectives
The pharmacological treatment of bipolar depression has not been thoroughly studied. There is no established treatment for the depressive phase of bipolar disorder (BD). Lamotrigine (LTG) is one of the pharmacologic options for the treatment of bipolar depression. However, the clinical factors to predict LTG response in BD have not yet been identified. The aim of this study is to identify the clinical factors predicting response to LTG in bipolar depression.

Methods
Subjects were 30 patients with BD [6 with bipolar I disorder and 24 with bipolar II disorder]. Open-label LTG was naturally administered to outpatients and inpatient. The patients had syndromal or subsyndromal depressive symptoms at the initiation of LTG treatment. Mean doses of LTG were 188.5 mg/day. Responders and non-responders to LTG treatment were identified after 26 weeks. Two-thirds of the participants were identified as responders. Then, we extracted the specific clinical characteristics of the responders from chart records.

Results
Of the 17 potential clinical predictors investigated, the episode pattern of depression-mania-interval (DMI) was the only potential factor predicting reduction of the severity of bipolar depression with LTG treatment.

Conclusions.
Our findings suggest that the DMI pattern in the illness course might be related to LTG treatment response in patients with bipolar depression. This preliminary result has several limitations such as the small sample size and the use of additional drugs. Further studies should be performed to replicate the present finding in a larger sample.
ANÁLISIS Y REPERCUSIONES CLÍNICAS DE LOS NIVELES DE PROLACTINA Y PERCEPCIÓN DE LA MEDICACIÓN EN PACIENTES TRATADOS CON PALMITATO DE PALIPERIDONA
Osuna Carmona, MºI.1, Castells Bescós, E.1, Garrido Beltrán, A.1
1.Hospital Universitario Virgen de la Victoria, Málaga, España

INTRODUCCIÓN Y OBJETIVOS
Hoy en día existe una gran controversia acerca del efecto que causan los inyectables de larga duración (ILD) sobre la prolactina y la función sexual.1 Uno de estos inyectables es el denominado palmitato de paliperidona, antipsicótico inyectable de larga duración indicado en el tratamiento de la esquizofrenia y administrado de forma mensual. Este ILD ha sido relacionado en algunos pacientes con una elevación de la concentración plasmática de prolactina, sin embargo, tan solo un número reducido de pacientes han experimentado efectos adversos clínicamente relevantes relacionados con esta elevación.2
El objetivo de este trabajo es medir la repercusión clínica de los aumentos que pueden aparecer en pacientes tratados con palmitato de paliperidona y la actitud de dichos pacientes frente a su medicación.

MÉTODO
Estudio observacional transversal donde se analizó una muestra de 23 pacientes con diferentes diagnósticos y en tratamiento con Palmitato de Paliperidona en una Unidad de Salud Mental Comunitaria. Para llevar a cabo el estudio se realizaron mediciones de prolactilemia mediante analítica y la correlación con la sintomatología se llevó a cabo mediante la escala Brief Psychiatric Rating Scale (BPRS)3. La percepción del tratamiento por estos pacientes se evaluó utilizando la escala Drug Attitude Inventory (DAI-30)4 donde una puntuación positiva indicaría conforme con la medicación.

RESULTADOS
Del total de la muestra, entre el 70% y 80% de los pacientes experimentaron una elevación de la concentración de prolactina de los cuales en tan solo el 4% fue relacionada con una elevación de los efectos adversos.
En cuanto a la percepción de la medicación, en el 91% de los casos la valoración frente al tratamiento fue positiva, de manera que existe una conformidad frente al tratamiento.

CONCLUSIONES
Teniendo en cuenta los resultados obtenidos, podemos concluir que, aunque el uso de palmitato de paliperidona provoca un aumento en la concentración plasmática de prolactina, los efectos adversos derivados no son clínicamente relevantes. Por otro lado, este hecho no influye en la actitud del paciente frente a la medicación siendo muy bien percibido y aceptado entre los pacientes.

REFERENCIAS:
FIRST PSYCHOTIC EPISODES WITH ARIPIPRAZOLE
N. Olmo López1, CP. Martínez Pierres2, C. Falconi Valderrama3
1USMH Algeciras, Spain
2USMIJ Algeciras, Spain

Aripiprazole is indicated for the treatment of moderate-severe manic episodes in patients with bipolar disorder type I and the prevention of new manic episodes in adults who experienced predominantly manic episodes and responded to treatment with aripiprazole. As with paranoid schizophrenia in children and adolescents. However in clinical practice, it has been a good response to low doses of aripiprazole in patients with bipolar disorder type I, depressive episode with psychotic symptoms as well as in first psychotic episodes. Therefore we performed a descriptive study by obtaining data from USMC-Algeciras Hospital from January 2013 to May 2013 in a sample of 23 patients, aged between 17 and 60. The objectives of this study was to investigate the socio-demographic characteristics (age, sex, marital status, educational level) of aripiprazole-treated patients whose response has been favorable, comparing diagnosis by sex and presented. And doses used in all cases. Among the results could be observed in the population did not exist big differences compared by gender, with the age range most affected the first adult and stage marital status most affected unmarried patients, despite a prevalence of bipolar disorder in comparison was with paranoid schizophrenia, with the first psychotic episodes which showed better response to treatment, as well as depressive episodes with psychotic symptoms in Bipolar disorder type I. All this using doses from 5-15 mg for depressive episodes and 15-45 for manic episodes and psychotic symptoms. We therefore conclude that aripiprazole is effective in these patients therefore speed of action, as little therapeutic tolerance and withdrawal due to its good side effect profile and this mediated by its partial agonism.

References:
- Luiz D; Sotonte B; Wendy D; Alan F; Mohan G; Tanvir et al. Panel de consenso del reino unido sobre el inicio de tratamiento con aripiprazol en la manía Bipolar. Int J Psychiatry pract 2012; 16(4): 244-258.
PRACTICAL GUIDE TO REDUCE PLACEBO RESPONSE IN CLINICAL TRIALS FROM THE PERSPECTIVE OF SITE STAFF AND PARTICIPATING SUBJECTS

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¹Clinica Privada de Salud Mental Santa Teresa de Avila, La Plata, Argentina.
²Hospital neuropsiquiátrico Alejandro Korn, La Plata, Argentina

Placebo response reduces the probability of showing a statistical and clinical potential superiority of study drug over placebo and differences between antidepressants. Placebo response in central nervous system controlled clinical trials has increased in the past three decades, resulting in higher research time and costs, especially in major depression [1]. A meta-analysis published in 2011 of 96 randomized placebo-controlled trials showed large placebo response in trials of antidepressant medication. The substantially larger placebo responses in observer ratings compared with self-report, could reflect the strong influence of investigators' expectations [2].

The purpose of this poster is to help site personnel better control the influence of investigators’ expectations and its potential effect on placebo response.

We conducted a narrative review of the published literature in PubMed over the past ten years, incorporated also information from the training provided during investigator meetings for multicentric international randomized controlled trials, and included the experience of the authors [3].

The result is a practical guide with recommendations for site staff and participating subjects, in a table with columns: WHAT TO DO and WHAT NOT TO DO for each recommendation. Some examples follow.

<table>
<thead>
<tr>
<th>DOs for STAFF</th>
<th>DON'Ts for STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be aware that the main goal of a clinical trial is to gain scientific knowledge. The main goal in a traditional medical setting is individual treatment.</td>
<td>Clinical Trials have the same goal as traditional medical care.</td>
</tr>
<tr>
<td>There is a huge difference between participating in clinical research and seeing your doctors for usual care.</td>
<td>“The treatment designed in this study is to help alleviate your illness”.</td>
</tr>
<tr>
<td>“The results of this study may help researchers develop a new treatment for your illness and disseminate it through scientific journals”.</td>
<td>“During your participation in this study we will make any necessary changes to the treatment if your response is not satisfactory in order to obtain the best final health results”.</td>
</tr>
<tr>
<td>“We must use standardized procedures according to a protocol and we can remove you from the study if your illness worsens”.</td>
<td></td>
</tr>
<tr>
<td>Establish only a research alliance with subjects.</td>
<td>Build a therapeutic alliance between the doctors and patients.</td>
</tr>
<tr>
<td>“The research goal is to measure changes in your illness status in order to know how your illness is responding to the treatment”.</td>
<td>“The doctor’s goal is always to treat your illness and try to improve your health condition; so the objective is your individual improvement rather than to learn about the value of this medication in general”.</td>
</tr>
<tr>
<td>“This is a research study without expectations of drug response and we all understand and agree that there is the likelihood of no health improvement”.</td>
<td></td>
</tr>
<tr>
<td>“Communicate and clearly reinforce the research roles of study staff”.</td>
<td></td>
</tr>
</tbody>
</table>

DOs FOR SUBJECTS

<table>
<thead>
<tr>
<th>DON'Ts for SUBJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Remember to report all of your physical and mental state changes during the study”.</td>
</tr>
<tr>
<td>“Don’t just report the positive changes, although they may be easier to remember”.</td>
</tr>
<tr>
<td>Discourage the subject from reporting every mental and physical health change.</td>
</tr>
</tbody>
</table>
¿TIENE UTILIDAD EL PALMITATO DE PALIPERIDONA MÁS ALLÁ DE LA CLÍNICA?
Aixa López de Haedo, Antonio Torregrosa Valés, Cristina Sáez Abad, José Martínez Raga, Roman Calabuig Crespo
Hospital Dr. Peset, Valencia, España

Objetivos:
Analizar diferencias asistenciales entre pacientes en tratamiento con palmitato de paliperidona y pacientes en tratamiento con otros antipsicóticos. A tal efecto hemos evaluado variables como el número de ingresos, la duración media de los mismos, la frecuentación de urgencias y el gasto sanitario.

Métodos
Estudio descriptivo observacional de dos cohortes prospectivas de 9 meses de seguimiento, una de ellas compuesta por 46 pacientes que recibieron por primera vez palmitato de paliperidona durante su ingreso y otra cohorte de 46 pacientes que se encontraban en tratamiento con otros psicofármacos. Ambas cohortes están compuestas por pacientes con diagnósticos similares dentro del espectro psicótico, sin existir diferencias significativas respecto a variables de confusión. Se efectúa análisis de las variables con estadística descriptiva (t de Student para variables cuantitativas y chi cuadrado o pruebas no paramétricas para variables no cuantitativas) mediante sistema SPSS 18.0.

Resultados
La cohorte de pacientes con palmitato de paliperidona ha mostrado una disminución estadísticamente significativa en número de ingresos, duración de los mismos (en número de días) y número de visitas a urgencias. El estudio de costes muestra asimismo una disminución del gasto medio asociada fundamentalmente a la reducción del número de días que permanece ingresado el paciente.

Conclusiones
El palmitato de paliperidona ha mostrado su utilidad y ventajas para el clínico en su labor asistencial, además de la reducción del gasto sanitario. No se ha evaluado en este estudio la reducción del gasto en relación con la disminución de la polifarmacía en los pacientes en tratamiento con palmitato de paliperidona. Se necesitan para ello muestras más amplias así como estudios coste-efectividad más precisos.
LONG ACTION OF PALIPERIDONE IN A FIRST EPISODE SAMPLE (LEHENAK PROGRAM): EFFECTS ON RESOURCES UTILISATION

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Poor compliance is the first cause of relapse in first psychotic episode patients. The introduction of second generation antipsychotics in long acting LAI forms gives us a tool to manage poor compliance with a good risk/benefit ratio.

Lehenak is a clinical program for first episode patients aimed at improving both clinical and functional outcome. The intervention includes medical, psychosocial and vocational programs. Outcome measures include clinical, functional, and care costs variables indicators through systematic assessment.

Objective: Determine the impact on resource utilization on a sample of first episode patients treated with paliperidone LAI.

Methods: A mirror design was used. Number of hospitalizations, days in hospital, visits to Emergency services and crisis interventions were assessed.

Results: Sample characteristics: 48 patients were included. 85.4% male, mean age: 33 years old, 90% schizophrenia, treated with a median dose of 101 mg/4 weeks paliperidone. Patients on paliperidone (LAI) had significantly less hospitalizations and spend significantly less days in hospital (p>0.001)

Conclusions: Paliperidone LAI improved resource utilization in this first episode sample, reducing hospitalizations. The heterogeneity of the sample and short term follow up study needs longer studies and replicability in other contexts.

References:
DETERIORO COGNITIVO Y FUNCIONALIDAD EN RELACIÓN CON LOS TRATAMIENTOS Y MAS ALLÁ DE LOS DIAGNÓSTICOS

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Introducción:
La visión clásica de la enfermedad (Kraepelin) nos hablaba de dos tipos de pacientes aquellos que presentaban una evolución deteriorante prolongada y síntomas clínicos frecuentes de alucinaciones y delirios y las psicosis maníaco depresiva caracterizadas por episodios definidos de enfermedad que alternaban con periodos de funcionamiento normal.

Con el tiempo estos conceptos se han ido redefiniendo hasta la actualidad, viéndose que hay pacientes bipolares con deterioro a la vez que también hay pacientes con esquizofrenia cuyo deterioro es mínimo.

No obstante está redefinición de conceptos también ha ido ligada a una evolución en la manera de tratar estas enfermedades modificando, afortunadamente, lo que sería la evolución natural de las mismas.

En el presente estudio se trata de en cierto modo orientar hasta que punto un tratamiento adecuado puede modificar los conceptos originariamente establecidos hasta cambiarlos haciendo hincapié en aquellos aspectos de la enfermedad que son los que más alejan al paciente de una vida supuestamente “normal” como son el deterioro cognitivo y la merma de la funcionalidad.

Objetivo:
En el presente estudio se trata de comparar las diferencias entre la funcionalidad y el deterioro cognitivo de los pacientes tratados con diferentes antipsicoticos (orales o inyectable de larga duración, paliperidona) e incluso diagnosticados de diferentes patologías (trastorno bipolar-esquizofrenia) y ver si con la misma evolución de enfermedad las diferencias radican más en el diagnóstico o en el tratamiento aplicado.

Método:
Para ello, se establecen tres grupos de 12 pacientes cada uno, 2 con diagnóstico de esquizofrenia y tratamiento con orales/ inyectables y uno con diagnóstico de trastorno bipolar y tratamiento con medicación oral en situación de estabilidad clínica, elegidos al azar conforme se presentan a consulta.

A ambos grupos se les aplica la escala de funcionalidad PSP y de deterioro cognitivo SCIP

Conclusiones:
1) Las patologías psiquiátricas se alejan hoy en día de su definición clásica. La explicación podría atribuirse a los cambios en la manera de tratar las patologías psiquiátricas desde el principio lo que tiene su repercusión en la evolución de las mismas. Hay una definición y evolución de la enfermedad antes y después de un tratamiento adecuado desde la importancia del mismo.
2) Siendo así nuestros pacientes se homogenizan y nuestros tratamientos se universalizan en la medida que evitan las mermas. La funcionalidad de nuestros pacientes, similares en años de evolución de su enfermedad, y de diferentes diagnósticos, es similar.
3) El deterioro cognitivo es significativamente mejor en el grupo del tratamiento de larga duración lo que deja entrever la ganancia en beneficios que para el paciente a largo plazo tienen estos tratamientos que aseguran mejor la cumplimentación y adherencia y no merman aspectos fundamentales (cognición, función social y personal).

Limitaciones:
1) Muestras escasas
2) Se buscaron pacientes de similar gravedad y similares años de evolución de enfermedad pero siempre hay variaciones.
3) Limitaciones en el test de PSP por diferentes evaluadores.
IMPRESIÓN SUBJETIVA CON LOS DIFERENTES ANTIPSICÓTICOS INJECTABLES.
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Introducción: Los medicamentos antipsicóticos se consideran un componente esencial de tratamiento de la esquizofrenia y otros trastornos psicóticos. Su utilización se está expandiendo a otros trastornos psiquiátricos, como trastornos afectivos, trastornos de personalidad, problemas de conducta en personas con retraso mental o enfermedad de Alzheimer.

