



ČESKÁ A SLOVENSKÁ PSYCHIATRIE

JOURNAL OF CZECH AND SLOVAK PSYCHIATRY

XIV WORLD CONGRESS OF PSYCHIATRY

20-25 SEPTEMBER 2008
PRAGUE, CZECH REPUBLIC



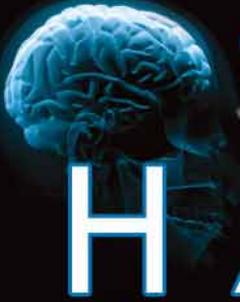
XIV WORLD
CONGRESS
OF PSYCHIATRY
20-25 September 2008
Prague • Czech Republic

NEW RESEARCH ABSTRACT BOOK

SUPPLEMENTUM **1**

Eli Lilly and Company and Boehringer Ingelheim GmbH present

NEUROSCIENCE EXCHANGE



Sunday, 21 September, 2008

11.15-11.30 Koen Demyttenaere, MD, PhD

14.30-14.45 Robert Pevelar

16.15-16.30 Tim Lambert, BSc, MBBS,
PhD, FRANZCP

Monday, 22 September, 2008

9.30-9.45 Lauren B. Marangell, MD

11.15-11.30 Rakesh Jain, MD, MPH

14.30-14.45 Michael E. Thase, MD

Tuesday, 23 September, 2008

9.30-9.45 Tim Lambert, BSc, MBBS,
PhD, FRANZCP

11.15-11.30 Robert Pevelar

14.30-14.45 Rakesh Jain, MD, MPH

Wednesday, 24 September, 2008

9.30-9.45 Lauren B. Marangell, MD

14.30-14.45 Koen Demyttenaere, MD, PhD

BOOK SIGNING WITH PROFESSORS NORMAN SARTORIUS AND JULIO ARBOLEDA-FLÓREZ

Professors Norman Sartorius and Julio Arboleda-Flórez will be signing their new book, *Understanding the Stigma of Mental Illness: Theory and Interventions*, Sunday, 21 September, 2008, from 15.00–16.45, and Wednesday, 24 September, 2008, from 11.00–12.00 at the Eli Lilly and Company/Boehringer Ingelheim GmbH booth. Line space and book quantities may be limited, so please arrive early to meet the authors.

ČESKÁ A SLOVENSKÁ PSYCHIATRIE

JOURNAL OF CZECH AND SLOVAK PSYCHIATRY

XIV WORLD CONGRESS OF PSYCHIATRY

20-25 SEPTEMBER 2008

PRAGUE, CZECH REPUBLIC

NEW RESEARCH ABSTRACT BOOK

SUPPLEMENTUM **1**

Vydává Česká lékařská společnost J.E.Purkyně (Published by Czech Medical Association J. E. Purkyně)

ISSN 1212-0383

Indexed in EMBASE/Excerpta Medica

Indexed to PA

Psyc INFO

Excerpted in Bibliographia Medica Českoslovaca

Dear Colleagues and Friends,

I am delighted to extend to you a warm welcome to the XIV World Congress of the World Psychiatric Association (WPA). Our organization is now flourishing with 135 National Psychiatric Societies and 65 Scientific Sections representing over 200,000 psychiatrists across the globe. We organize World, International and Regional Congresses of high appeal and broad geographic distribution. We publish *World Psychiatry* as our flagship journal along with several volume series and a number of sections' journals. We develop broad educational curricula and focused training programs. *WPA Online* is a richly informative and highly visited website. We are conducting several Institutional Programs including a growing one on *Psychiatry for the Person*, articulating science and humanism.



During the present triennium, WPA has made considerable advances in terms of governance, including the publication of our first set of Governance Plans and the 4th edition of the Manual of Procedures, implementation of the Permanent Secretariat, and the achievement of a fully balanced budget with a reserve of over USD 700,000. The growing promotion of our Member Societies has encompassed leadership meetings with a wide range of large and grouped societies (including presidential visits to the majority of them) and increasingly active Zonal Representatives. Prominent sectoral activities have taken place on Education (e.g., new programs on depression and personality disorders and a global array of CME credits), Publications (e.g. indexing of *World Psychiatry*, continuation and addition of several volume series, and expanding publication capabilities), Sections (e.g. funding of competitive Section projects, systematic survey of Sections performance, and specialized collaboration with member societies as exemplified by the Global Network of National Classification and Diagnostic Groups), and Scientific Meetings (high number and widely distributed WPA conferences and an evaluation program to enhance the quality of our congresses).

High success has been obtained with Institutional Programs approved by the Cairo General Assembly, i.e., Psychiatry for the Person, Disasters & Mental Health, Young Psychiatrists, Perinatal Psychiatry & Infant Mental Health, and Asia Mental Health, as well as with Task Forces on Brain Drain, Physicians Health, Mass Violence, and Specific Disasters. Recently established, in addition to the Jean Delay Prize, are the Philippe Pinel Prize on Psychiatry for the Person, Articulating Medicine's Science and Humanism, and the Ulysses Vianna Prize for Young Psychiatrists in Developing Countries. Collaboration with international organizations has been a highlight of the triennium, particularly with the World Health Organization, World Federation for Mental Health, World Medical Association, World Organization of Family Doctors, World Federation of Neurology, World Federation for Medical Education, Council of International Organizations of Medical Sciences, International Council of Nurses, and International Alliance of Patients' Organizations, many of them formally involved in a landmark Geneva Conference on Person-centered Medicine on May 29-30, 2008.