En muchos de estos diagnósticos, se considera que el pronóstico depende de un adecuado cumplimiento del tratamiento farmacológico.

Los estudios previos nos hablan de la experiencia subjetiva de los diferentes tratamientos antipsicóticos orales y su relación con el cumplimiento y adherencia al tratamiento. No obstante con los antipsicóticos inyectables no se ha incidido en esta impresión subjetiva ya que de por sí se considera por la forma de aplicación el cumplimiento más asegurado.

Objetivo: En el presente estudio se trata de comparar la experiencia subjetiva de pacientes en tratamiento con diferentes fármacos antipsicóticos inyectables.

Método: Para ello, se establecen cuatro grupos, inyectables típicos, inyectables de risperidona de liberación prolongada, inyectables de palmitato de paliperidona e inyectables de pamoato de olanzapina. Sobre estos cuatro grupos y una muestra total de 48 pacientes se obtienen los resultados con la escala DAI (Inventario de Actitudes hacia la Medicación) y la escala SWN-K (Escala del Bienestar Subjeto con Neurólépticos). Se pasaron las escalas a los pacientes cuando fueron a administrarse la medicación.

Resultados: Las puntuaciones mayores en la Escala del Bienestar Subjetivo con Neurolépticos fueron para pamoato de olanzapina (91,6) y palmitato de paliperidona (78,87), puntuaciones consideradas altas, medias altas, la risperidona inyectable obtuvo una puntuación media (69,5) y los típicos inyectables puntuaron bajo (49,20).

En el Inventario de Actitudes hacia la Medicación las mejores puntuaciones fueron para el palmitato de paliperidona (18,12), seguido por el pamoato de olanzapina (16,75) puntuaciones altas ambas pero esta vez en orden inverso, estando las puntuaciones medias para la risperidona inyectable (15,8) y volviendo a ser baja por los antipsicóticos inyectable típicos (13,2).

SWN-K
BAJAS MEDIAS ALTAS
P.20-50 P.51-90 P.91-120

DAI
BAJAS MEDIAS ALTAS
P.10-13 P.14-16 P.17-20

Conclusiones:
1) La impresión subjetiva del paciente o el bienestar subjetivo con la medicación se correlaciona claramente en la actitud ante la medicación, es decir, hay una correlación entre escalas, siendo de manera previsible mejor la actitud hacia la medicación cuanto mayor es la puntuación en la escala de bienestar subjetivo, esta correlación no es tan significativa con el pamoato de olanzapina y podría deberse a las características especiales de la aplicación del pamoato de olanzapina.
2) Los fármacos antipsicóticos atípicos inyectables demuestran una amplia superioridad respecto a los típicos inyectables en ambas escalas en la impresión subjetiva del paciente, mejorando a su vez la actitud ante la medicación de estos pacientes, lo que supondría un mayor cumplimiento con las consecuencias que este conlleva.
3) De entre los atípicos, la diferencia es significativa a favor del pamoato de olanzapina y el palmitato de paliperidona respecto a la risperidona de liberación prolongada en ambas escalas.
4) Posterior estudios podrían relacionar dichas escalas y sus resultados con falta de cumplimentación, adherencia en general y recaídas de enfermedad y reingresos.
METABOLIC EFFECTS OF NEW GENERATION ANTIPSYCHOTIC DRUGS ON PEOPLE WITH INTELLECTUAL DEVELOPMENTAL DISORDERS: AN OBSERVATIONAL RETROSPECTIVE 36-MONTH STUDY.

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Objectives. The new generation antipsychotics (NGAs) have been increasingly reported to be associated with metabolic disturbances such as weight gain, hypertriglyceridemia, low HDL cholesterol and type 2 diabetes mellitus. Although the metabolic complications of NGAs have been extensively investigated for people with severe mental illness, objective data in People with Intellectual Developmental Disorders (PwIDD) are limited to few studies. The present work was designed to determine if the use of NGAs is associated with clinically significant BMI or metabolic parameters changes in a population of PwIDD who had co-occurrent psychiatric disorders or behavioural problems not responsive to previous non pharmacologic intervention.

Methods. A retrospective longitudinal analysis was performed for a sample of 60 adults with IDD, under NGAs. All participants were consecutively recruited among those living in different residential facilities across Italy. During this period all patients were examined at baseline, 6, 12, 24 and 36 months for a set of body weight and metabolic outcome measures. Measures included fasting blood glucose, total cholesterol, HDL lipids, triglycerides, weight and BMI.

Results. Participants received clozapine, risperidone, olanzapine, quetiapine, aripiprazole and, to a lesser extent, asenapine. Subjects subgrouped based on the pattern of their medication show no significant differences between baseline and endpoint values for weight, BMI, fasting blood glucose, total cholesterol, HDL or triglycerides. During the period study only few cases reported side effects: four people increased BMI, two people developed type 2 diabetes mellitus, six had hypercholesterolemia, five had hypertriglyceridemia and three had low HDL.

Conclusions. The use of NGAs seems to impact on BMI and metabolism somewhat minorly than in the general population. The risk could be further minimized by careful monitoring and particular interventions (diet control, physical activity, specific medications). These results need to be confirmed with further more rigorous investigation.
ASSESSMENT OF EFFECTIVENESS IN SCHIZOAFFECTIVE PATIENTS TREATED WITH ORAL PALIPERIDONE

Hospital Son Llatzer, PCalma de Mallorca, Baleric Islands, Spain

OBJECTIVES:
To assess the clinical improvement in psychotic and schizoaffective disorder out-patients on clinical exacerbation (predominantly affective) after oral paliperidone treatment.

METHODS:
Quasi-experimental, prospective study conducted between February and July 2014. An estimated sample of about 15-30 out-patients who assisted in a Mental Health Unit in Palma was recruited.
Inclusion criteria: out-patients between 18-65 years old, previously diagnosed of psychotic and schizoaffective disorder who are attended in a Mental Health Unit in Palma for a predominantly affective clinical exacerbation.
Global assessments through several scales (positive PANSS, negative PANSS and Hamilton HADS) were administered at the beginning and after 6 weeks of treatment.
Variables: diagnosis, previous autoysis tentative, drug abuse, concomitant medication (antidepressants, mood stabilizers), positive PANSS, negative PANSS and Hamilton score at the beginning and after 6 week treatment under a mean paliperidone dosage administered orally.

RESULTS:
Analysis results are pending. Study in process.

CONCLUSIONS:
Based on previous evidence that supports a clinical improvement (measured by applying the scales cited before) attributed to oral paliperidone. This study intends to show the effectiveness of this drug in our sample. In particular, we focused on those with predominantly affective symptoms, and more specifically, with previous autoysis tentative and toxic substances abuse.

BIBLIOGRAPHY:
AN EMPIRICAL EVALUATION OF OLANZAPINE, RISPERIDONE AND TRIFLUOPERAZINE INDUCED SEXUAL DYSFUNCTION AMONG FEMALE PATIENTS WITH SCHIZOPHRENIA

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2 Mahatma Gandhi Institute of Medical Sciences, Sevagram, Maharashtra, India

Objectives: To assess the sexual dysfunction and sexual quality of life among the female patients of schizophrenia taking olanzapine, risperidone and trifluoperazine mono-therapy.

Methods: It was a hospital based cross-sectional non-interventional, observational study in which we recruited 100 sexually active female patients of schizophrenia who were either on olanzapine, risperidone or trifluoperazine and who agreed to give a written informed consent. These subjects were interviewed using a semi-structured proforma having demographic details and were also administered a 5 item Arizona Sexual Experience scale (ASEX) and 18 item Sexual Quality of Life – Female questionnaire (QQOL-F). Statistical analysis was done using one-way ANOVA, Tukey HSD test and correlation analysis.

Results: One hundred female patients of schizophrenia (34.4±6.1 yrs) agreed to participate in the study and completed the assessments. The sexual dysfunction was identified in 22.2% of subjects on olanzapine (n=36, mean dose 11.89±3.4mg/day); 53.3% of subjects on risperidone (n=30, mean dose 7.57±2.4mg/day) and 79.8% taking trifluoperazine (n=33, mean dose 10.91±2.6mg/day). The difference in the ASEX scores of patients on olanzapine (11.83±5.3), risperidone (17.33±7) and trifluoperazine (22.69±4.5) was found to be statistically significant (p<0.001). The difference in the SQOL-F score of patients on olanzapine (82.38±19), risperidone (63.3±25.4) and trifluoperazine (40.15±19.9) was also found to be statistically significant (p<0.001).

Conclusions: Prevalence of sexual dysfunction differed among the patients on three studied antipsychotics. Trifluoperazine was the most notorious in causing sexual dysfunction, followed by risperidone and olanzapine. Clinicians should consider the impact of antipsychotics on sexual functions while choosing drugs for treating schizophrenia.
THE TREND OF PALIPERIDONE PALMITATE TREATMENT AND ASSESSMENT OF EFFECTIVENESS AND EFFICIENCY

Hospital Son Llàtzer, Palma de Mallorca, Balearic Islands, Spain

OBJECTIVES: This study aims to determine the effectiveness of Paliperidone palmitate versus other neuroleptics. The parameters that we consider are the reduction of antipsychotic polytherapy, the average hospital stay, number of admissions and emergency room visits in the 6 months following the introduction of the drug as opposed to the previous 6 months.

On the other hand, we see the efficiency cost, based on hospitalization costs, costs that are generated in a visit to the emergency room in our hospital, and the price of concomitant drugs used.

METHODS: A descriptive, retrospective study of patients in Brief Hospitalization Unit in the last year and who were treated with Paliperidone palmitate is performed. An initial sample of 60 patients is estimated. The following variables are being analysed:

- Number of readmissions with Paliperidone palmitate/ number of readmissions with other neuroleptics.
- Primary and secondary diagnosis.
- Toxic levels in the last entry.
- Average length of stay Paliperidone palmitate income/ average stay other neuroleptics revenue.
- Duration of last entry.
- Concomitant antipsychotic medication and/or antipsychotic (dose) with Paliperidone palmitate/ concomitant antipsychotic medication and/or antipsychotic (dose) to other antipsychotics and expenses incurred by it.
- Visits to the emergency department with Paliperidone palmitate respect others.
- Months with no income.
- Traction therapeutic Paliperidone palmitate/ respect others.
- Cost of one-day admission to Brief Hospitalization Unit.
- Expenditure of care in psychiatric emergencies.

RESULTS: Analysis results are pending. Study in process.

CONCLUSIONS: Based on previous studies, where clinical improvement, increased adherence and cost reduction after treatment with Paliperidone palmitate evidence, we intend to prove the effectiveness and efficiency of the drug in our patient sample.

BIBLIOGRAPHY

RETROSPECTIVE ANALYSIS OF PATIENTS RECEIVING LONG ACTING INJECTABLE FORMULATION ANTIPSYCHOTICS VS. ORAL FORMULATION ANTIPSYCHOTICS: A FOCUS ON ‘AS NEEDED’ USE OF PSYCHOTROPICS

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Objectives: To perform a retrospective analysis with de-identified data, to aid in evaluating adherence response and the necessity of additional ‘one-time use’ or ‘as needed’ (PRN) doses in patients receiving long acting injectable (LAI) antipsychotics compared to patients receiving only oral antipsychotics in their treatment regimen. The results of this study could be beneficial when suggesting and establishing patient-specific treatment regimens with the highest chance for a positive clinical outcome in regards to efficacy, cost of secondary medications, administration, and safety of staff in inpatient hospital settings.

Methods: Using an analysis of data from a long-term inpatient psychiatric facility, a medical chart review from January 2011 to December 2012 was conducted to identify certain outcomes. The outcomes assessed included: regimen stability based on the use of PRN psychotropics between the two groups and medication selection within each group; evaluation of the medication regimens of psychotropic medications; incidence of alteration events which included self injurious behavior (SIB), physical harm to staff, and property damage.

Results: Primary endpoints of the study consisted of altercation events and additional PRN medication usage. Out of the 701 altercation events which included SIB, physical, or property damage, 305 events required PRN medication use. The results indicate that in 31% of the altercation events, the patients were on a LAI and 69% were on oral only regimens. Of the 2288 psychotropic PRNs administered in 2012, 21% of these additional PRNs were administered to patients receiving LAIs, while 79% were administered to oral only regimen patients. This data further supports the effectiveness of LAIs in regards to safety and efficacy.

Conclusion: Results suggest that use of LAI’s had a lower incidence of altercations and that those patients involved with altercations also required less PRN administrations of psychotropics.
ESTUDIO SOBRE LA ESTIMACIÓN DE LA DOSIS MEDIA DE PALMITATO DE PALIPERIDONA EN PACIENTES CON TRASTORNO PSICÓTICO

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Objetivo
Estimar la dosis media necesaria de Palmitato de Paliperidona en UHP (Unidad Hospitalaria Psiquiátrica) para obtener la remisión del episodio agudo y la estabilización clínica necesaria para el alta hospitalaria en pacientes con trastorno psicótico, así como la dosis media de mantenimiento que permita mantener la estabilidad psicopatológica y la prevención de nuevos episodios agudos.

Método
En nuestro estudio se incluye una muestra de 45 pacientes que inician tratamiento hospitalario con antipsicótico inyectable (Palmitato de Paliperidona) y mantiene posteriormente de forma ambulatoria, con diagnósticos previamente establecidos de trastornos psicóticos (Esquizofrenia, Trastorno Esquizoafectivo y Trastorno Delirante crónico).
El tiempo de estudio es de 1 año en donde se valoran la dosis de Palmitato de Paliperidona de introducción a nivel hospitalario necesaria para la remisión del episodio agudo (estancia media hospitalaria 30-35 días) y la de mantenimiento a nivel ambulatorio durante los meses restantes hasta completar el año de seguimiento

Resultados
Se observan los siguientes resultados:
La dosis media que se obtiene de nuestra muestra de pacientes al inicio del tratamiento con Palmitato de Paliperidona a nivel hospitalario es de 211.11mg/28 días y la dosis de mantenimiento que permite mantener la estabilidad clínica tras el alta hospitalaria y el control ambulatorio con la consiguiente reducción del número de ingresos hospitalarios de 227.78 mg/28 días

Conclusiones
-Palmitato de Paliperidona resulta eficaz para la remisión de episodios agudos/descompensaciones en los pacientes con Trastornos Psicóticos

-Además arroja resultados favorables para lograr la estabilización psicopatológica mantenida en el control ambulatorio, favoreciendo la adherencia terapéutica y la cumplimentación farmacológica gracias a su administración IM mensual

Referencias
WHAT MIGHT BE EXPECTED FROM ANTIPSYCHOTICS?