The XIV World Congress of Psychiatry that congregate us in fascinating Prague this September 20-25, 2008, reflects the achievements outlined above under the overall theme of *Science and Humanism: For a Person-centered Psychiatry*. It affirms a psychiatry that systematically cultivates our biological, psychological and social sciences placing them at the service of the person and his/her values and aspirations. We will enjoy in the Congress a scientific program constructed with a record number of submissions and which covers and articulates the various areas of our field with the participation of psychiatrists from across the world as well as unprecedented levels of health professionals, families and patients.

In fact, we have scheduled four Plenary Lectures given by the WPA President and President-Elect, the Jean Delay Prize recipient, and the Lord Major of Prague; and 50 Special Lectures presented by eminent scientists, health leaders, and the recipients of the Pinel and Vianna Prizes. We will have the opportunity to attend over 230 Symposia and 70 Workshops and Courses. Also attractive are eight Forums and six Video & Film Sessions. Additionally scheduled are substantial numbers of New Research Reports, Oral Communications and Posters. Among the highlights of the scientific program and closely connected to the Congress overall theme are a set of Special Symposia on Person-centered Psychiatry and Medicine and on International Classification and Diagnosis, a cross-Congress track (dialogs, symposia and lectures) on interactions among service users, families, and professionals, and a Special Track for Young Psychiatrists encompassing four Fellows Symposia, 16 Workshops led by world experts, and complementary encounters built on experience gained over several previous congresses.

In line with Prague's impressive cultural resources, our Congress will offer dedicated performances of Mozart's *Don Giovanni* (presented by the composer to Prague citizens as the only ones who understood him), special visits to the Pragues of Franz Kafka, Sigmund Freud, Charles the IV, Antonin Dvorak and Bedrich Smetana. Additionally, there are few more enjoyable pleasures in the world than getting lost on the walks and alleys of Prague's old city.

Welcome again to this celebration of our field in interaction with colleagues and friends in a splendid city and to the opportunity to forge new relationships to advance our noble profession and our personal lives.

A handwritten signature in black ink, reading "Juan E. Mezzich".

Professor Juan E. Mezzich
President of the World Psychiatric Association
and of the XIV World Congress of Psychiatry

Dear Colleagues, Partners and Friends,

I am delighted to welcome you to this World Congress of Psychiatry, which, for the wide range of the topics it covers and of the countries that are represented, provides a truly comprehensive picture of the current status of our discipline and our profession, a modern medical specialty which has a significant role in clinical medicine and public health. We are proud to be psychiatrists; we are aware that the treatments we use are among the most effective available today in medicine; and we are ready to defend and enhance the image of our profession. This World Congress of Psychiatry will represent an important opportunity in this respect.



Sincerely,

A handwritten signature in black ink, appearing to be 'Mario Maj'.

Professor Mario Maj, M.D., Ph.D.
Chair of the Scientific Committee

Dear colleagues, dear partners, dear friends,

On the behalf of the Czech Psychiatric Association and its 1, 100 members as well as on the behalf of the Organizing Committee, it gives me great pleasure to invite you to join us at the XIV. World Congress of Psychiatry in Prague, the capital of the Czech Republic.



Since the Middle Ages, “Golden Prague” has enjoyed the reputation of being one of the most beautiful cities in Europe. It flourished and expanded during the epoch of Charles IV, the most celebrated of all Czech Kings and Emperor of Rome. During his tenure, Prague became the Emperor’s residential city and one of the political hubs of Europe. In 1348, he founded Charles University, the oldest university in central and eastern Europe. Many nations and cultures, especially Czechs, Jews and Germans, co-existed peacefully in the magnificent city that developed over the centuries along the Vltava River. Jan Hus (1371-1415), Rector of Charles University and renowned theologian, preached here about the necessity of church reform. Wolfgang Amadeus Mozart (1756-1791) composed his opera Don Giovanni for “...the Prague people who understand me”. Franz Kafka (1883-1924) wrote his famous works The Trial and The Castle here.

It is often said that modern Czech psychiatry has developed under the influence of German psychiatry. One of the oldest German psychiatric departments was set up in Prague at Charles University in 1886. Arnold Pick (1851–1924) served as the first head of this Department for an incredibly long 35 years. It was here in Prague that he described front temporal dementia (Pick’s disease) in 1892. What is not common knowledge though is that Sigmund Freud was born in one of the regions of what is today the Czech Republic (Pribor, in 1856), or that Czech psychiatrist Jan Jansky, while studying blood samples of patients with psychoses, discovered the fourth blood group in 1907.

Nowadays, you can admire not only the historical monuments of Prague, but also enjoy the great variety of cultural and social events taking place in the city every day, including the opera Don Giovanni at the Theatre of the Estates, the very place where it was first performed on October 29, 1787 under the baton of Wolfgang Amadeus himself.

Czech psychiatry, too, has experienced remarkable development in recent years and Czech psychiatrists are ready and privileged to be able to welcome you in Prague and to extend their warmest hospitality.

I believe you will enjoy your stay in Prague.

A handwritten signature in black ink, appearing to be 'Jiri Raboch'.

Professor Jiří Raboch, M.D.
President of the Organizing Committee
President of the Czech Psychiatric Association



The XIV World Congress of Psychiatry will be held under the auspices of the President of the Czech Republic Václav Klaus

The XIV World Congress of Psychiatry will be held under the auspices of the Mayor of the City of Prague Pavel Bém



COMMITTEES

HONORARY COMMITTEE

Pavel Bém
Mayor of the City of Prague

Jaroslav Blahoš
Chair of the Czech Medical Association J. E. Purkyně

Jan Bříza
Director of General Faculty Hospital (VFH) in Prague

Václav Hampl
Rector of Charles University in Prague

Pavel Horák
General Director of Všeobecná zdravotní pojišťovna (VZP)

Milan Kubek
President of the Czech Medical Chamber

Džamila Stehlíková
Minister for Human Rights and National Minorities

Tomáš Zima
Dean of 1st Faculty of Medicine, Charles University in Prague

SUPERVISORY COMMITTEE

President of the Congress and chair of the Supervisory Committee
Juan Mezzich

Chair of Organising Committee
Jiří Raboch

Chair of Scientific Committee
Mario Maj

Co-chairs of OC
John Cox
Eva Češková
Pedro Ruiz
Sam Tyano

Co-chairs of SC
Helen Herrman
Miguel Jorge
Jan Libiger
Allan Tasman

ORGANISING COMMITTEE (OC)

Chair
Jiří Raboch

Co-chairs
John Cox
Eva Češková
Pedro Ruiz
Sam Tyano

Members
Martin Anders
Julian Freidin
Sigfried Kasper
Fred Kigozi
Levent Küey
Dusica Lecic-Tosevski
Roger Montenegro
Juraj Rektor
Ivan Tůma
Livia Vavrušová
Jan Vevera

SCIENTIFIC COMMITTEE (SC)

Chair
Mario Maj

Co-chairs
Helen Herrman
Miguel Jorge
Jan Libiger
Allan Tasman

Members
Michel Botbol
George Christodoulou
Oye Gureje
Christian Haasen
Cyril Höschl
Marianne Kastrup
Valery Krasnov
Vladimír Novotný
Michelle Riba
Bruce Singh
Jitendra K. Trivedi

SCIENTIFIC ADVISORY COUNCIL

This includes all chairs of WPA Scientific Sections, Presidents of WPA Member Societies, Council Members and Zonal Representatives not already included in the Scientific Committee.

The abstracts are printed as submitted by their authors. Their style, grammar or content were not edited either by the organizers or by the publisher.