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A new look at concepts from phenomenological psychopathology in the light of the role of dopamine shows us what might be expected from dopamine blockers in the treatment of schizophrenic delusions. Current ideas regarding conditioned avoidance response model in the study of antipsychotics, aberrant salience theory in schizophrenia and phenomenology of the schizophrenic outbreak are integrated to develop this proposal. On the one hand a review of the works of Kapur and others about conditioned avoidance response is conducted. On the other hand the achievements of current phenomenological psychopathology on schizophrenic psychosis (Sass, Wiggins, Schwartz, Bovet, Parnas, Fuchs and others) are shown. Husserl’s passive synthesis will be exposed as the crucial concept. Furthermore, the limitations of the symptom delusion will be explained. The article is illustrated with cases from our clinical practice to show what can be expected of antipsychotic treatment in each case. Depending on the relationship with the delusion, the patient will be able to leave it behind or conversely he will integrate it into his identity. At one end of the spectrum, the disorganisation of the schizophrenic outbreak can be controlled through blocking the hyperdopaminergic state. At the other end of the spectrum, an ataraxia in an encapsulated delusion is all we can achieve. A new proposal is made by linking achievements from pharmacology, psychology and phenomenology. A heuristic model is suggested to show the potentials and limitations of the antipsychotics in each stage of the psychosis.
ASSESSMENT OF PSYCHIATRIC TREATMENT COSTS IN POLAND WITH CONSIDERATION OF GENERIC PSYCHOTROPIC DRUG THERAPY
Katarzyna Sejbuk-Rozbicka 1,2, Anna Zaremba 1,2, Bartosz Łoza 3, Grzegorz Cessak 4, Dagmara Mirowska-Guzel 1, Ewa Balkowiec-Iskra1,4
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Provision of cost-effective drug treatment is of particular importance in patients with psychiatric diseases. Most of the therapies in question requires life-long treatment and consists of more than one medicine. Introduction of generic drugs is one of the major strategies for reducing contribution of costs of medications to total healthcare costs. The primary evidence required both by FDA and EMA for marketing approval of a new generic drug is acceptable bioequivalence between the generic drug product and its corresponding reference product. The price of the generic drug is estimated to be 25% lower comparing with the reference product.

In the present study a comprehensive cost analysis of a two-year psychototropic drug treatment in one of high reference Polish psychiatric hospitals has been performed. The total real costs have been compared with predictable costs of treatment with reference products if used instead of the available generic drugs. Our study due to the comprehensive analysis of both the availability and costs of psychototropic medicinal products in Poland.
MAIN REASONS FOR CHOOSING A MOOD STABILIZER IN A MANIC EPISODE

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2 Family Therapy, Social Services of Alcalá de Henares, Spain

Objective
Determine the main reason why the psychiatrist prescribes a certain mood stabilizer for mania.

Method
Participants: Patients over 18 who met criteria for bipolar affective disorder during the period 2000-2010 were selected.

Materials and procedure: We took note of the main reason why the psychiatrist prescribed the mood stabilizer with which the patient achieved symptomatic remission. The protocol was approved by the clinical research ethics committee of reference. For data analysis we used SPSS version 20.0.

Results
We evaluated a total of 145 patients. 49% of patients had a classic hobby box, with 25% treated with lithium and 24% treated with valproic acid. 13% had mixed and/or atypical symptoms, 15 of them were treated with carbamazepine. 8% were intolerant to lithium and a 3% were intolerant to other stabilizers. 10% had severe symptoms requiring 2 mood stabilizers. 10% received a mood stabilizer for diagnostic doubts exist with other psychotic disorders and were treated with atypical antipsychotics. In 6% the stabilizer was chosen because of the presence of comorbid addictions and 1% by physical comorbidity, discarded for this reason lithium.

Conclusions
In clinical practice, the main factors that determine the choice of mood stabilizer are clinical (classic, mixed or atypical symptoms), the tolerability profile and the presence of comorbid conditions.
Lithium is not always the first choice in the presence of classic symptoms of mania, valproic acid may be a first choice. Atypical antipsychotics replace the mood stabilizer when the psychotic symptoms predominate and there is doubt in the diagnosis.
EVOLUTION IN MENTAL HEALTH UNIT PATIENTS UNDERGOING PALIPERIDONE PALMITATE TREATMENT

Hospital Son Llàtzer, Palma de Mallorca, Balearic Islands, Spain

OBJECTIVES
The main purpose of this study is to identify traits in a large sample of Mental Health Unit (MHU) patients undergoing Paliperidone Palmitate treatment by establishing a comparison between the clinical situation, tolerance, course of oral medication, consumption of toxic substances and evolution of patients before and after the introduction of Paliperidone Palmitate injection.

METHODS
Cross-sectional descriptive study aimed at analysing a large sample of 57 patients attending the MHU throughout a six-month period.
Selection criteria: subjects over 18 years old undergoing Paliperidone Palmitate injection in varying doses.
SPSS-based statistical analysis.

RESULTS
Data analysis pending.

CONCLUSIONS
In line with previous research, the present study aims to demonstrate how patient evolution improves when treated with Paliperidone Palmitate injection (decrease in emergency visits and hospitalizations, and good drug tolerance), compared to when these patients received a different drug treatment, thus likely to entail a decrease in health care costs.

REFERENCES
THE COMPLETE TITLE SHOULD BE CAPITALIZED, in the Left of the Page in Times New Roman font, 14 Point. Title should be brief and clearly indicate the content

B. Smith 1, D. Jones 1, R. Andrews 1,2
1. Global Coasts, London, United Kingdom
2. University of New South Wales, Sydney, Australia

Authors: (times new roman size 10 point, left) Initials and Surnames for every author must be provided. Do not include degrees or titles. The name of the presenting author should be underlined. An author’s name appearing on more than one abstract must be identical in each case.

Affiliations: The affiliations should be typed under the list of authors' names. Each author should be listed by institution, city, state/province and country. Do not include department, division, laboratory, etc. In abstracts where the authors have different affiliations, please indicate for each author the number of the corresponding affiliation – use a superscript.

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Make the abstract as informative as possible. Conclusions must be supported by data. Organise the body of the abstract as follows:

Objectives
Methods
Results
Conclusions.
RESPONSE TO ASENApine IN A CASE OF AGITATION IN AUTISM DISORDER, A CASE REPORT
I. Alonso, S. Pineda, B. Ruiz, L. Gimenez, K. Rozmus
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Objectives: Psychopharmacological treatment is a useful complement to the educational, social and behaviour therapy, and it should be individualized. Our objectives are: 1. To present a case report of a 24 years old male with autism diagnosis, who was attended in our hospital due to 6 month long agitation. Results of medical study were normal. The patient showed a lack of response to different pharmacological strategies. During hospitalization period, the patient was treated with an increasing dose of asenapine, showing progressive improvement of symptoms. 2. Make a literature review about pharmacotherapy in disruptive behaviours in ASD.

Method: We revised the patient’s clinical history of symptoms and its evolution in time. Also we made a bibliographic revision of pharmacological treatment in aggressiveness in autism spectrum disorder.

Results: Currently there are no clinical guidelines for the pharmacological treatment of disruptive behaviour in ASD. Treatment is only for specific symptoms. Patients with ASD are more sensitive to the pharmacological treatment and they can suffer more side effects than other patients without autism. In addition, their communication and emotional problems can hide the main symptoms and complicate the treatment. Atypical antipsychotics, risperidone and aripiprazole, are the only drugs approved by FDA to treat irritability and aggressive behaviour in children with ASD. In clinical practice, there are also used other atypical antipsychotics, typical antipsychotics, anticonvulsants, mood stabilizers and selective serotonin reuptake inhibitors. It is recommended a change in the antipsychotic treatment when side effects appear. Interruption of treatment depends on the severity of symptoms.

Conclusions: The use of individualized pharmacotherapy and potential benefit-risk should be always evaluated. Drug treatment is symptomatic; combining pharmacological and non-pharmacological interventions can improve efficiency. In our opinion, after the case analysis, we can affirm that asenapine was effective despite the absence of clinical trials in autism.
**REVIEW ABOUT COGNITIVE IMPAIRMENT BY PSYCHOTROPICS**

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**Objectives**
Actualization of the effect of the most frequently used psychotropic medication over cognition.

**Methods**
A review of studies conducted in the past five years for cognitive impairment by benzodiazepines, antidepressants, neuroleptics, lithium and anticonvulsants.

**Results**
The long half-life benzodiazepines can gradually increase a cognitive disorder. They have psychomotor disturbances and memory disorders.
Antidepressants seem to have a cognitive profile benign long term. The risk of cognitive dysfunction varies depending on the mechanisms of action of each antidepressant. Antidepressants that are related to cognitive impairment are tetracyclcs.
Most sedatives and therefore more anticholinergic neuroleptics can cause more cognitive impairment. Newer antipsychotics (risperidone, olanzapine) have a better profile to reduce these effects.
Cognitive deficits have been studied lithium in patients with bipolar disorder and healthy volunteers resulting defects in learning and long-term memory when using lithium in healthy subjects. A recent review on the effects of lithium on cognition suggests that lithium is associated with psychomotor slowing and perhaps mild verbal memory deficit.
The ratio of anticonvulsants with cognitive impairment is well established (phenytoin, phenobarbital, valproic acid and carbamazepine) but can be mitigated by avoiding polytherapy controllably reducing the dose and using drugs with lower risk as the new generation (lamotrigine).

**Conclusions**
Depending on each family of psychoactive drugs we can bring a positive or negative relationship on cognitive functions. The discrepancies in the results of the reviewed studies are due to methodological problems. Studies deemed necessary by standardizing specific test battery for the investigation of psychotropic and cognitive impact.

**Bibliography**
INFLUENCE OF STARTING TREATMENT WITH PALIPERIDONE PALMITATE IN DEVELOPMENT OF DEFECTUAL SYMPTOMS
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Objectives:
To analyze whether there is a relationship between the time of initiation of treatment with paliperidone palmitate (PP) and the clinical course of these patients.

Methods:
A descriptive study has been performed analyzing a sample chosen by consecutive sampling of 20 patients treated with PP for a year in outpatient monitoring in Mental Health. The studied variables were: sex, current age, diagnosis, age at diagnosis of the disease, age at onset of treatment with PP, time between diagnosis and start of treatment with PP, monotherapy and association of other treatments previously assigned at the beginning of PP, reasons for the assigned treatments, hospitalization and emergency care in the 6 months before and after the initiation of treatment with PP.

Results:
45% of the sample started treatment with PP between 0 and 10 years after diagnosis. 35% currently keep PP monotherapy, coinciding with those patients who have been affected less than 10 years by the disease, and 30% associate antidepressant treatment by defectual / depressive symptoms.

Conclusions:
After analyzing the age at diagnosis, time to onset of treatment with PP and associated treatments in these patients, we can conclude that early treatment with PP promotes a better prognosis, with less development of defectual symptoms and therefore a sensitive reduction of interveners treatments.

References:
(1) J.-M. Azorin. Guidelines on long-acting injectable atypical antipsychotics (LAAAs) for first-episode schizophrenia.
(2) L Hargarter. Once-monthly paliperidone palmitate – Tolerability and treatment response in recently diagnosed versus chronic non-acute schizophrenia patients switched from previously unsuccessful treatment with oral antipsychotics.
LA ADHERENCIA AL TRATAMIENTO: EL PRIMER PASO EN NUESTRA TERAPÉUTICA
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Objetivos
Medir la adherencia terapéutica y las recaídas clínicas en dos grupos de pacientes tratados con antipsicóticos (uno de los grupos con antipsicóticos (APS) orales y el otro grupo con inyectable de larga duración: palmitato de paliperidona (ILD: PP).

Métodos
Seleccionamos dos grupos de 15 pacientes, uno con APS oral y el otro con ILD: PP. Todos tienen diagnóstico de esquizofrenia y han sido dados de alta de la Unidad de Hospitalización Psiquiátrica (UHP) entre noviembre de 2012 y febrero de 2013. Realizamos el seguimiento de cada paciente durante 12 meses, recogiendo si mantienen adherencia terapéutica y si han presentado nuevos ingresos.

Establecemos las siguientes hipótesis:

Hipótesis 1: establecer si existe una correlación entre el tipo de tratamiento (APS oral vs ILD) y la adherencia terapéutica.

Hipótesis 2: establecer una asociación entre la adherencia terapéutica global y las recaídas.

Hipótesis 3: establecer si existe una asociación entre el tipo de medicación al alta (APS oral vs ILD) y las recaídas clínicas.

Analizamos los datos mediante un chi cuadrado de Pearson.

Resultados

Hipótesis 1: se rechaza H1. No hallamos relación significativa entre el tipo de medicación y la adherencia terapéutica, si bien sí existe una marcada tendencia a favor de ILD: PP. P= 0.046.

Hipótesis 2: se rechaza H0. Las diferencias encontradas difícilmente pueden ser explicadas por el azar, siendo mayor la proporción de pacientes que recaen entre los que no mantienen adherencia. P=0,001.

Hipótesis 3: se rechaza H0. Existe una relación significativa entre el tipo de medicación al alta y la recaída clínica, evidenciándose menos proporción de recaídas en el grupo tratado con ILD: PP. P=0,002.

Conclusiones
Los pacientes que mantienen adherencia terapéutica tienen menos ingresos en UHP. Los pacientes con diagnóstico de esquizofrenia y tratados tras el alta hospitalaria con ILD: PP presentan una proporción menor de recaídas.
FIRST TRIMESTER EXPOSURE TO SERTRALINE AND THE RISK OF MAJOR CONGENITAL MALFORMATIONS
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Objective: Determine the isolated pharmacological effect of sertraline in rats.

Methods: To test the feto-toxicity of sertraline, timed-pregnant female rats were used and divided into four groups (n=15/group): control (vehicle), sertraline (low, 0.3; medium, 3, or high, 30 mg/kg/day). Saline or sertraline were administered by gavage from gestation day 1 or gestation day 8 (at the stage of organogenesis when the neural tube closes and the first somite and branchial arch are formed) to gestation day 20 (when brain development is fully underway). Dams were euthanized on gestation day 20; serum was collected by cardiac puncture. The numbers of corpora lutea, implantation sites and embryos were counted to determine pregnancy wastage: pre-implantation embryo loss (corpora lutea minus implantation sites) and post-implantation loss (implantation sites minus live fetuses). Each fetus were weighed, sexed (by measuring the anogenital distance) and examined for external malformations. Fetuses from each litter were dissected to assess internal malformations or fixed and stained with Alcian blue (cartilage) and alizarin red S (bone) for the determination of skeletal abnormalities. Fetal brains and hearts were excised and stored in RNAlater for the analysis of effects on the expression of marker genes by qRT-PCR.

Results: Isolating the pharmacological effect of the drug (independent of the indication), sertraline was associated with major heart defects. Musculoskeletal and craniofacial malformations were also identified.

Conclusion: Independent of the indication for use, sertraline was increasing the risk of major congenital malformation, which is in agreement with current perinatal pharmacoepidemiologic studies.
SOCIO-DEMOGRAPHIC STUDY AND VARIABLE EFFICACY IN NON-ACUTE PSYCHOTIC PATIENTS AFTER 22 MONTHS OF TREATMENT WITH PALIPERIDONE PALMITATE

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Objectives:
Describe the socio-demographic characteristics of patients.
Analyze the variables of effectiveness, adherence to treatment, side effects and cardiovascular risk factors

Methods:
Cross-sectional descriptive study of a sample of 31 patients in outpatient follow-up, after an average of 22 months of treatment with PP. Collected data of sociodemographic characteristics, the average dose of PP, the presence of factors of cardiovascular risk and side effects through a mirror study. Apply scales to measure functionality: Personal and Social Performance Scale (PSP), Brief Scale Psychiatric Rating Scale (BPRS), Global Clinical Impression (CGI-SI) and Drug Attitude Inventory (DAI).

Results:
Sample consists of 31 patients (55% men). 81% are single; 77% live alone; 94% does not work; they receive an average of PP 147.58 mg/month dose. After starting PP, patients without any side effects increase; the frequency of Cardiovascular risk factors is minimal and decreases the BMI (p = 0.52). DAI shows that 80.4% presented good adherence to treatment; PSP demonstrates that 29% has marked difficulties and 22.5% has serious difficulties; CGI-SI, shows that 67.8% is moderately ill. The BPRS shows that 61.2% of patients have a mild disorder and 33.3% a serious disorder.