CONTENTS

Contents

YOUNG PSYCHIATRISTS IN AFRICA AND MIDDLE EAST: CULTURAL PERSPECTIVE (Radwa Said Abdelazim)	9	SOCIODEMOGRAPHIC AND BIOLOGIC PREDICTORS OF SUICIDAL DEATH: 40 YEAR FOLLOW-UP OF THE SEVEN COUNTRIES STUDY (Erik J. Giltay)	20
CONTRIBUTION, CHALLENGE, OR THREAT? DUTCH PSYCHIATRISTS' ATTITUDES AND OPINIONS TOWARD PHARMACEUTICAL PROMOTION (Payam Abrishami)	9	ARE MIGRANTS MORE OFTEN AFFECTED BY MENTAL DISORDERS THAN THE GENERAL POPULATION? (Heide Glaesmer)	20
PRIMARY AND FOCAL TRAUMATIC BRAINSTEM INJURY (Safa Al-Sarraj)	10	A NEW TREATMENT FOR BIPOLAR DISORDER AND SUBSTANCE DEPENDENCE: ONE-YEAR FOLLOW-UP (Margaret L Griffin)	21
IS IQ IN CHILDHOOD ASSOCIATED WITH SUICIDAL THOUGHTS AND ATTEMPTS? FINDINGS FROM THE MATER UNIVERSITY STUDY OF PREGNANCY AND ITS OUTCOMES (Rosa Alati)	10	THE DURATION OF UNTREATED PSYCHOSIS AND ITS CORRELATES IN PATIENTS OF FIRST-EPIISODE SCHIZOPHRENIA (Parveen Rani Gupta)	21
METABOLIC ABNORMALITIES IN GIRLS SUFFERING FROM ANOREXIA NERVOSA (Vera Andreyeva)	11	FACTORS AFFECTING PLASMA CGRP LEVELS IN THE TTH AND MIGRAINE SUBJECTS (Ravi Gupta)	22
A CLASSIFICATION OF SCHIZOPHRENIC THOUGHT DISORDER BASED ON A MULTITHREADED MODEL OF THOUGHT PROCESSES (C.P. Arun)	11	PATIENTS' EXPECTATIONS IN THE MENTAL HEALTH HOSPITAL SETTING (Yafa Haron)	22
„BRAIN FAG“: THE MIGRATION OF A „CULTURE BOUND SYNDROME“ (Oyedjeji A Ayonrinde)	12	THE MENTAL HEALTH AND BEHAVIOUR OF CHILDREN WHO WERE A CONSEQUENCE OF AN UNPLANNED AND/OR UNWANTED PREGNANCY AT THE TIME OF CONCEPTION: A 21 YEAR FOLLOW-UP STUDY (M.R. Hayatbakhsh)	23
BURNOUT AND COPING STRATEGIES IN PSYCHIATRISTS (Anahita Basirnia)	12	PRESCRIPTION DRUG COST-SHARING AND ANTIPSYCHOTIC DRUG TREATMENT – UNINTENDED ADVERSE CLINICAL EFFECTS (John Hsu)	23
ARE THE CHARACTERISTICS OF GENERAL PRACTITIONERS RELATED TO HOW THEY MANAGE FOR MENTAL DISEASES? (Olga Borisovna Blagovidova)	13	THE SELF, THE OTHER AND THE OTHERS – HOW TO BE ABLE TO SHARE PSYCHOTIC EXPERIENCES IN THERAPEUTIC GROUP? (Zsuzsanna Jáki)	24
CLASSIFICATION OF RECURRENT DEPRESSION WITH SEASONAL PATTERN: A COMPARISON BETWEEN TWO DIAGNOSTIC INSTRUMENTS (Greta Brancaleoni)	13	OBSESSIVE-COMPULSIVE AND DEPRESSIVE SYMPTOMS AND ANXIETY IN ANOREXIA NERVOSA (Malgorzata Janas-Kozik)	24
ANALYSIS OF A COMMUNITY SURVEY TO EXAMINE SOCIAL INEQUALITIES IN ANTIDEPRESSANT USE (Peter Butterworth)	14	PREDICTORS OF RAPID RE-INCARCERATION IN YOUNG DETAILNEES WITH PSYCHIATRIC DIFFICULTIES REFERRED FOR COMMUNITY MENTAL HEALTH FOLLOW-UP (John Kasinathan)	25
EFFECTS OF PAIN AND ANALGESIA ON INTRACRANIAL SELF-STIMULATION (ICSS) IN RATS (Gail Pereira Do Carmo)	14	MALE INFERTILITY AND DEPRESSION DISORDER IN GREECE (Maria J Katsardi)	25
COMMUNITY-BASED COGNITIVE BEHAVIORAL INTERVENTIONS FOR ADOLESCENT WOMEN (Jane Dimmitt Champion)	15	INTERNATIONAL COMPARISON OF URBAN PSYCHIATRIC EMERGENCY SERVICES ADMISSIONS (Eric R Kessell)	26
COMMON PATHOGENETICAL MECHANISMS OF ALCOHOLIC AND FOOD ADDICTION (Marina G. Chukhrova)	15	QUALITY OF LIFE OF A SAMPLE OF SCHIZOPHRENIC PATIENTS (Mohsen Elsayed Khalil)	26
WORSE FOR WHOM? DEPRESSION FOLLOWING MARITAL PROBLEMS IN MOTHERS AND CHILDREN (Alexandra M Clavarino)	16	METHYLPHENIDATE IN THE TREATMENT OF ADULT ADHD – A META-ANALYSIS (Markus Koesters)	27
ANXIETY DURING AND AFTER PREGNANCY LEADING TO ATTENTION PROBLEMS IN CHILDREN (Alexandra M Clavarino)	16	A COMPARATIVE STUDY OF MENTAL HEALTH OF JAPANESE BRAZILIAN CHILDREN IN JAPAN AND BRAZIL (Shu Kondo)	27
DEPRESSION TREATMENT PREDICTORS AMONG U.S. ELDERLY: SOCIOECONOMIC AND INSURANCE FACTORS (Stephen Crystal)	17	THE RELATIONSHIP BETWEEN DEPRESSION AND INTERNET USE OF YOUNG PEOPLE IN GREECE (Constantinos Koutsojannis)	28
EARLY PERINATAL PROPHYLAXIS OF PSYCHOSOMATIC DISORDERS IN INFANCY (Igor V. Dobryakov)	17	MEDIAEVAL MYSTIC CONSCIOUSNESS: DISSOCIATION IN THE VISIONS OF HADEWIJCH (Christina Kruger)	28
ATYPICAL ANTIPSYCHOTICS AND DIABETES MELLITUS IN THE FDA AERS DATABASE: A SYSTEMATIC ANALYSES (P. Murali Doraiswamy)	18	BEHAVIORAL ALTERATIONS IN RATS POSTNATALLY EXPOSED TO INHIBITOR OF DIPEPTIDYL PEPTIDASE IV: ANIMAL MODEL OF ANXIETY-DEPRESSION STATE (Nataliya A. Krupina)	29
CEREBROVASCULAR PULSATION AND WIDTH OF SUBARACHNOID SPACE DURING ELECTROCONVULSIVE THERAPY (Andrzej F. Frydrychowski)	18	USEFULNESS OF STRUCTURED FAMILY INTERVENTION FOR INDIAN OUTPATIENTS WITH SCHIZOPHRENIA: A RANDOMISED-CONTROLLED TRIAL (Parmanand Kulhara)	29
DYSFUNCTIONAL PERSONALITY TRAITS IN RECURRENT DEPRESSION (Natalia Garanin)	19	ACTIVITIES OF PROLYL ENDOPEPTIDASE AND DIPEPTIDYL PEPTIDASE IV IN BRAIN STRUCTURES OF RATS WITH ANXIETY-DEPRESSION STATE INDUCED BY POSTNATAL ADMINISTRATION OF DIPEPTIDYL PEPTIDASE IV INHIBITOR (Ekaterina Yu. Kushnareva)	30
EFFICACY OF FLUOXETINE AND COMBINATION OF FLUOXETINE AND COGNITIVE BEHAVIOUR THERAPY FOR THE TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER (Noor A Giasuddin)	19		