Conclusions:
The socio-demographic profile of the patient of our CSM, after 22 months of treatment with PP, coincides with: male, unmarried, unemployed, who lives alone. BMI decreases after administration of PP, with p = 0, 52, which may be due to the sample size. The presence of side effects is minimal.
**XEPLION: REDUCCION DE SÍNTOMAS DEPRESIVOS, MEJORÍA PSICOPATOLOGICA Y REDUCCIÓN DE MEDICACIÓN CONCOMITANTE**

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**Objetivos:** Analizar que aporta xeplion en la práctica clínica habitual sobre los síntomas depresivos de la esquizofrenia, la posible mejora psicopatológica y la reducción de medicación concomitante. Método: Se seleccionan todos los pacientes en tratamiento con xeplion (n=27). Se analizaron las siguientes variables: diagnostico, tratamiento previo, monoterapia o politerapia antes y después. Así mismo se realizó un análisis prospectivo de 6 meses de duración en el que se analizó la posible reducción de síntomas depresivos en la esquizofrenia mediante la escala CALGARY y la mejora psicopatológica tras el cambio, mediante la PANSS .Resultados: EL 60% de los pacientes tienen diagnostico de esquizofrenia paranoide, el 48% de ellos tienen entre 10-20 años de evolución de enfermedad. El 63% de los pacientes se encuentran en monoterapia en tratamiento con xeplion vs el 22% con el tratamiento previo. La reducción de benzodiacepinas y anticolinérgicos en el tratamiento con xeplion, alcanza el 30% y el 40% respectivamente. En el 56% de los pacientes, que son los que presentan síntomas depresivos. (Para identificar la ausencia / presencia de depresión, los autores recomiendan como punto de corte la puntuación mayor 5), existen una reducción clínica superior al 50%. Se evidencia la no relación entre la presencia de síntomas negativos y los síntomas depresivos. El 60 % de los pacientes presentan una reducción en la puntuación de la PANSS positiva del 20-40%, y el 22% de reducen la puntuación negativa.

**Conclusiones:** Xeplion aumenta significativamente la monoterapia frente a otros tratamientos.

La reducción de la medicación concomitante se relaciona con un mejor perfil de tolerabilidad. La mejoría de los síntomas depresivos podría reducir el uso de antidepresivos en algunos pacientes y cubrir una necesidad que otros antipsicóticos no cubren.
ETHANOL AND COCAINE CO-ADMINISTRATION: EFFECTS OF TOPIRAMATE AND DNA/RNA METHYLTRANSFERASES GENE EXPRESSION IN THE RAT PREFRONTAL CORTEX

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Objectives: Ongoing clinical trials are studying whether topiramate would be effective for the treatment of ethanol or cocaine abuse or even for the treatment of dual dependence of ethanol and cocaine. However, until now little is known about the effects of topiramate on operant ethanol self-administration and the interaction with cocaine in rats, and its association with one of the epigenetic mechanisms that control gene expression: DNA/RNA methyltransferases.

Methods: We studied the effects of topiramate (Topamax®) on operant ethanol self-administration with the co-administration of cocaine (i.p.) in Wistar rats. The effects of topiramate on locomotor activity were examined before ethanol and cocaine exposure. Blood samples were collected to analyse ethanol and cocaine metabolism (blood ethanol levels and benzoylecgonine). Gene expression in the prefrontal cortex was examined by quantitative real-time PCR. The novel object recognition test was performed to analyse the effects of topiramate on episodic-like memory.

Results: Topiramate prevented in a dose-dependent manner cocaine-induced increase of responses to ethanol without motor impairments. This effect was observed only when topiramate was administered before ethanol access. Cocaine-induced psychomotor stimulation was not blocked by topiramate. Topiramate reduced blood ethanol levels but did not affect cocaine metabolism. Ethanol increased the gene expression of DNA methyltransferases (Dnmt1 y Dnmt3a), the corepressor Dnmt1-associated protein 1 (Dmap1), and the RNA methyltransferase Trdmt1. These effects were prevented by topiramate or cocaine. Gene expression of histone deacetylase-2 (Hdac2) and glutamate receptor kainate-1 (Grik1) were only increased by cocaine treatment. The co-administration of topiramate and cocaine caused an up-regulation of genes related to dopaminergic (Drd1, Th) and opioid (Oprm1) neurotransmission. Topiramate showed a tendency to alter episodic-like memory.

Conclusions: The present results provide evidence about the role of topiramate on ethanol-cocaine interactions, suggesting that topiramate may be useful for the treatment of dual addiction of ethanol and cocaine.
HEALTH TECHNOLOGY ASSESSMENT AS A TOOL SUPPORTING DECISION MAKING PROCESS WITHIN THE AREA OF REIMBURSEMENT OF MEDICINAL PRODUCTS IN POLAND

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Health Technology Assessment (HTA) is a tool designed to support public providers of financial resources in health care system in decision making process within the area of reimbursement. It is a very broad discipline combining medical and economical knowledge that allows to present effectiveness and costs of an intervention against respective values of other interventions used in the same medical condition in a given time.

Although HTA is being used in Poland for several past years, we still lack a thorough analysis of the outcomes of decisions made on the grounds of HTA reports prepared by Agency for Health Technology Assessment (AHTAPol) and resulting positions of Consultancy/Transparency Committee and recommendations of the President of AHTAPol, for public provider of funds in Polish health care system – National Health Fund. It is also essential to review and assess the quality of medical evidence indicated as being foundation of decisions that were made.

While conducting the Project, HTA reports prepared by AHTAPol were reviewed. Comprehensive analysis of costs of therapies as well as medical evidence searched in medical databases and included in reports were performed. Project allows to have a broad picture of actions that have been made in the area of reimbursement of medicinal products in Poland for several past years.
USE OF PALIPERIDONE EXTENDED RELEASE IN INPATIENT UNIT
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OBJECTIVES
Paliperidone extended released (ER), is accepted in Spain for the treatment of schizophrenia, bipolar disease, conduct disorder in child and adolescents and conduct disorder in dementia.
This report objectives is to analyse when we can use paliperidone ER, what is the correct dosage in those disorders and finally the influence of concomitant treatment in efficacy and tolerability.

METHODS
We have analysed 29 patients who were discharged with paliperidone ER being part of their treatment in a period of 3 months, from January to March 2013. We have used SPSS version 22nd.

RESULTS
Age mean was 46.4 years old. 14 (48%) were male and 15 (52%) female
24% were diagnosed of bipolar disease, 34% of schizophrenia, 10% of borderline personality disorder (BPD) and 10% of dementia.
Dosage used in bipolar disease (11.1 mg) and schizophrenia (12 mg) were significatively higher than those used in BPD or dementia (7 mg).
31% had one drug associated to paliperidone ER, 55.2% had associated two drugs and 13.8% three or more drugs, most frequently antipsychotics and antiepileptics or some combinations including them.

CONCLUSIONS
- Paliperidone ER is an effective treatment for several disorders in Psychiatry.
- It is a very safe drug even used in high doses.
- It is been able to combine with other drugs with no problems of interactions because of its renal metabolism.

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Many studies suggest an association between the use of antipsychotic medicines (APs) and occurrence of venous thromboembolism (VTE). Thromboembolism is often associated with a significant risk of disability or death, and also plays a role in significantly increasing treatment costs. Despite many years of research on the association between the use of APs and VTE, specific pathogenetic mechanisms have not been identified. In the present study we searched available electronic medical databases (MEDLINE, PubMed, EMBASE) using a comprehensive search strategy. All steps were performed by at least 2 analysts in compliance with current Cochrane Handbook for Systematic Reviews of Interventions. The primary outcome measure of this systematic review was the occurrence of VTE (both DVT and/or PE) in patients exposed to AP drugs. Based on the identified reports it has been determined that the main risk factors for VTE are duration of treatment and patient-related factors, such as gender, age, body mass or physical activity. Current data does not allow identifying prothrombotic potential for individual APs. All patients treated with APs should be assessed with regard to the risk of thromboembolic complications and, if needed, appropriate prevention methods (most of all including elimination of modifiable risk factors) should be implemented. Moreover, patients should be educated about symptoms suggesting VTE. Each patient with suspected VTE should be diagnosed and treated immediately.
DYNAMICS OF COGNITIVE DISORDERS IN PATIENTS WITH HYPERTENSION DURING THE TREATMENT WITH ACTOVEGIN

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Objectives
To investigate the dynamics of cognitive disorders in patients with essential arterial hypertension (EAH) during the treatment with actovegin (a 12-weeks course).

Methods
The assessment of cognitive functions was made according to A.R. Luria's neuropsychological assessment scheme [1] before and after 12 weeks of actovegin treatment and then 24 weeks after the treatment completion.

33 patients with EAH, stage 1-2, with medicamentally normalized blood pressure took part in the study; mean age was 68.3±5.5 years.

Results
At first, disturbances of thinking (lability of thinking and distortion of the process of generalization) were found in 52% of patients. After 12 weeks of actovegin treatment the number of patients with thinking disorders was reduced to 36%.

After the actovegin treatment reliable improvements of attention were found in these patients (reliable reduction of runtime in sensorimotor tests and reduction of attention mistakes), there was also a certain reduction in the number of patients with verbal memory disorders (from 67% to 33%). After 24 weeks of actovegin treatment the achieved attention and memory improvements persisted in most patients. Our results agree with the published data [2].

According to visual analog scale data, after the treatment all the patients demonstrated a certain subjective memory and attention improvement, which remained the same during 6 months after the treatment completion.

Conclusions
According to neuropsychological assessment’s data there were revealed significant thinking, memory and attention improvements in patients with EAH after the actovegin treatment course.

References
A PROPÓSITO DE UN CASO: 10 AÑOS SIN CONTROL
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Objetivos. Exponer a través de un caso clínico, la falta de control de tratamiento de un paciente crónico.

Métodos. Varón de 40 años que acude a consulta de psiquiatría derivado por médico de atención primaria debido a revisión de tratamiento pautado hace 10 años.

Resultados A lo largo de las entrevistas se pone en práctica la posible reducción de toma de medicación, la cual consiste en la toma de dos estabilizadores de ánimo y de una benzodiacepina. La bajada de dosis es complicada debido a la tolerancia y dependencia del paciente a la dosis de medicación tomada durante 10 años.

Conclusiones. A pesar de los esfuerzos por mantener al paciente crónico en seguimiento, en ocasiones se puede presentar el caso expuesto, debido posiblemente, a la estabilidad clínica, que hace que el paciente se pierda del sistema, con el riesgo que conlleva mantener un tratamiento sin control por parte del especialista.
THERAPEUTIC DRUG MONITORING OF CLOZAPINE: CURRENT STATUS IN TUNISIA AND REVIEW OF LITERATURE
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Objectives
This study aimed to investigate the state of knowledge, the perception and the use of therapeutic drug monitoring (TDM) of clozapine among Tunisian psychiatrists prescribing this drug.

Methods
A survey was conducted among a sample of Tunisian psychiatrists who were randomly selected. They answered a self-administered questionnaire exploring frequency and motivations of the resort to TDM of clozapine, knowledge about it and impediments to its realization in daily practice.

Results
Our study involved 80 psychiatrists. Their mean age was 35 and 69 % were females. Almost half of them used TDM of clozapine in their clinical practice. The resistance to clozapine was the first motivation in 60% of them and 63% believed that monitoring plasma levels of clozapine could be useful but not necessary.
Among psychiatrists who did not use TDM of clozapine, 11% believed that it was useless and 31% were not aware of its existence. Older psychiatrists were more reluctant to consider using TDM of clozapine in the future if its relevance would be proved (p=0,02), as well as those working in private practice. (p=0,026)

Conclusions
According to the AGNP Consensus Guidelines for TDM in Psychiatry, TDM is strongly recommended for clozapine. It can be very helpful either for dose titration or specific issues like insufficient response, side effects at therapeutic doses and potential drug interactions. TDM is a valid tool for optimizing clozapine treatment and should become a standard of care.

References
Hiemke and al., AGNP Consensus Guidelines for Therapeutic Drug Monitoring in Psychiatry: Update 2011
ASENAPINE IN PEOPLE WITH INTELLECTUAL DISABILITY AND BIPOLAR DISORDER OR SCHIZOAFFECTIVE DISORDER: THE DIAS PROJECT
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Objective. Several empirical studies support the use of New Generation Antipsychotics (NGA) in people with Intellectual Disability (ID) and mental health problems, although some other publications are more sceptical of the quality of the evidence to date. Special attention is given to side-effects, particularly weight gain, dyslipidemia, hyperglicemia, and QTc prolongation. Reports and studies on asenapine are lacking yet, although the compound has shown low metabolic effects and presents a receptor binding profile which is really suitable with the characteristics of this special population. The DIAS (Intellectual Disability and ASenapine) project includes a case series study on the use of asenapine in people with ID and bipolar disorder or schizoaffective disorders.

Methods. Participants were diagnosed by SPAID-G and clinical assessment, in accordance to DM-ID criteria. They were treated with variable dose of asenapine (5-20 mg/day) and monitored for compliance, efficacy (CGI-ET; SPAID-FU), side effects (CGI-EI) and generic quality of life (SQuiQ, combination of self and proxy assessment) at baseline, 1, 2, 4, 12 week, 6 and 12 months.

Results. At present the series includes 32 participants, with mean age of around 42 yrs and intellectual disability ranging from borderline to severe. 72% were diagnosed with a bipolar disorder while the remaining 28% with schizoaffective and psychotic disorders. Most participants also presented problem behaviours, particularly aggressivity, hyperactivity, oppositional behaviour, or a combination of these. Most of participants showed a significant improvement between the second and the forth week of treatment, with a mean CGI-ET increase of 1,68 (±0,43). Metabolic side effects were confirmed to be very limited. Discontinuation was reported only for 2 participants who were switched from other compounds and had anxiety and flattened mood. Asenapine also seems to have a good impact on generic quality of life: at week 12 a statistically significant SQuiQ mean score improvement was recorded.
ANTIPSYCHOTIC TREATMENT IN INPATIENTS WITH BIPOLAR DISORDER

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Objectives
To analyze clinical results obtained with Atypical Antipsychotics (AA) treatment of Bipolar Disorder compared with Conventional Antipsychotics (CA) on hospital service use.

Methods
Retrospective descriptive study of psychiatric inpatients diagnosed of Bipolar Disorder and treated from 2001 to 2012.
Sample is composed of 154 admitted patients with Bipolar Disorder, diagnosed following ICD-10 criteria.
Prescription drug records at discharging were revised since 2001. Variables analyzed were age, sex, number of episodes, type of drug treatment, doses, length of stays, length between relapses.

Results
58% were male, age average 35 (S.D:6.3) years. There were significant differences for stays 19.1 days in patients treated with AA versus 23.1 in CA.
Relapses were higher in CA treatments than in AA treatments.
Lithium followed by anticonvulsivants, benzodiacepines and anticholinergics were the most habitually associated (anticholinergics in CA twice as much as AA). Patients receiving AA were significantly more often treated with benzodiacepines (p<0.01) compared with the group receiving CA. Benzodiacepines were more frequent in patients receiving treatment with ziprasidone or aripiprazol compared to those treated with olanzapine, risperidone and quetiapine.
Strategies of treatment with antipsychotics were different depending on the number of previous episodes of illness and period analized; patients receiving AA and mood stabilizers had presented more previous episodes of hospitalization than patients treated with CA. Patients with more recent episodes (after 2006) received more treatment with AA (85 %) compared to the previous period.

Conclusions
There is a significant difference in hospitalization parameters in patients treated with AA compared with those receiving treatment with CA. Data available in the literature and results of this study show that atypical antipsychotics can be considered as first choice for the treatment of bipolar disorder as add-on therapy to mood stabilizers.
PULMONARY THROMBOEMBOLISM IN PATIENTS TREATED WITH ANTIPSYCHOTICS
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OBJECTIVES
The association between thromboembolism and antipsychotic drugs comes shortly after the discovery of chlorpromazine. Since then, numerous cases reported an increased incidence of this phenomenon. We undertook a literature review to analyze the evidence for association between antipsychotic medication and increased risk of thromboembolic events. We searched as well for algorithms to guide us on how this complication could be handled.

METHODS
PubMed search using “antipsychotics”, “thromboembolism”, “clozapine” as key words. We report a case of pulmonary embolism in a 38-year-old patient admitted due to exacerbation of schizophrenia. We introduced clozapine after performing various tests that showed a partial resistance of symptoms and an occurrence of side effects. The embolism occurred a month after initiation of treatment.

RESULTS
There is enough scientific evidence on the association between thromboembolism risk and the use of antipsychotics (OR = 1.2, p < 0.001). We found a particularly high risk in patients treated with clozapine (OR = 1.54, p = 0.01). Other antipsychotics as risperidone, ziprasidone and haloperidol were also associated with it. However, quetiapine and aripiprazole showed no significant increase in risk. The risk seems to be correlated with dose.

There is no consensus on the therapeutic approach in patients who have had a thromboembolism in relation to antipsychotic treatment.

CONCLUSION
The steady increase in the prescription of antipsychotics nowadays, and the severity of some side effects associated with their use makes it necessary for clinicians to be aware of the possible adverse drug reaction. More studies would be needed to identify the factors that predispose to thromboembolism occurrence and clarify the therapeutic approach for these patients.

References


PULMONARY THROMBOEMBOLISM IN PATIENTS TREATED WITH ANTI PSYCHOTICS
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OBJECTIVES
The association between thromboembolism and antipsychotic drugs comes shortly after the discovery of chlorpromazine. Since then, numerous cases reported an increased incidence of this phenomenon.
We undertook a literature review to analyze the evidence for association between antipsychotic medication and increased risk of thromboembolic events. We searched as well for algorithms to guide us on how this complication could be handled.

METHODS
PubMed search using “antipsychotics”, “thromboembolism”, “clozapine” as key words. We report a case of pulmonary embolism in a 38-year-old patient admitted due to exacerbation of schizophrenia. We introduced clozapine after performing various tests that showed a partial resistance of symptoms and an occurrence of side effects. The embolism occurred a month after initiation of treatment.

RESULTS
There is enough scientific evidence on the association between thromboembolism risk and the use of antipsychotics (OR = 1.2, p < 0.001). We found a particularly high risk in patients treated with clozapine (OR = 1.54, p = 0.01). Other antipsychotics as risperidone, ziprasidone and haloperidol were also associated with it. However, quetiapine and aripiprazole showed no significant increase in risk. The risk seems to be correlated with dose.
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The steady increase in the prescription of antipsychotics nowadays, and the severity of some side effects associated with their use makes it necessary for clinicians to be aware of the possible adverse drug reaction.
More studies would be needed to identify the factors that predispose to thromboembolism occurrence and clarify the therapeutic approach for these patients.
LONG-ACTING INJECTABLE ANTIPSYCHOTIC USE IN PSYCHIATRIC INPATIENTS
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Objectives:
Long-acting injectable antipsychotics (LAIAs) are a therapeutic option to consider when aiming to facilitate therapeutic adherence. First-generation LAIAs were typically administered to patients suffering from severe schizophrenia who had a poor treatment compliance. However, with the appearance of second-generation LAIAs the profile of LAIA use has changed. The objective of this study was to describe the use of LAIAs at Hospital Universitario 12 de Octubre’s Psychiatric Hospitalization Unit during the year 2013.

Methods:
This is a retrospective descriptive study. The clinical records of the 47 inpatients who were discharged with a LAIA during the year 2013 were reviewed. Data obtained included age, gender, primary diagnosis, type of LAIA, concurrent use of other medications, and treatment prior to admission.

Results:
The mean age of these patients was 44.0 years, and 65.9% were male. Primary diagnoses were paranoid schizophrenia (76.6%), delusional disorder (4.2%), schizoaffective disorder (4.2%), bipolar disorder (2.3%) and schizophreniform disorder (2.3%); 10.4% were diagnosed with other disorders. The LAIAs used were Paliperidone (48.9%), Risperidone (34.0%), Flufenazine (8.5%), Zuclopentixol (4.2%) and Olanzapine (4.2%). In 53.2% of patients an antipsychotic had already been prescribed previous to admission. For 12.8% of these patients, this was their first psychiatric admission.

Conclusions:
The introduction of second-generation LAIAs has modified the pattern of use of LAIAs, which has extended beyond severe cases of schizophrenia with poor treatment compliance.

References:
Stahl SM. Long-acting injectable antipsychotics: shall the last be first? CNS Spectr. 2014;19(1):3-5
EXPERIENCI A CLÍNICA CON PALMITATO DE PALIPERIDONA EN PACIENTES CON RETRASO MENTAL (C.I≤70) Y CON CAPACID AD INTELECTUAL LÍMITE (C.I=71-84) QUE PRESENTAN TRASTORNOS DE CONDUCTA

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2 CSM Alamedilla. Hospital Clínico Universitario de Salamanca. Salamanca. Spain

Objetivos: Valorar eficacia y tolerabilidad de Palmitato de Paliperidona (PP) en pacientes con capacidad intelectual limitada (C.I =71-84, CIE-10: R4, 8) o retraso mental (C.I ≤ 70, CIE-10: F70, 9 - F79, 9) que presentan trastornos de conducta asociados.

Métodos: Estudio naturalístico, seguimiento a 6 meses de pacientes que cambian a PP desde otros tratamientos. Se evalúa gravedad general mediante la ICG, funcionalidad y los trastornos de la conducta con la escala PSP y tolerabilidad mediante la subescala de efectos neurológicos de la UKU.

Resultados: N=18 pacientes, 67% varones, media de edad de 32,28 años. 59% de pacientes previamente tratados con fármacos atípicos orales; principal motivo de cambio falta de cumplimentación.

Tras 6 meses de seguimiento, se observa mejoría en la gravedad del cuadro clínico; en el momento basal el 83% de los pacientes estaban marcadamente o moderadamente enfermos y tras el cambio el 78% pasan a estar levemente enfermos.

Respecto a la funcionalidad y sintomatología conductual, se produce marcado incremento en la puntuación total de la PSP pasando de 44,22 puntos a 66,56 puntos y mejoría en cada una de las categorías que componen la PSP, destacando área de comportamientos perturbadores o agresivos (antes del tratamiento un 72% presentaban notables disfunciones y tras los 6 meses de seguimiento un 78% pasa a tener una disfunción leve o incluso ausente)

Reducción del 63% en uso de antidepresivos y de un 50% en uso de benzodiacepinas.

Sólo 1 paciente presenta ligera hipocinesia sin interferencia en su funcionamiento, y tras los 6 meses los pacientes han perdido una media de 3,75 kg.

Conclusiones: A la vista de los resultados, Palmitato de Paliperidona puede ser una alternativa terapéutica eficaz y bien tolerada para el tratamiento de pacientes con retraso mental o con capacidad intelectual límite con trastornos de conducta asociados.
A FATAL CASE ASSOCIATED WITH HYPOTHERMIA AND ELEVATED PLASMA LEVELS OF 9-OH-RISPERIDONE

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Objectives
To report a fatal case of multi-organ failure, in which hypothermia, decreased renal function and high plasma concentrations of 9-OH-risperidone were involved.

Methods
Retrospective review of all available medical records, biochemical analyses and the autopsy report.

Results
The case was a woman of 70 years, living alone in her own house. She had been treated for chronic schizophrenia with long acting risperidone injections, 50 mg every other week and oral risperidone 2mg bid, and supported by regular contact with community health workers. After being found in a state of reduced consciousness she was admitted to hospital. She was hypothermic and hypovolemic with reduced kidney function that remained inadequate despite treatment. Risperidone injection was stopped, while oral risperidone was maintained. 17 days after admission blood sample for concentration of risperidone and 9-OH-risperidone were taken. 6 days later the patient developed left side weakness, reduced consciousness and coughing; another 9 days after that she died. Later, the test result arrived, showing elevated levels of 9-OH-risperidone. The autopsy showed signs of pneumonia; the CNS was not inspected.
Pharmacokinetic calculations leave the question open whether the elevated levels had been present at onset or not.

Conclusions
It remains elusive to conclude whether the initial hypothermia was primarily caused by supra-therapeutic concentrations of risperidone or not. In any case, hypothermia combined with impaired kidney- and/or liver function should alert physicians to carefully reconsider treatment with risperidone and other antipsychotics. Supposedly, the high levels in this case may have contributed to the fatal outcome.
ASSOCIATION VALPROATE-RISPERIDONE, WHICH RISKS!
A. Ben Amor¹, S. Halayem¹, S. Othman¹, R. Ghachem¹, A. Bouden¹
¹: Razi Hospital, Manouba, Tunisia

Objectives:
Literature is rich in regard to side effects of risperdone as well as it is abundant in regard to those of valproate, however few studies have been interested of the side effects due to their combination. The aim of our work is to provide a literature review of the adverse effects related to the association between risperidone and valproate. We also will illustrate using three case reports side effects that could be attributable to this combination.

Methods:
This is a literature review based on a Medline search using the following key words: Risperidone, Valproate, side effects, adverse effects.

Results:
Many articles have been found dealing with this topic: The side effects described were: galactorhea, glucose intolerance, impaired thermal regulation (hypothermia), neutropenia, thrombocytopenia, neurological side effects.
In our cases: one was a serious early skin lesion, the second an early after intake at a low doses of risperidone dyskinesia, the third one a severe neutron ant thrombocytopenia.
The studies and our clinical cases raise the question of paying more attention to the association of these two medications.

Conclusion:
Despite the benefits of the association between risperidone and valproate, we should keep in mind the potential risks of exacerbated rarely described side effects.
ROLE OF rs6313 AND rs1799978 VARIANTS AS PHARMACOGENOMIC BIOMARKERS IN GREEK SCHIZOPHRENICS
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1. University of Patras, Patras, Greece
2. University of Cagliari, Cagliari, Italy

Schizophrenia is the most enigmatic psychiatric syndrome. Its etiology is unknown; however, both environmental and genetic factors play important role. Clozapine is the first atypical drug, indicated usually in treatment-resistance schizophrenia. Risperidone is also atypical antipsychotic and is effective both in positive and negative symptoms of PANSS (Positive Negative Symptom Scale).

Objectives: We performed a literature review and meta-analysis of various pharmacogenomic biomarkers1 for the individualization of risperidone and clozapine treatment2. We verified our findings in schizophrenics of Greek origin.

Methods: Our analysis included 49 studies, 6786 controls and 5705 patients. Also, we genotyped 20 Greek schizophrenics and 100 controls using a PCR/BpEI-based method and sequencing.

Results: Our meta-analysis indicated rs6313 and rs1799978 as potential pharmacogenomic biomarkers for treatment response to clozapine and risperidone. Subsequently, we studied these polymorphisms in Greeks. As preliminary data, we found that A allele of rs6313 was present at 56% and G at 44% in controls, while in schizophrenics A allele was 56.5% and G 43.5%. As for rs1799978 marker, A allele was 89.5% and G was 10.5% in controls and 94% and 6% in patients, respectively.

Conclusions: Our preliminary findings suggest that rs6313 and rs1799978 may not be associated with clozapine and risperidone treatment efficacy in Greek schizophrenics, although these data do not yet reach statistical significance due to the small sample size.

References:
2. E.E. Tsermpini et al, “Genomic variants in DRD2 and HTR2A genes are responsible for clozapine and risperidone response, determined by meta-analysis of pharmacogenomic studies” (under submission).
ATYPICAL NEUROLEPTIC MALIGNANT SYNDROME INDUCED BY SULPIRIDE

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Objectives
The aim of this report is to illustrate the occurrence of an atypical neuroleptic malignant syndrome (NMS) on a patient treated by Sulpiride.

Methods
We present a case of a patient who developed an atypical NMS induced by Sulpiride and we will discuss the clinical features, risk factors and treatment of NMS referring to literature reviews.

Case
"Mr. R.T", a 32-year-old man, was followed-up at the outpatient clinic for moderate mental retardation and behavioral disorders. He was prescribed Sulpiride 100 mg daily, since October 2008. He was well stabilized with appropriate compliance. He developed on September 2013 within two days, symptoms of restlessness, irritability, and insomnia. The physical examination objected a patient with profuse sweating, disorientation and confusion. He was febrile (38.5°C) and had tachycardia (115 beats/min). Blood pressure was 130/80 mmHg. There was no muscle rigidity. Laboratory investigation revealed leukocytosis (WBC count of 15000/mm³), elevated levels of Creatinine (120 µmol/l) and CPK (8700 U/L). NMS was suspected, Sulpiride was stopped. The patient was transferred to an ICU where supportive treatment was started including fluid electrolyte therapy and antipyretics. Outcome was favorable and the patient was discharged after 5 days of hospitalization.

Conclusion
The present case of NMS is significant in that it shows an atypical early absence of muscle rigidity, despite elevated CPK. Given the widespread prescription of Sulpiride by physicians, they should be aware that even if Sulpiride is recognized for a low incidence of extrapyramidal symptoms, it could induce a NMS so they need to be able to recognize it and appropriately manage it.
ELECTROCARDIOGRAPHIC ALTERATIONS REGARDING PSYCHODRUGS
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Objectives: To know the main objective electrocardiographic abnormalities of the patient in relation to the taking of psychotropic drugs (QT prolongation and Torsades de Pointes, mainly).

Methods: A literature review of several studies of the association of different types of psychoactive drugs used in our clinical practice (antidepressants, antipsychotics and psychostimulants), with electrocardiographic changes described.

Results: Psychotropic drug use is the leading cause of acquired drug-induced long QT syndrome. Up to 8% of psychiatric patients are described as having elongated QT in their electrocardiograms.

Conclusions: Given the consequences of prolonged QT (risk of sudden death, ischemic heart disease, and congenital heart disease), it is advisable to carry out regular electrocardiographic checks in patients and to control cardiovascular risk factors.

BOUNCE PHENOMENON, WITHDRAWAL SYMPTOMS AND ANTIPSYCHOTIC CHANGING: WHICH PARAMETERS MUST BE TAKEN IN CONSIDERATION?. ABOUT TWO CLINICAL ILLUSTRATIONS

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The psychological health at the same level as the physical one remains doctors’ priority and is given increasing attention.

In Morocco, several atypical antipsychotics have made their breakthrough into the market. Therefore, antipsychotics changing are more likely to happen either because of some undesirable effects or due to their lack of efficiency.

During the treatment of two patients in the psychiatric military hospital of Marrakech, the changing of antipsychotics unveiled the coming up of unusual symptoms, thus the recently prescribed molecule has been stopped since it was judged unfitting.

It is obvious that the issue might be more complicated due to the interference of other factors like variables related to the patient, the stuff-patient relationship and the environment as well. However, we think it is necessary to remind some parameters to take in consideration when we are faced to an antipsychotic changing.

Finally, we are going to suggest therapeutical strategies in order to minimize risks linked to this practice.
ASSOCIATION VALPROATE-RISPERIDONE, WHICH RISKS!
Authors: A. Ben Amor; S.Halayem; R.Ghachem;S.Othman;A.Bouden
Razi Hospital, Manouba, Tunisia

Objectives:
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Results:
Many articles have been found dealing with this topic: The side effects described were: galactorrhea, glucose intolerance, impaired thermal regulation (hypothermia). And in our cases: one was a serious skin lesion, the second an early after intake at a low doses of risperidone dyskinesia, the third one a severe bicytopenia. The studies and our clinical cases lead us to take a lot of attention in the association of these two molecules.