CONTENTS

Contents

DEPRESSION 5HTT POLYMORPHISM & STRESSFUL LIFE EVENTS IN COMMUNITY EPILEPSY (Cameron J Lacey)	30	LIPIDS AND SEROTONIN AS PREDICTORS OF PHYSICAL SELF HARM IN AN ACUTE PSYCHIATRIC UNIT (John Olav Roaldset)	41
GAMMA VENTRAL CAPSULOTOMY FOR OBSESSIVE COMPULSIVE-DISORDER: A CONTROLLED TRIAL (Antonio C Lopes)	31	WHOLE-BODY CRYOTHERAPY AS ADJUNCTIVE BIOLOGICAL TREATMENT OF DEPRESSION AND ANXIETY (Joanna Rymaszewska)	41
NEUROPSYCHOLOGICAL IMPAIRMENTS ACROSS UNMEDICATED ACUTELY-ILL AND MEDICATED REMITTED PHASES OF BIPOLAR I DISORDER (Farouk Lotief)	31	IDENTIFICATION OF EPILEPTICS AND MENTALLY ILL PEOPLE IN THE COMMUNITY BY THE PRIMARY HEALTH ASSISTANTS-A DREAM OR REALITY? A SURVEY IN RURAL INDIA (Hiranmay Saha)	42
TIME UNTIL INSTITUTIONALIZATION IN INCIDENT DEMENTIA CASES - RESULTS OF THE LEIPZIG LONGITUDINAL STUDY OF THE AGED (LEILA75+) (Tobias Luck)	32	DEVELOPING CLINICAL GUIDELINES FOR VIOLENCE RISK ASSESSMENT IN MENTAL HEALTH TRIAGE: A SYSTEMATIC REVIEW (Natisha M Sands)	42
DIRECT COSTS ASSOCIATED WITH DEPRESSION IN OLD AGE IN GERMANY (Melanie Lupp)	32	SMOOTH PURSUIT EYE MOVEMENT ABNORMALITY IS ASSOCIATED WITH G72/G30 POLYMORPHISMS IN SCHIZOPHRENIA FROM THE KOREAN POPULATION (Hyoung Doo Shin)	43
TYPES OF REACTIONS TO MALIGNANT DISEASE IN VIEW OF V.E. FRANKL CONCEPTION (Mikołaj Majkowicz)	33	PSYCHOSOCIAL IMPACTS ON PEOPLE WITH MENTAL ILLNESS RECEIVING THE INDIVIDUAL PLACEMENT AND SUPPORT (IPS) SERVICE (Siu Kan Siu)	43
ALPHA-2 AGONIST USE IN THE PREVENTION OF DELIRIUM AFTER CARDIAC SURGERY (Jose R Maldonado)	33	EVALUATING MENTAL HEALTH TARGETS (Pia C.M. Solin)	44
THE STANFORD INTEGRATED PSYCHOSOCIAL ASSESSMENT FOR TRANSPLANTATION (SIPAT) (Jose R Maldonado)	34	LAY CONCEPTIONS REGARDING MENTAL ILLNESS IN ROMANIA: IMPLICATIONS IN DEVELOPPING ANTI-STIGMA PROGRAMS (Manuela S. Stanculescu)	44
DECREASED DENSITY OF THE PLATELET SEROTONIN TRANSPORTER IN PATHOLOGICAL GAMBLERS (Donatella Marazziti)	34	WEIGHT AND PSYCHOLOGICAL PROBLEMS IN 10-17 YEAR OLD GERMAN PUPILS (Cornelia Thiels)	45
PARAPHRENIA IN HOMICIDAL AND NON-HOMICIDAL SCHIZOPHRENIA (Petar M. Marinov)	35	ALCOHOLISM RISK FACTORS AND GENDER DIFFERENCES (Vera Trbic)	45
SUICIDAL RISK IN MOOD DISORDERS: RELATIONSHIP WITH CLONINGER'S TEMPERAMENT AND CHARACTER (Marwa Abdel Meguid)	35	THE GROUP, THE OTHERS AND THE SYSTEM - HOW TO BE ABLE TO SHARE THERAPEUTIC GROUP EXPERIENCES ON ACUTE PSYCHIATRIC WARD (Ákos Varga)	46
PROTECTIVE FACTORS AND RISK FACTORS FOR HIV INFECTION OF MEXICAN-AMERICAN GAY MEN (Mark Meyer)	36	STATISTICAL CORRELATES OF ELEVATED TEMPERATURE IN NMS (Varadaraj Velamoor)	46
POLYSOMNOGRAPHIC FINDINGS IN PATIENTS WITH „DYSTHYMIA“: A STUDY IN AN EGYPTIAN SAMPLE (Azza Abdel Nasser)	36	THE METABOLIC BASIS OF ALTERED BOLD RESPONSES IN MAJOR DEPRESSION - A COMBINED FMRI/MRS STUDY (Martin Walter)	47
CHILDHOOD BODY MASS INDEX EVOLUTION: RISK FACTOR FOR ANOREXIA DURING ADOLESCENCE? (Rémi Neveu)	37	CAN WE BELIEVE META-ANALYSIS? THE CASE OF VENLAFAXINE VS SSRIS (Stefan Weinmann)	47
FORMAL CAREGIVERS OF SCHIZOPHRENICS IN CALABAR, NIGERIA-THE BURDEN AND EMOTIONAL DISTRESSES (Emmanuel C. Okereke)	37	A NEW VERSION OF INTEGRATED GROUP THERAPY FOR BIPOLAR DISORDER AND SUBSTANCE DEPENDENCE (Roger D Weiss)	48
ALTERED OSCILLATORY RESPONSES TO VISUAL STIMULI IN BIPOLAR DISORDER REDUCES WITH CHRONIC VALPROATE USE (Aysegul Ozerdem)	38	HEALTH-RELATED QUALITY OF LIFE IN RESTLESS LEGS SYNDROME IN THE SLEEP HEART HEALTH STUDY (John W. Winkelman)	48
PSYCHIATRISTS' ATTITUDES TO ANTIPSYCHOTIC DEPOT INJECTIONS: CHANGES OVER 5 YEARS (Maxine X Patel)	38	ASSOCIATION OF SMOKING IN SCHIZOPHRENIA WITH GENETIC POLYMORPHISMS IN BRAIN DERIVED NEUROTROPHIC FACTOR (BDNF) AND BDNF LEVELS (Tan Yunlong)	49
MOTHER-CHILD TRANSMISSION OF INTERNALIZING SYMPTOMS: IMPORTANCE OF FAMILY CONTEXT (Genevieve Piche)	39	EFFECTIVENESS OF RATIONAL-EMOTIVE BEHAVIORAL GROUP COUNSELING ON RUMINATION, AGGRESSION AND BENIGN CONTROL OF CLIENTS (Mehdi Zarebahramabadi)	49
THE DIFFERENCE IN THE SERUM LEVELS OF BDNF, IL-6, IL-8, IL-10 AND EGF IN ONCOLOGY PATIENTS DEVIDED ACCORDING TO THE PRESENCE OF SYMPTOMS OF DEPRESSION (Jiri Podlipny)	39	EXPLORATION OF PSYCHIATRISTS' ATTITUDES TOWARD EVIDENCE-BASED MEDICATION ALGORITHMS (Thomas Zelnik)	50
PERSPECTIVES OF PATIENTS AND RELATIVES ABOUT ELECTRO CONVULSIVE THERAPY: A QUALITATIVE STUDY FROM VELLORE, INDIA (Anto P Rajkumar)	40	INTERNATIONAL CO-OPERATION IN POSTGRADUAL EDUCATION AND RESEARCH BY EATING DISORDERS AND FIRST RESULTS OF THE PILOT STUDY (Svetlana Zuchova)	50
MUSCLE DYSMORPHIA SYMPTOMATOLOGY IN A SAMPLE OF WEIGHT TRAINERS IN ITALY (Carla E Ramacciotti)	40	AUTHOR'S INDEX	51

YOUNG PSYCHIATRISTS IN AFRICA AND MIDDLE EAST: CULTURAL PERSPECTIVE

INSTITUTIONS

1. *Cairo University Hospital, Psychiatry, Cairo, Egypt*

AUTHORS

1. Radwa Said Abdelazim¹, Dr., MD, redolasol@yahoo.com

Africa and Middle East have been a region in the world where war, poverty and lack of resources, with many funds drained in weapons and politics led to many health problems and prevalence of many psychiatric disorders predominantly depression, anxiety and psychosomatic disorders, etc.. A sample of which is demonstrated in the epidemiologic survey conducted by Cairo University Hospital (Kasr El Eini) in collaboration with Ministry of Health and WHO to assess the prevalence of mental disorders all over Egypt. Other surveys that were conducted in other countries like Palestine demonstrated the prevalence of PTSD among the various age groups specially children. African And Middle Eastern young psychiatrists encounter

particular issues while practicing psychiatry in their countries. The economic problems, cultural and war state in some of the countries, religious beliefs and stigma to psychiatry are among many issues comprised in the survey conducted by the Egyptian Young psychiatrists and Trainees Section EYPTS to assess the difficulty and problems faced by their peers in Middle Eastern and African countries. Results of the survey and references from the updated WHO surveys in the region will be demonstrated and discussed in this presentation. Update from EYPTS and 2007/2008 activities will be reported as well.

CONTRIBUTION, CHALLENGE, OR THREAT? DUTCH PSYCHIATRISTS' ATTITUDES AND OPINIONS TOWARD PHARMACEUTICAL PROMOTION

INSTITUTIONS

1. *University of Amsterdam, Medical Anthropology Unit, Amsterdam, Netherlands Antilles*

AUTHORS

1. Payam Abrishami¹, MD, MA, payam.abrishami@gmail.com

Introduction: This qualitative study seeks to contextualize the interaction between pharmaceutical promotion and psychiatrists and to contribute to the available – mostly quantitative – literature.

Method: 26 Dutch psychiatrists, residents included, were selected based on a purposive sampling method and interviewed using an in-depth semi-structured technique. The respondents' accounts were then analyzed in accordance with the critical theoretical perspective in medical anthropology.

Findings: Pharmaceutical promotion often appeals to the psychiatrists' unconscious selves, influencing their decisions and prioritization in prescribing. Channels of promotional influence are extremely diverse, innovative, and often intense. Rational prescription is viewed as maintaining a proper combination of introspection, knowledge, and criticality towards the 'why-ness' of prescribing medicines. However, uncritical colleagues are believed to be domi-

nant among the Dutch psychiatrists. The perceived conflict of interest due to the influence of promotion is conceptualized differently. Conservative psychiatrists view it as a threat, thus hesitate to interact with the industry while those who call themselves liberal keep cautious communication. Psychopharmaceuticals are principally viewed as not efficacious well enough. This pharmacodynamic uncertainty is often astutely redirected in promoting new products with claimed lesser side effects. Simultaneously, the inherent „newer-is-better“ mindset in promotions may create an ongoing hope for more efficacious medicines to come.

Conclusion: The extent of the influence of pharmaceutical promotion has been progressively moving beyond compelling advertisements. Whether this influence is conceptualized as a contribution, challenge, or threat to psychiatric practice, a slight paranoia derived from the critical scrutiny of the dynamics of promotion seems to be reasonable to prevent inappropriate prescribing.

PRIMARY AND FOCAL TRAUMATIC BRAINSTEM INJURY

INSTITUTIONS

1. Kings College Hospital, London., United Kingdom
2. Forensic Pathology Services, Abington, Oxfordshire, United Kingdom
3. Queen Mary University, J.M. Cameron Institute of Forensic Sciences, London, United Kingdom

AUTHORS

1. Safa Al-Sarraj¹, Dr, FRCPath, saf.a.al-sarraj@kch.nhs.uk
2. Ashley Fegan-Earl², Dr, MRCPath
3. Robert Chapman², Dr, MRCPath
4. David Rouse³, Dr, MRCPath
5. Benjamin Swift², Dr, MRCPath
6. Nathaniel Cary², Dr, MRCPath

Introduction: Brainstem haemorrhage is common in cases of head injury when it is associated with space-occupying lesion and increases in the intracranial pressure (duret haemorrhage), in cases of diffuse axonal injury (in dorso-lateral quadrant) and diffuses vascular injury (in the periventricular tissue). However focal traumatic brainstem injury is rare (Firsching et al. *Neurological Research*; 2002 (24) 145-146).