Conclusion:
Despite the benefits of the association between risperidone and valproate, we should keep in mind the potential risks of exacerbated rarely described side effects.
PALMITATO DE PALIPERIDONA: CASO CLÍNICO, O INÍCIO DA ADMINISTRAÇÃO EM PORTUGAL

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Métodos: Revisão da literatura acerca da eficácia e segurança deste fármaco no tratamento da esquizofrenia. Entrevista clínica com a doente e familiares durante o internamento, bem como consulta do processo clínico.

Resultados: Doente de 20 anos, sexo feminino, transportada ao Serviço de Urgência a 21/01/2014 por tentativa de suicídio por enforcamento. À admissão, doente pouco colaborante, aceitando internamento. Inicialmente, no internamento, respostas curtas, postura defensiva, desconfiada e algo hostil, evitando contato ocular. Apurada atividade delirante persecutória, prováveis alucinações auditivas, juízo crítico ausente, humor deprimido. Segundo os familiares, quadro semelhante em Julho/2013, medicada com sulpirida durante 8 dias, com melhoria.


Conclusões: Vários estudos demonstraram a sua eficácia, segurança e tolerabilidade no tratamento da esquizofrenia aguda e manutenção a longo-prazo. Indicado em doentes adultos estabilizados com paliperidona ou risperidona ou doentes não estabilizados, que tenham desenvolvido resposta anterior aos fármacos referidos e necessitem de tratamento injetável a longo-prazo. O palmitato de paliperidona foi idealizado para administração intramuscular mensal, sem necessidade de suplementação oral. A experiência em Portugal é ainda escassa, sendo necessária continuidade de investigação.


ORAL vs. LAI ANTIPSYCHOTIC DRUGS IN REAL CLINICAL PRACTICE

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Objectives: The goal of this study is to know in the current real clinical practice how is the prescription of oral versus long-acting injection (LAI) antipsychotic drugs in patients with psychotic disorders.

Methods: An observational and descriptive cross-sectional study, with a CRF developed to collect the specific data which was administered during two years (2012-2013) to patients with psychotic disorders who were prescribed antipsychotic drugs.

Results: The sample obtained were 143 patients with the following profile: a man (62.9%), with paranoid schizophrenia (47.5%) over 5 years evolution (54.5%) with substance use disorder (66.4%). The 51% of patients had treatment with long acting injection antipsychotic. Patients with time of disease less than 5 years had oral antipsychotic drugs more common than patients with time of disease more than 5 years (p<0.05). Paliperidone, olanzapine, aripiprazol and risperidone were the most frequent used oral antipsychotics. The polytherapy with other psychotropic drug was 83.7% in patients who had oral antipsychotic drugs and 60.8% in patients with LAI antipsychotic drugs. Benzodiazepines were the most common drug used in polytherapy.

Conclusions:

Long-acting injection antipsychotic drugs was more common in men, pensioners, with a history of alcohol use, more than 5 years of disease progression and partial adherence to outpatient treatment.

The use of oral antipsychotics was more common in patients who worked or had done any work activity, history of cannabis use, time of disease less than 5 years, good compliance with outpatient treatment.
PSYCHOTROPIC DRUGS MISUSE IN A LONG TERM CARE CENTER
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Objectives. Multiple psychotropic drugs (PD) use is common among frail residents who are susceptible to adverse effects and drug interactions. This study evaluates selected PD prescription of institutionalized (mainly geriatric) population in a long term care centre, focus on use for an unapproved indication and sedative associations, and compare prescribed PD between 2012 and 2014.

Methods. Before-after study, that includes inpatient prescriptions made in the long term care center. Revision of a cut-off in 2012 and in 2014, respectively. The residents’ demographic information and medical data were collected from medical charts. Inappropriate sedative association and off-label use was assessed; subgroup-therapeutics’ drugs: sedative antidepressants (trazodone and mirtazapine), antipsychotics (typical and atypicals), sedatives-hypnotics and tranquilizers. A univariate descriptive statistical analysis was performed ANOVA and Chi-square, tests were used for bivariate analysis. Statistical meaning, p<0.05.

Results. 217 residents with psychotic prescription were included; 101 in 2012 (80.1 % of all inpatients) and 116 in 2014 (70.30 % of all inpatients); 62 % women; 77.72 ± 11.95 years (85 % geriatric residents). Slight differences were found between psychotropic use in 2012 and 2014. The most remarkable one was a decreased prescription of trazodone (16.8 % vs 7.75%) and increased number of haloperidol prescriptions (3.9% vs 8.6%). We found extensive off-label use of quetiapine in agitation and insomnia, 18.5% patients (similar to risperidone, in approved indication) and benzodiazepine associations in 10.1%, especially in palliative care (21 % vs 6 % in non-palliative). Usually, the information about disruptive symptoms to treat was missing in the medical record

Conclusions.
• PD prescription in institutionalized patients is important despite potential risks in this frail population.
• There is an excessive off-label drug use, especially quetiapine.
• Specific interventions would be needed, with the purpose of improving the rational use of PD in this group of patients.
EDUCATIVE INTERVENTION TO IMPROVE PRESCRIPTION OF ANTIPSYCHOTICS, PATIENTS FOLLOW-UP AND USE OF PHARMACOVIGILANCE CENTERS

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Objectives. In a follow-up study of weight gain in patients starting with antipsychotic drugs (Icaro study), a survey to health professionals about their use of antipsychotics was conducted. Results showed a high use of two or more antipsychotics in the same patient and a need for education about pharmacovigilance services. The objective was to design an educative intervention that could be applied in institutions treating patients with psychosis or dementia.

Methods. A review about official recommendations about use of antipsychotics at different ages was performed. Selected data were used to design the educative intervention.

Results. The educative intervention consists in a leaflet including a short introduction to the Icaro study, recommendations for optimal and individualized selection of the antipsychotic, particularly in psychosis and dementia, the need to monitor physical health of patients to reduce cardiovascular and metabolic pathologies, and finally some information about adverse events and the way to notify them, either by health professionals or even by patients themselves.

Conclusions. A new educative intervention was designed to improve prescription of antipsychotics, patients follow-up and use of pharmacovigilance centers. This intervention could be applied in institutions treating patients with psychosis or dementia.

References.
PALIPERIDONE-INDUCED HYPERSEXUALITY: A CASE REPORT.

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Objectives
Paliperidone has been shown to be an effective and well tolerated medication for the treatment of schizophrenia and schizoaffective disorders. The most common adverse effects reported are extra-pyramidal symptoms, tachycardia, weight gain and an increase in serum prolactin levels. As shown with other antipsychotics, hyperprolactinaemia may cause sexual dysfunction. It has been described that prolactine levels and clinically sexual dysfunction seems to decrease after switching Risperidone to Paliperidone, that is suggestive of benefit, but there is no reported cases about hypersexual behaviour induced by Paliperidone.

Methods
We present, after literature review, a case of hypersexual behaviour induced by Paliperidone, after switching from Risperidone, in a young patient with schizoaffective disorder.

Results
Alberto, a 36-year-old man with schizoaffective disorder, was switched from 3mg/d of Risperidone to 6mg/d of Paliperidone with the aim of improve related side effects (psychomotor retardation and mild depressive symptoms). Few days after starting paliperidone he presented a continuous sexual excitation with compulsive watch of porn movies and compulsive masturbation, without maniac sympthomatology. He stopped medication few days later and this behaviour disappeared in 24 hours. Three days later he started risperidone again. He was followed up for the next 6 months and his psychotic or maniac symptoms were under control.
He never related this kind of sexual dysfunction with other antipsychotics (risperidone, aripiprazole, quetiapine or haloperidol).

Conclusions
Paliperidone-induced hypersexuality has been described in this case report. There is no data about this adverse effect in the literature. Studies are needed to learn more about all kind of sexual side effects of paliperidone and other antipsychotics.
PHARMACOLOGICAL TREATMENT OF THE DISORDER POSTTRAUMATIC STRESS DISORDER (PTSD) ASSOCIATED WITH BIPOLAR DISORDER

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A growing body of medical evidence suggests that there is an increased incidence of PTSD among individuals with bipolar disorder which has characterized as a true clinical phenomenon (Bomyea J. et al., 2012). A growing body of evidence suggests that there is an increased incidence of PTSD among individuals diagnosed with bipolar disorder (BD) compared with the general population. A study by Bauer et al., 2005 involving 328 veterans, came to find a 25% incidence of TB among individuals suffering with PTSD. Another Brazilian study, conducted in partnership with the Federal University of Bahia Federal University of Rio Grande do Sul in 2009, involving 355 bipolar patients, found a 10.3% rate of comorbid PTSD. This study also found that comorbid patients had worse progression, higher frequency of rapid cycling and worse quality of life reported.

Objective: to seek alternatives to the main pharmacological treatment of PTSD associated with bipolar disorder. Methods: no systematic literature review. Results: The atypical antipsychotics such as risperidone (Padala PR et al., 2006), and quetiapine (Ahearn EP. et al, 2006) can be effective in reducing symptoms of PTSD, as well as mood stabilizers such as topiramate (J Berlant. et al., 2004) and lithium (Foster PL. et al., 1995).

Conclusion: Considering the lack of pharmacological studies involving the treatment of comorbidities is consensus to most experts, mood stabilization, as an initial intervention (Fiks JP. et al., 2013)
TOWARDS INNOVATIVENESS OF MENTAL HEALTH PHARMACEUTICAL PRODUCTS: THE ROLE OF OPEN INNOVATION

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²Scienceventure Joanna Rybka
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Objectives:
There is need for innovative mental health pharmaceutical therapies, however the strategic challenges that pharmaceutical industry has been facing in the last years, may limit the number of innovative drugs on the market. The objective of this study was first, to evaluate innovativeness of psychiatric medications and second, to propose the model for creating valuable innovations in mental health pharmaceutical products.

Methods:
In this project we performed analyses of a unique set of the data providing comprehensive characteristic of pharmaceutical pipeline covering also broad range of economic variables. The data include rich information on the innovative value of new drug components (i.e. novelty ratings and market size ratings, the sources of these valuable innovations (large pharmaceutical companies, small biotech firms/SMEs, universities/research institutes, etc. or collaborative innovation networks including different types of actors).

Results:
We defined what constitutes valuable innovation in the pharmaceutical industry, assessed whether existing measures capture valuable innovation.
We assessed the sources of innovation in mental health pharmaceutical products.
We assessed the impact of biotechnological revolution on pharmaceutical innovation in mental health.
We assessed the roles of large pharmaceutical firms and small companies in providing new better drugs for psychiatry.
We defined existing and proposed alternative models for creating valuable innovation in mental health pharmaceutical products.

Conclusions:
The number of innovative mental health pharmaceutical products is limited and there is an urgent need to develop new drugs. The collaborative research and development is an effective strategy that provides new alternative ways of founding R&D and helps increase innovativeness of psychiatric medications.
HYPERPROLACTINEMIA AND ANTIPSYCHOTIC MEDICATIONS ABOUT 25 CASES

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2 Research Team For Mental Health, University Hospital Mohamed VI, Marrakesh, Morocco.

Objective: The aim of our study was to analyze the circumstances of discovery, clinical and biological characteristics of hyperprolactinemia induced by these antipsychotic medications and their evolutionary characteristics. Then develop recommendations in terms of prescribing patterns of ATP and monitoring of these patients.

Methods: Retrospective study of 25 male patients with HPRL followed the department of psychiatry in Marrakech between December 2005 and December 2012 and placed under neuroleptic treatment, antipsychotic or in combination.

Results: Clinical signs of sexual circumstance was the most common finding. The average value of the PRL was 62 ± 24 ng / mL. Pharmacological classes were encountered risperidone alone (07 cases), Olanzapine alone (03 cases), Haloperidol alone (07 cases), Olanzapine levomepromazine + (05 cases) and 03 cases of patients under neuroleptic treatment delay based Fluphenazine. A combination with other therapeutics was revealed in 06 cases (antihypertensives and antihistamines). Dosages of psychotropic treatments were reduced in 18 cases, the change to other antipsychotic less hyperprolactinemia was observed in 07 cases.

Conclusion: The HPRL induced by antipsychotics is undervalued despite its frequency and yet not without clinical consequences. In addition to sexual disorders often factors of poor adherence to treatment, there is a potential long-term somatic development-related bone abnormalities and a possible increased risk of breast cancer or prostate cancer. For all these reasons, hyperprolactinemia must be careful research, through a pretreatment assessment and monitoring of patients, integrating in the analysis of risk / benefit ratio of antipsychotic treatment.
Background: The almost serendipitous advent of chlorpromazine in the 1950 was hailed as dawn of an exciting era in the treatment of schizophrenia and other psychotic disorders. Sixty years on, despite the introduction of scores of new antipsychotic agents, their appears to be a growing sense of frustration, of expectations belied, promises unfulfilled, poignantly articulated by Shon Lewis and Jeffrey Liebermann in an editorial in the British Journal of Psychiatry (2008): "It is worth reflecting on how crudely we often use antipsychotic drugs. Off-label prescribing is common. It is perhaps not surprising Poly-pharmacy, the prescribing of two or more anti-psychotics in parallel, is widespread despite the lack of evidence to support it and the knowledge that it doubles costs and multiplies safety risks." Where, then, do we go from here? Should we keep waiting for a new miracle cure to emerge? Or should we use the best available evidence to formulate more efficient treatment strategies, utilising the existing antipsychotic medications more effectively?

Methods: These and related issues are interrogated. An enduring myth, the delayed-onset hypothesis of antipsychotic action, despite evidence that the absence of significant response to treatment in the initial fortnight predicts subsequent non-response is questioned. Ongoing research seeks to validate this proposition in real life clinical practice. Reasons for the suboptimal/declining use of clozapine, even as the evidence indicating its efficacy, effectiveness and safety grows, are analysed.

Results: Review of relevant evidence, including 'best practice' guidelines, indicates that superstition rather than science guides real life practice in this regard. Instead of an Arab Spring, we see a paradoxical expansion of restrictions on the early/optimal use of clozapine, with unfortunate consequences.

Conclusions: We propose a pragmatic, evidence-based twin pronged strategy for trialling two antipsychotic medications within a period of 24 weeks and switching to clozapine at week 25.
Aim: On the basis of experience and clinical practice, it seems that fluoxetine therapy results in considerable weight loss. The significant weight loss in the course of fluoxetine treatment will be evaluated.

Method: Within the period of one year, body weight expressed in absolute value and BMI in a group of patients treated with fluoxetine has been evaluated. The aforesaid referred to outpatients who were not hospitalised in the relevant period. Measurements were taken at the beginning of treatment, one month later, three months later, six months later and a year later. Diagnoses varied from depressive disorder and anxiety-depressive disorder to anxiety disorder. Some patients underwent psychotherapy once a week, each s*ance lasted 45 minutes.

Results: Weight loss was recorded for the majority of patients. After an initial weight loss, there is a tendency to gradually increase body weight in the course of treatment. Nevertheless, BMI is significantly lower in the observed period than at the beginning of treatment.

Conclusions: Patients were monitored only incidentally and by observing one variable - body weight, i.e. BMI. The subject side effect of fluoxetine that is recognized and described can be explained by agonist effect on 2C serotonin receptors connected with hunger mechanism and weight regulation. Although a small group was observed, it is interesting that the person with greatest BMI was also the person who demonstrated the greatest decrease of BMI. Even though, in narrower sense, the side effect of a medicine is in question, we think that it can be purposely used in order to improve compliance. Regardless of the fact that the side effect is in question, this side effect is neither unwanted nor harmful. In the future, observing risk factors for cardiovascular complications (cholesterol, triglycerides) could be considered since those factors were not evaluated in this study.
ANITPSYCHOTIC TREATMENT IN A BRIEF PSYCHIATRIC HOSPITAL UNIT, JEREZ DE LA FRONTERA, YEARS 2011-12

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AIMS: Analyze the type of drug prescriptions in an inpatient unit brief psychiatric diagnosis in patients with chronic psychosis and see their potential impact on hospital readmissions, study the incidence of antipsychotic polypharmacy and what the "alleged" conditions for this requirement and to analyze the combination of long-acting injectable antipsychotics.