Material and method: We identified 11 cases of focal traumatic brainstem injury from review of 321 case of head injury. The head trauma had been caused by from different mechanisms of complex fall from height and assaults. 9/11 are associated with skull fracture, 10/11 with contre coup contusions in the frontal and temporal lobes,

4/11 direct contusions to cerebellum, 4/11 haemorrhage in corpus callosum and 2/11 have gliding contusions. None of the case had pathological evidence of increased in the intracranial pressure. The bleeding in the pons was at the edge in 2/11 and cross the section in 9/11. The majority of patients were unconscious immediately after the incident (9/11) and 7/11 died within one day.

Conclusion: Focal traumatic brainstem injury occurs most likely due to direct impact at the back of the head or stretching forces affecting the brainstem in cases of complex fall from height and after assault, particularly those associated with kicks. It is a serious and commonly fatal brain damage, which needed to be differentiated from other causes of brain stem haemorrhages

IS IQ IN CHILDHOOD ASSOCIATED WITH SUICIDAL THOUGHTS AND ATTEMPTS? FINDINGS FROM THE MATER UNIVERSITY STUDY OF PREGNANCY AND ITS OUTCOMES

INSTITUTIONS

1. University of Queensland, School of Population Health, Brisbane, Australia

AUTHORS

1. Rosa Alati¹, Dr, PhD, r.alati@sph.uq.edu.au

Background: This study explores associations of IQ at age 14 with adult symptoms of suicidal thoughts and attempts at age 21.

Methods: Analysis was based on the Mater University Study of Pregnancy and its outcomes, an Australian prospective birth cohort study started in Brisbane Australia in 1981. We assessed associations with suicide thoughts, plans and attempts. We used two measures of IQ: the Raven's Standard Progressive Matrices and the Wide Range Achievement Test.

Results: In multivariable analyses, there was an inverse association between Raven's IQ and suicide thoughts, plans and attempts, but no strong evidence of an association between the WRAT3 and the three suicidal items.

Conclusion: specific aspects of intelligence may be associated with suicidal thoughts, plans and attempts

METABOLIC ABNORMALITIES IN GIRLS SUFFERING FROM ANOREXIA NERVOSA

INSTITUTIONS

1. *Obstetrics and Pediatrics Research Institute, Rostov-on-Don, Russian Federation*
2. *Medical University, Psychiatry, Rostov-on-Don, Russian Federation*

AUTHORS

1. Vera Andreyeva¹, Dr, MD, PhD, vandreyeva@mail.ru
2. Alexei Andreyev², Dr., MD, PhD, a_andreyev@aaanet.ru
3. Anastasia Andreyeva¹, Dr.

Aims. Studying the correlation between serum leptin and hormonal disorders in the girls with Anorexia Nervosa (AN).

Subject: three groups of girls aged 15–16. 1) Basic group – 59 AN diagnosed patients with body mass index (BMI) = 15,34±1,04; 2) comparison group – 53 patients with oligomenorrhoea and low BMI = 15.7±0,6, without AN; 3) control – 20 intact girls with BMI of 20.3±1,4.

Methods. Measuring of serum insulin, leptin, tumour necrosis factor- α (TNF- α), gonadotropines, somatotropic hormone (STH) and oestradiol by ELISA.

Results: There was revealed hypoinsulinaemia, caused by both food deficit and high levels of contrinsular agents – STH and TNF- α at the anorectic stage. Negative strong correlation between insulin and

TNF- α levels was revealed. The specificity of this phenomenon for the AN anorectic stage is indicated by glucose-stimulated hyperinsulinemia in the comparison group. Hypoinsulinemia resulted in absolute hypoleptinemia and hypoestrogenia, which is proved by a strong positive correlation. BMI in the comparison group did not differ from AN, but the leptin level exceeded values of the patients with AN ($p \leq 0,05$), and did not differ from the control ($p \geq 0,05$). Therefore the leptin level in the comparison group was not associated with low BMI, and probably was determined by a higher level of oestrogens, as suggested by the results of the correlation analysis.

Conclusion: These results are supportive of an association between hypoleptinemia and hypoestrogenia, and specific disorder of the nutrition behavior; they also emphasize the lack of hypoleptinemia in immature underweight girls suffering from oligomenorrhoea and relative hyperfolliculoidism.

A CLASSIFICATION OF SCHIZOPHRENIC THOUGHT DISORDER BASED ON A MULTITHREADED MODEL OF THOUGHT PROCESSES

INSTITUTIONS

1. *Oxleas NHS Foundation Trust, Greenwich, London, United Kingdom*

AUTHORS

1. C.P. Arun¹, Dr., arunpeter@yahoo.com

Abstract Body:

Introduction: For many decades, the brain has been believed to be capable of parallel processing using multithreading. Of late, multithreading has become a popular computer programming paradigm allowing the optimum use of multiple and/or multicore processors.

Aims: The present work attempts to classify thought disorder in schizophrenia based on a model of thought processes employing multithreading.

Methods: We implemented the the model of thought processes using a programming language that allows multithreaded programming, Microsoft C# version 2008 (Microsoft Corporation, Redmond, WA). Two description engines were encoded that generate sentences in English assigned the task of describing a simple scene. Locks of these multithreaded applications were allowed. When a thread locks, another simultaneously running

thread from another process was allowed to step in to generate language.

Results: Our model is capable of replicating various thought disorders occurring in schizophrenia. Interruption of various threads leads to the entire spectrum of thought disorder from tangentiality all the way to incomprehensible sounds: topic formulating thread interruption leads to tangentiality; paragraph formulating thread, to circumstantiality; sentence formulating thread, to knight's move thinking; clause formulating thread, to word salad; word selection thread, to paraphasias and neologisms and finally, interruption of the phoneme generating thread leads to the production of incoherent sounds.