BACKGROUND: The literature search, obtained the following results, a study of the use of antipsychotic polytherapy (combination), in a health area in Catalonia - Bernardo, Investigating the use of antipsychotic drugs in a foundation schizophrenics public in Seville, Antipsychotic polypharmacy in patients with schizophrenia in a brief hospitalization unit. - Lerma, antipsychotic combination therapy on a psychiatric inpatient unit - Arilla, Antipsychotic polytherapy on an inpatient psychiatric unit: how does clinical practice guidelines consistent with Joint Commission? - Huffman,

METHODS: Retrospective cross-sectional observational study clinical practice of chronic psychotic patients admitted during the years 2011-12 in brief psychiatric hospital unit, use of clinical databases, which show the results of hospital admissions and selected medical records for extract prescription data, analyze the data using tables Chi square and z test, to establish the correlation between the different prescriptions and incidence of readmission in a year and two years and also of monotherapy and polytherapy.

RESULTS: The psychiatric inpatient unit is located in a public hospital of SAS Jerez de la Frontera (Cádiz), serving a population of 450,496 inhabitants, composed of 22 municipalities, according to the INE census of January of 2012, during the 2 years 788 hospitalizations occurred, of which 376 chronic psychosis diagnosed as income, accounting for 48% of total revenue, 15% are Bipolar Disorders, 10% are TLP and 27% are other diagnoses, the analysis is done on a total of 376 patients admitted during the study period (from January 1, 2011 to December 31, 2012), diagnosed with chronic psychotic disorder (F20, F22, F25, F29), we use the ICD-10 diagnostic criteria (WHO). We analyzed data from drug prescriptions made by psychiatrists and psychiatric residents, early after admission or prior to admission and had treatments prescribed at discharge, discriminating oral antipsychotics and long-acting injectable and comparing the incidence of patients admitted during the study period (24 months), extract data from 2 databases mainly (the basis of the earnings record of the hospital unit and overall hospital clinical basis, the total income 378 registered, take out 2 because there are insufficient data, to be transferred either to referral hospital or another country).

CONCLUSIONS: There is no income or patient that combines more than 3 antipsychotics. The combination of three aps in 2011 and 2012 is 26 and 28 respectively and combined revenues in one of them with ILD in 54% and 43%
The combination of three aps of which one has a hypnotic use is 12% and 21% respectively in 2011 and 2012.
The most frequent combination is antipsychotic Clozapine+Risperidone.
The combination that more increases from 2011 to 2012 is Aripiprazole+Clozapine this seems related because it reduces considerably the effect of weight gain on clozapine and risperidone+Aripiprazole Secondly, in this case coincides with the recommendations, but appears to be related with decreasing doses of risperidone, especially to prevent increased prolactin.
WPA-0085 UTILIZATION AND QUALITY OF PRESCRIBING ANTIDEPRESSANTS IN CROATIA, 2008-2012

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Objectives: The purpose was to investigate the outpatient utilisation of antidepressants in Croatia, during the 2008-2012 period using the ATC/DDDs methodology and to investigate the relationship between the utilisation of particular drug groups and the number of suicides.

Method: Data on outpatient drug utilization were obtained from Croatian Institute of Health Insurance to calculate the number of DDD, and DDD per 1000 inhabitants per day (DDD/TID). Drug Utilization 90%(DU90%) method was used on the drug prescribing quality assessment. Data on suicides were collected from the suicide database kept at Croatian Institute of Public Health.

Results: Total utilisation of antidepressants (group N06A), was between 13.6 DDDs/TID and 22.4 DDDs/TID in Croatia during the 2008-2012 period. Selective serotonin reuptake inhibitors (N06AB) (from 11.5 DDDs/TID in 2008 to 17.8 DDDs/TID in 2012) accounted for 80% of drugs used for the treatment of depression during the 2008-2012 period. A markedly increasing utilization, more then three times was recorded for other antidepressants (N06AX). Utilisation of Non-selective monoamine reuptake inhibitors (N06AA) decreased from 3.7 DDDs/TID to 1.8 DDDs/TID. Comparison of DU90% segment between 2008 and 2012 revealed maprotiline and amitriptyline to be absent, whereas citalipram, escitalopram and mirtazapine were added in 2012. In observed time, utilization of sertraline increase 82%, and utilisation of maprotiline and amitryptiline decrease 68%. During the period of observation, total rate of suicides in Croatia decreased by 22%.

Conclusion: The outpatient utilization of antidepressant increase during the 2008-2012 period. The utilization pattern was improved, showing a decrease in the number of suicides in Croatia.
Objective: Depressive disorder is a serious, potentially recurrent and very common in clinical practice with estimated lifetime prevalence 21% of general population and approximately 11.3 of adults afflicted during a year. Saffron is a traditional spice and food additive. Recent studies indicate several therapeutic effects specially depression in psychiatry field for saffron.

Methods: We compare the efficacy of fluoxetine plus 40 mg hydro-alcoholic extract of crocus sativus versus fluoxetine plus 80 mg, in a 6-weeks double-blind, randomized clinical trial in the treatment of mild to moderate depressive disorder. Sixty adult patients who met the diagnostic and statistical criteria of mental disorders, fourth edition and Hamilton depression questionnaire for depression based on the structured clinical interview with mild to moderate depression participated in the trial. Patients were randomly assigned to receive fluoxetine 30 mg/day (20 mg morning, 10 mg noon) with capsules of Saffron 40 mg/day (BD) (group 1) and fluoxetine 30 mg/day with Saffron 80 mg/day (group 2).

Results: Saffron showed effective in both groups but the efficacy at the dose of 80 mg was found more and the difference was significant and meaningful (P<0.05). There was no significant differences in the two groups in term of observed side effects.

Conclusion: The results of this study indicate the efficacy of saffron and more effectiveness with 80 mg daily without the raise of side events in the treatment of mild to moderate depression, so The 80 mg daily dosage is recommended. Larger scaled controlled clinical trials is justified.

Keywords: Crocus Sativus, Depression, Fluoxetine
WPA-0306 PSYCHOPHARMACOLOGY IN AUTISM SPECTRUM DISORDERS: A REVIEW AND EMERGING ISSUES

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Background and aims: Psychopharmacology is often used as main intervention to manage problem behaviours among people with Autism Spectrum Disorders (ASD). Antipsychotics and other medications have been introduced and studied to impact on ASD core symptoms without receiving full approval in the absence of sufficiently large and targeted studies. The main objectives of this work are to systematically review evidences regarding medication treatments for individuals with ASD and summarize some of the important new findings in this field and highlight their potential significant translational value to the future of ASD research and treatment.

Methods: The Medline, PsycINFO, and available national and international guidelines were searched (1980-December 2013). The investigators extracted data regarding participant and intervention characteristics, assessment techniques, and outcomes and assigned overall quality and strength of evidence ratings on the basis of predetermined criteria.

Results: Few studies were identified and the strength of evidence was insufficient for all outcomes associated with medications tested in this population. Besides, preliminary interesting results of clinical trials regarding new compounds and evidence of several ASD risk gene variants, and neuroimaging studies that focus on complex neurobiology associated have been identified.

Conclusions: There is a marked lack of data on use of medication treatments especially for adolescents and young adults with ASD. The range of medication options may soon change, thanks to recent advances in our understanding of the biology that causes autism's core symptoms. To support their use in ASD, good-quality research is needed.
WPA-0480 PSYCHOLOGICAL DETERMINANTS OF ADHERENCE TO PRESCRIBED TREATMENT IN PATIENTS WITH DEPRESSIVE DISORDERS

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Objectives
To examine the relationship of psychological reactance, health locus of control and the sense of self-efficacy on adherence to treatment regimen among psychiatric outpatients with depression.

Methods
One hundred and forty five consecutive psychiatric outpatients suffering from depressive disorders were invited to participate and 119 accepted. Patients completed a series of self-reported questionnaires assessing psychological reactance, health locus of control, self-efficacy, adherence to medication prescribed as well as socio-demographic and clinical variables. Logistic regression analyses were performed to determine which factors best predict adherence.

Results
Medication adherence was negatively associated with psychological reactance, being highly psychological reactant patients more likely to be noncompliant than patients exhibiting a low level of psychological reactance. Concerning health locus of control, although internally-oriented patients self-reported higher adherence to prescribed treatment than externally-oriented patients, only the dimension of doctor-attributed health locus of control was associated positively with medications adherence. No effect on adherence was evidenced for the self-efficacy scale.

Conclusions
Psychological reactance is an important predictor of adherence to treatment in patients with depressive disorders that need to be considered in clinical advice in order to avoid inducing reactance and thus non-adherence to prescribed treatments. Mental health professionals need to learn about communication techniques and counseling skills that allow them to deal with psychological reactance of their patients.
Philosophy and Humanities in Psychiatry
EFFECTS OF A HOPE SUPPORT GROUP ON THE HOPE, RESILIENCE, AND DEPRESSION OF FEMALE VICTIMS OF INTIMATE PARTNER VIOLENCE

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Objectives: To examine the effects of an 8-week hope-theory-based group intervention on hope, resilience, and depression in Taiwanese female victims of intimate partner violence (IPV).

Methods: A two-group, quasi-experimental design with repeated measures was used. Twenty-nine participants were recruited from a Domestic Violence and Sexual Assault Prevention Center and a Women’s Association that provides support services to abused women in southern Taiwan. The experimental group (n = 10) was given 8 weeks of hope-theory-based group intervention; the comparison group (n = 19) had no intervention. Participants chose which group they were in. The effects of the intervention on the participants’ hope, resilience, and depression were compared at baseline, at 2 months, and at 3 months. A demographic questionnaire, the Adult State Hope Scale, the Wagnild & Young Resilience Scale for adults, and the Taiwanese Depression Questionnaire were used in this study. Data were analyzed using Chi-square, Mann-Whitney U, and Wilcoxon signed-rank tests, and a two-way mixed-design ANOVA.

Results: Two experimental-group participants and 3 comparison-group participants quit the study; thus, data from 24 participants were analyzed. Depression scores were significantly lower in the experimental group after the intervention. Compared with the comparison group, only pathway of hope subscales were significantly different. Despite no significant differences in the measurement of hope and resilience, the 3-month follow-up scores were higher than the baseline scores, which showed an improvement trend.

Conclusions: A hope support group specially designed for female victims of IPV effectively reduced symptoms of depression.

Keywords: hope support group, hope, resilience, depression, intimate partner violence.
A CRITICAL PERSPECTIVE ON SECOND-ORDER EMPATHY IN UNDERSTANDING PSYCHOPATHOLOGY

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Objectives: The centenary of Karl Jaspers' General Psychopathology (1913/1963) was recognised last year with the publication of a volume of essays dedicated to his work (eds. Stanghellini and Fuchs 2013). Leading psychopathologists and philosophers of psychiatry examined Jaspers notion of empathic understanding and his declaration that certain schizophrenic phenomena are un-understandable. The consensus reached by the authors was that Jaspers operated with an unduly narrow conception of phenomenology and empathy and that schizophrenic phenomena can be understood through what they variously called second-order or radical empathy. This presentation critically examines the second-order empathic stance along methodological and ethical lines.

Methods: The argument for second-order empathy is identified from key texts in contemporary phenomenological-psychopathology. The argument is then analysed to uncover the methodological requirements for achieving second-order empathy and the values embedded in this stance.

Results:
(1) Methodological: the case for second-order empathy is built upon considerations within philosophical-phenomenology. The possibility and feasibility of this method relies on the observer's capacity to perform the phenomenological epoché. Yet accounts of second-order empathy gloss over this important fact or minimise its radical nature, which lends to the method a coherence and feasibility which it may lack.

(2) Ethical: the second-order empathic stance embodies a certain attitude towards others. Its ethical status is assessed by asking whether an attitude that emphasises differences is the right one to hold towards people diagnosed with schizophrenia. It is argued that emphasising from the outset the 'schizophrenic's' radical otherness is antithetical to the demands for symbolic justice voiced by persons diagnosed with schizophrenia. Hence, the second-order empathic stance may be ethically questionable on that basis.

Conclusions: As a method for understanding others, second-order empathy is unfeasible and promotes an ethically problematic attitude towards persons diagnosed with schizophrenia. Implications for further research are outlined.

References:
STUDY OF EXCEPTIONAL DATA ON AUTISM SPECTRUM IN THE ANCIENT SCRIPTURES BY SRI MAHAMUNI VYAS DEPICTED IN SRIMAD BHAGVAT PURAN

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Objective: As clinicians we are at cross roads to understand and explain the phenomenon of Autism. There are, no doubt, plenty of studies on probable pathophysiology and long term outcomes in Autism. However the diversity and unequivocal aspects of their findings developed the objective to seek data from ancient scripture like Srimad Bhagvat Puran, believed to be the most comprehensive book of life sciences.

Method: Srimad Bhagvatam as written down by Sri Mahamuni Vyas has 18000 theorem in encrypted form of Sanskrit Language. The encryptions when decoded by the experts of Sanskrit reveal lot of data and descriptions on autism. The description on Autism is spread throughout the book. There are 6 chapters out of 335 in the book specifically elaborating Autism. These chapters were collected for better decoding and deeper understanding from 14th April 2011. It took three years by four students to decipher the text and scripture. The finding were then arranged and organized from our modern perspective and then prepared for this presentation.

Result: There are direct, as well as indirect references about autism. The phenotype and genotype has been well documented. The clinical features and the longitudinal course reveal details confirming the modern findings. The literature classifies autism into 5 types based on the genotype, cognitive functions and long term outcomes. It provides a category that would show full remission with extra ordinary cognitive facets in adolescence. The verses also give us direction to think on pre-conception status of biological parents. There is enough evidence, to consider the time of onset of Autistic symptoms for prognosis and rehabilitative procedures. There are suggestions provided for parents and therapist to cultivate therapeutic measures.

Conclusion: This study reveals categorical guidelines from ancient literature as old as 7000 years. The chapters 5th and 6th of 11th section reveal specific findings and studies on Autism and also provide a different perspective for modern research. The findings are more direct and guide all for diagnoses, management and to predict long term outcomes.
THE PROBLEM OF EVIL IN PERSONS WITH SERIOUS MENTAL DISORDERS. A PHENOMENOLOGICAL APPROACH.
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Are the persons with serious mental disorders (schizophrenic or bipolar disorders) capable to talk about evil? They know their disease and/or their pain (biological level) or their adversity/misfortune (social level) but they don’t talk about evil as category.

Likely the psychiatrists think that such category is summarized in the psychotic experience but the problem of evil can to find new ways of knowledge through the ermeneutics.

We want to describe some phenomenological extrapolations from the conversation with persons that are followed within a Mental Health Center of Trieste.

Generally for the patients the evil corresponds to the power, meant as influence, compared with powerlessness, meant as anomy.
THE RIGHT TO DIGNITY: ETHICAL AND CLINICAL ISSUES IN MENTAL HEALTH
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The concept of human dignity as a basic principle and a source for all civic values, provides the basis for all individual rights. This term has many different meanings, diverging from one another into different directions. In light of this complexity, a difficulty arises in clinical practice regarding the scope and the realization of the right to dignity. In health care in general, and mental health care in particular, we are witnessing the rise of the "voice of humanism", focusing on the rights of individuals and their place. The importance of this aspect is magnified due to the interference in the ability of individuals to preserve their rights, among these the right to dignity.

The study on the subject focuses on two areas – the legal and the therapeutic. Based on the recognition of human dignity as an essential aspect of individual rights and of the therapeutic relationship as well as a guiding principle in all interactions with patients and clients, the scope and dilemmas comprised within the right can be examined at a number of levels. These include the following:
1. The balance between the dignity of the patient and the dignity of the family
2. Protecting human dignity in a situation characterized by loss of control and impaired reality testing
3. Protecting human dignity among professional staff
4. Protecting the dignity of the patient
5. Dignity in guidance processes

In clinical practice the therapist is required to apply clinical skills in order to assist patients, including those having difficulty controlling themselves or navigating their surroundings. Therefore, the therapist is required to use creativity, alongside humanism and observance of therapeutic, ethical and legal standards. These dilemmas, their contents and ways of dealing with them will be presented.
THE PHILOSOPHIES OF PSYCHIATRIC PRACTICE: A QUALITATIVE STUDY
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Objectives: In recent years there has been a renewed interest in the field of philosophy and psychiatry. Though a significant part of this work is conceptual and theoretical, there is a clear impetus to ensure such analysis relates to and improves clinical practice. However, in order to start such an endeavour, the question must be asked: what is the current state of psychiatric practice from a philosophical point of view? The current study employs a qualitative, mixed methods approach to examine ontological, epistemological and ethical perspectives in psychiatric practice.

Methods: 30 Psychiatrists working in three outpatient settings (academic, private, and institutional) participated. Audio recordings were made of first-time diagnostic sessions with patients, and both these and psychiatrists’ reports were also transcribed and coded independently by two researchers. Participants also completed the Maudsley Attitudes Questionnaire. Based on the method of constant comparison themes were derived and combined with a structured interview. Interviews were recorded, transcribed, and independently coded, the thematic process was repeated, resulting in a final report, which was submitted to a member check.

Results: Preliminary results show evidence of nonlinear processes related to diagnosis, whereby an interplay develops between psychiatrists’ basic theoretical and philosophical commitments, causal and ontological assumptions associated with certain symptom or problem presentations, concordant or discordant views of the patient, and pragmatic and ethical concerns.

Conclusions: Rather than fully-fledged ‘models of mental illness’ influencing practice, this study points to more piecemeal philosophical engrams functioning in a highly pragmatic enterprise. Facts and values appear to be deeply intertwined in clinical practice.
THE CONCEPT OF COMPREHENSION IN KARL JASPERS
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Objectives: To do a revision on the Comprehension concept in Jaspers work.

Methods: We did a bibliography revision of Jaspers work on Comprehension and analyse the concept and its various domains.

Results: Comprehension for Jaspers can be divided in the subtypes of Genetic, Rational, Static and Empathic. The genetic subtype tries to establish a connection between psychic phenomenon, Static is used for the description, definition, representation of Psychic manifestations. Rational comprehension makes logical connections of Psychic states possible. Empathic subtype its for those subjective psychic manifestations, making comprehension of subjective individual experience available for the observer. Static and empathic comprehension are the ones used in Phenomenology. Connections between comprehension and empathy and intuition are established in this work. Also the limits of comprehension and the beginning of causal explanation are explored.

Conclusions: Jaspers concept of comprehension is a concept with defined subtypes, each of them with different definitions and domains. It is essential to understand these meanings in order to grasp Jaspers Phenomenology. Nowadays psychiatry has adopted a critical stance towards the established habits regarding psychopathology and it tends to go back into the history of the epistemology of psychiatric symptoms so as to reformulate the way of approaching them.
A HEURISTIC VALUE OF PSYCHOLOGICAL SYNDROME ANALYSIS CONCEPT (VYGOTSKY-LURIA SCHOOL) IN COMPREHENSIVE DIAGNOSIS AND PERSONALIZED CARE: POSTNONCLASSICAL SCIENTIFIC VIEW

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Objectives
To demonstrate that the concept of psychological syndrome analysis (PSA) (Vygotsky-Luria school), considered from the perspective of the postnonclassical academic view, go in tune with personalized care models in medicine [2].

Methods
The main method of presented research was methodological reflection upon scientific legacy of L. Vygotsky and A. Luria in the context of the analysis of scientific rationality types: classical, nonclassical, and postnonclassical [3].

Results
Our results argue that main provisions of the concept of PSA correspond to the principles of postnonclassical model of scientific rationality. They embrace the idea of a syndrome as a structure shaped by a constellation of causally-related, multilevel symptoms; the understanding of primary and secondary symptoms as different in nature: secondary symptoms are purely psychological phenomena; the selection of “plus and minus symptoms” (those that indicate disorders or features of adaptation and compensation) [1, 4].

Application of PSA methodological principles in clinical practice provides important information for establishing a comprehensive diagnosis [5].

Conclusions
The concept of PSA (Vygotsky-Luria school) considered from the perspective of the postnonclassical academic view go in tune with personalized care models in medicine.

References
TRANSFORMATION AT BIRTH AND NON CONSCIOUS THOUGHT STARTS. A NEW PHILOSOPHICAL AND MEDICAL APPROACH TO HUMAN BEING

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Objectives
Studies on humans are usually based on cognitive and behavioural approach, while the not conscious functions have been excluded. The aim of this study is proposing a new medical and philosophical approach to human being, based on non-conscious life and relationship, far away from psychoanalytical conception, and evaluating the impact of those functions.

Methods
In 1971 in Italy the “human birth theory” has been formulated by psychiatrist Fagioli, who discovered for first time that life starts in reaction to stimulus of light at birth. According to Fagioli, first thought in humans is “non conscious” and is “an image”. Actually, 169 specialists, treating 1586 patients, base their work on this. This theory has been used in this work and compared to biological research.

Results
Human brain reacts to light through retina at birth, determining the change of state from foetus to newborn, such as demonstrated by the functional maturation of “subplate zone” and its disappearance at birth and by the light-induced immediate early genes (IEGs) activation. Biological “capacity to react” and psychic “capacity to image” occur simultaneously. The word “transformation” represents this phenomenon. Physiological functioning of body and mind, according to this medical method, start together, through “transformation”, also if mind is not conscious and not rational.

Conclusions
The human life can be recognised by transformation, when a not conscious thought starts. This formulation presents a new concept, basely connected to non-consciousness, which emerges at birth, beyond behaviour.
Research has to focus on this feature, that is knowable and has its own language. Non-conscious is the source of intuition and imagination, which makes human life different from animal, taking to scientific discoveries, development, architecture, art. A change of paradigm is required, so that recovering non-consciousness, specific of human being, is necessary to realise all human potential.
EGO STATES OF NURSES WORKING IN PSYCHIATRIC DEPARTMENTS ACCORDING TO TRANSACTIONAL ANALYSIS THEORY

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Objectives Examine the communication process between the psychiatric nurses and their patients in terms of Transactional Analysis Theory ego states.

Methods A descriptive study designed as a multiple triangulation. The quantitative data was comprised of the Personal Information Form and the Ego State Scale. The qualitative data was collected by the active participation of the researcher, the nurses and the charge nurses in the observations. Kendall’s Tau-c coefficient method was used to examine the agreement and difference between the observer groups.

Results The agreement among the opinions of the nurses, the researcher and the charge nurses about the psychiatric nurses’ ego states showed that there was a significant relationship between the researcher’s opinion of the nurses’ ego states and the charge nurses’ opinion of the nurses’ ego states in terms of Critical Parent (Kendall’s Tau-c = 0.400; p < 0.05), Nurturing Parent (Kendall’s Tau-c = 0.448; p < 0.05), Adult (Kendall’s Tau-c = 0.524; p < 0.05), Adapted Child (Kendall’s Tau-c = 0.533; p < 0.05) and Natural Child (Kendall’s Tau-c = 0.629; p < 0.05) ego states. The psychiatric nurses’ interactions with patients diagnosed with or treated for anxiety disorder, psychosis, schizophrenia, mental retardation, depression, bipolar affective disorder, or alcohol dependence were analysed in terms of Transactional Analysis. Some samples of complementary, ulterior and crossed transactions are presented under the relevant headings. During the direct observations, a total of 328 samples of 21 nurses were assessed as field notes and 41% of them were found to be complementary, 34% were ulterior and 25% were crossed transactions.

Conclusions It is suggested that periodic in-service training be offered in regards to raising awareness about ulterior transactions that can affect communication negatively, patient autonomy and therapeutic communication in particular, and patients requiring the use of special communication methods.
SOME CONSIDERATIONS ON THE “THERE” OF THE SCHIZOPHRENIC EXPERIENCE IN A DASEINSANALYTIC ENCOUNTER
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OBJECTIVES
This presentation will try to inquire the schizophrenic experience in a way that will highlight the struggle between practices informed by resoluteness whilst maintaining openness for the phenomena to manifest themselves.

METHODS
In this path our companion will be the phenomenology of Martin Heidegger and his Daseinsanalytic. Heidegger in his analytic of Da-sein moves away from addressing beings in their whatness but addresses them in terms of their being-there, that is in terms of the “there is”.

RESULTS
Modern psychiatric theories, which present accounts on the phenomena investigated by them, are inexorably bound to the metaphysical tradition. Pre-established representations of normality and/or deviance, which are guided by the intention to explain the modalities of how human experience is presented to us, create a space where often the encounter with the radical other is dominated by the “what” of its origin. Heidegger with his Daseinsanalytic gives us a path to follow where the experience encountered is not seen as a mere appearance to investigate but as what discloses a world. The “Da”, the “there” as it is translated in the English language, is the clearing where truth unfolds and at the same time is concealed. This ecstatic clearing is an operation of temporalizing and coextensively a spatializing, a making room, where things emerge and create a world.

CONCLUSIONS
The task to resist the temptation to categorize the schizophrenic experience to the existing concepts inevitably transforms the discourse of the mental health practitioner in order to accommodate the alienating presence. The question that the often-presumed solipsistic experience presents us is still open. Is there a possibility for a new-shared ground? Is there a possibility for a new language?
WHY IS THE ETHICS OF CARE MORE APPROPRIATE TO PSYCHOSOCIAL REHABILITATION THAN THE ETHICS OF CURE?

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Objectives
The theories of care developed in philosophy, following the debates on the ethics of care, contribute to characterize the specific dimension of care, as opposed to the dimension of cure in medical (in our case in psychiatric) practice. The growing attention currently devoted, in mental health, not only to the disease evolution but to the global and the long term outcomes, and therefore to psychosocial rehabilitation, may be understood as a paradigm shift, from the medical objective of symptom remission to a broader objective of personal recovery, or in other words from an illness-centred approach to a person-centred approach. This paradigm shift may also be described as a shift from cure to care, or at least as a priority shift in favour of the dimension of care. We will illustrate what such an approach of psychosocial rehabilitation, inspired by the ethics of care, enlightens.

Methods
From the large philosophical literature on theories of care, we will identify some of the main characterizations of care, and their relevance for the psychosocial rehabilitation practices. Then, from the scientific literature on psychosocial rehabilitation, particularly on vocational rehabilitation, we will show that the most efficient practices – such as supported employment – turn out to meet the main requirements of the ethics of care.

Results
Among the main characterizations of care, we will underline the following ones: care as sensitivity or attentiveness, care as attention to the uniqueness of a situation and to specific details of everyday life, care as revealing the personal values (what the person cares about), the ethics of care as appropriate to the vulnerability of disabled persons. These properties contribute to the effectiveness of care practices.

Conclusions
The philosophical characterization of care and of the ethics of care provides an original perspective on the psychosocial rehabilitation practices and their effectiveness.
IN WHAT SENSE IS DELIRIUM A “DISORDER OF CONSCIOUSNESS”, WHILE OCS AND DEPRESSION ARE NOT?

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“Disorders of consciousness” is a notoriously ambiguous term. In one classical use it included two kinds. The first of these is nowadays often referred to as (pathological) “lowering of wakefulness” and is generally regarded as a neurological rather than a psychiatric concern. The traditional name of the other is “confusional state”, but today the most used term is “delirium”. The concept still has a central place within psychiatry.

Consciousness has many aspects. Phenomenality and intentionality are two main dimensions of it. An alternate pair of terms with approximatively the same meaning is “experience”–“cognition”. My question is, what is disordered in the so-called disorders of consciousness, but not so in other mental disorders such as for example obsessive-compulsive syndrome or major depression? True, both our experiencing and our cognitive functioning deviate from the normal in pathologically lowered wakefulness as well as in delirium. But so is the case in the two other mentioned conditions, and in for example schizophrenia.

What, then, is the distinctive mark of the classical “disorders of consciousness”? My hypothesis is that control consciousness must be taken into account here. Control consciousness is involved when we do things “consciously” rather than automatically, as well as when we do things intentionally rather than unintentionally. These are examples of local control consciousness. But according to certain theories, notably those of John Hughlings Jackson and Henri Ey, consciousness also exerts a global control over mental processes.

It is obvious that the two mentioned kinds of disorders of consciousness could fruitfully be regarded as due to deficient global control functions. However, it could be argued (with Ey) that the same pertains to all mental disorders. Hence a distinctive mark of the two entities is still lacking. Furthermore, this problem is not restricted to the classical categorization.
WPA-0247 FIGHTING THE STIGMA ASSOCIATED WITH MENTAL ILLNESS IN THE MEDICAL PROFESSION

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Introduction:
Quis custodiet ipsos custodes? Who will watch the watchmen?
The incidence of most psychiatric disorders is higher in doctors than in the general population. Surveys have revealed that up to 25% of doctors have depressive symptoms. Suicide rates are also high with 400 doctors in the US alone lost every year to suicide. Doctors are notoriously bad at seeking help for their own psychiatric problems often only presenting when a crisis arises. Reasons for this include symptom concealment owing to fears of exposure to stigmatisation. A stigma was a scar on the skin of ancient Greek criminals. It was a sign to all that these people were unsafe, unclean and unwanted. Stigma still persists today in the attitudes towards those who have mental health challenges. Nowhere is this more apparent than in the medical profession.

Aim:
To take a stand against the stigma associated with mental health challenges in the medical profession and to debunk the many myths that abound.

Methods:
The primary author composed an autobiographical narrative about his personal experiences with oscillations in his mood in attempt to illustrate the factors that influence disease detection, progression, treatment and outcome.

Conclusions:
Mental health challenges do not prevent you from realising your dreams as evidenced in this case report. Dr Hankir received the 2013 Royal College of Psychiatrists Foundation Doctor of the Year Award. It is through making it more acceptable to share our experiences with low mood that the number of suicides among medics will fall.
At the philosophical landscape at early 20th century, the stream of phenomenological philosophy distinguished itself with a new path. A return to "the things themselves" stand out. E. Husserl intends to capture the characteristics of "originating and radical" thinking. He discovers the intentionality of consciousness, which marks its transcendence and its opening. And it allows to eliminate the subject/object confrontation. L. Bilswanger integrates the contribution of E. Husserl, M. Heidegger y M. Scheler and he proclaims a new way of understanding the mentally ill in opposing organismic mechanistic conceptions. Indeed, Heidegger's ontological structure of "being-in-the-world" allows to insert the human being and its existence in a particular situation in relation to things and the other men.

**Background and aims**
Clarifying the philosophical ideas underlying the analytical existential phenomenological paradigm in psychiatry.
Understanding of the importance of the new paradigm in order to optimize the therapies applicable to the mentally ill.
Appreciation of the historical significance and contributions of the paradigm in the process of building the new current paradigms and models.

**Methods**
Bibliographic research and case studies treated according to the existential phenomenological analysis.

**Results**
Meaningful relationships are achieved in order to establish meaningful relationships between philosophical conceptions of E. Husserl and M. Heidegger, among others, and the historical development of psychiatry.

**Conclusions**
The existential phenomenological paradigm represents the nexus between organismic and traditional conception of psychiatry and current psychiatric research models that take into account advances in neuroscience operated as the great development in manufacturing psychotropic drugs.