Conclusions: The brain must employ the above or a very similar scheme for thought generation in health. Schizophrenic thought disorder offers a unique window on thought and language processing by the brain in health and disease.

„BRAIN FAG“: THE MIGRATION OF A „CULTURE BOUND SYNDROME“

INSTITUTIONS

1. Bethlem Royal Hospital/ Institute of Psychiatry, Cultural Psychiatry Section, London, United Kingdom
2. University College London, International Health and Medical Education Centre, London, United Kingdom

AUTHORS

1. Oyedjeji A Ayonrinde¹, Dr, MRCPsych, MSc, dejiridoo@hotmail.com
2. Chi-Chi K Obuaya², Dr, MBBS

Brain Fag Syndrome¹ was described as a Culture-Bound Syndrome nearly half a century ago as a disorder associated with study among Africans in transitional society imbibing new educational culture. Characterised by affective, anxiety and somatic symptoms, reference to this syndrome abound in contemporary journals and textbooks.

Objectives: 1. To identify the etymology of the phrase „Brain Fag“ in Britain and North America. 2. To explore contextual use of the term „Brain Fag“ and if analogous to descriptions of Brain Fag Syndrome in Africa.

Methods: Detailed manual and electronic archival search of 18th, 19th and 20th century scientific literature and bibliography was carried out for the phrase „Brain Fag“. Analysis of contextual use and symptom profile was carried out and compared with features of the „Brain Fag Syndrome“ in current literature.

Results: „Brain Fag“ was described in 19th and 20th century Western scientific literature². Descriptions were similar in context and symptom pattern to the Brain Fag Syndrome. In the early 1800s and 1900s, the disorder was linked with mental exertion and „overstudy“. Idiomatic use of the phrase to communicate mental exhaustion among students and „brain workers“ predated the description of this disorder in West Africa by over a century. Use of the phrase later declined.

Conclusion: Brain Fag is neither time nor „culture-bound“ but has migrated as an idiom of distress over centuries.

References

1. Prince R. The „brain fag“ syndrome in Nigerian students. *Journal of Mental Science* 1960 April; 106: 559–70.
2. Forbes W. The Overworked Mind. *The Journal of Psychological Medicine and Mental Pathology*, 1852,5(257–272)

BURNOUT AND COPING STRATEGIES IN PSYCHIATRISTS

INSTITUTIONS

1. Tehran University of Medical Sciences, Psychiatry, Tehran, Iran (Islamic Republic of)
2. Tehran University of Medical Sciences, Psychiatry and Psychology Research Center, Tehran, Iran (Islamic Republic of)
3. Iranian Psychiatric Association, Tehran, Iran (Islamic Republic of)

AUTHORS

1. Anahita Basirnia¹, Dr., MD, basirnia@razi.tums.ac.ir
2. Mohammad Arbabi², Dr., MD
3. Behrang Shadloo¹, Dr., MD
4. Neda Abedi¹, Dr., MD
5. MohammadReza Mohammadi^{1,2}, Dr., MD
6. Majid Sadeghi¹, Dr, MD
7. Zahra Bayat², Mrs.
8. SeyedAhmad Jalili³, Dr., MD
9. Hosein Kaviani¹, PhD

Aims: This study investigated burnout and coping strategies among a sample of Iranian psychiatrists.

Methods: The Maslach Burnout Inventory (MBI) for assessing burnout and Ways of coping questionnaire for evaluating coping strategies were used. The questionnaires were posted for a random sample of psychiatrists who have registered in Iranian Psychiatric Association.

Results: A total of 87 psychiatrists were evaluated. High level of burn out was reported by 23.9% of respondents on depersonalization subscale, and 17% on personal accomplishment. The results showed that only 11% of psychiatrists had low level of depersonali-

zation. Comparing ways of coping, it has been figured out that those psychiatrists, who reported high level of depersonalization, significantly used more wishful thinking and less detachment, encountering stressful events. Moreover, psychiatrists who reported poor personal accomplishment, significantly sought less social support, less emphasized on the positive aspects, less detached from the problem and more isolated themselves in stressful conditions.

Conclusion: High depersonalization and poor personal accomplishment as symptoms of burnout were relatively common in Iranian psychiatrists and associated with poor coping strategies facing stressful events.

ARE THE CHARACTERISTICS OF GENERAL PRACTITIONERS RELATED TO HOW THEY MANAGE FOR MENTAL DISEASES?

INSTITUTIONS

1. Far Eastern State Medical University, Family Medicine, Khabarovsk, Russian Federation
2. State Scientific center of Social and Forensic Psychiatry by name of V.P. Serbsky, Epidemiological and Organisational Problems of Psychiatry, Moscow, Russian Federation

AUTHORS

1. Olga Borisovna Blagovidova¹, Dr, MD, olgablagovidova@yandex.ru
2. Alexander Alexandrovich Churkin², Professor, MD, churkin@formatek.ru

Aims: The aim of research is scientific and methodological foundation of the educational programme of prophylaxis and earlear diagnostics of mental disorders in primary care. The main task was to determine the relationship between general practitioners' characteristics and adequacy of their diagnostic of mental disorders and their decisions regarding mental health in primary care.

Methods: In 2005–2006 years 100 primary care doctors of Khabarovsk territory responded to a 57-item questionnaire assessing their practice and demographic characteristics, and their knowledge for prevention, diagnosis, and treatment questions for common mental disorders. They also answered questions of 6 psychological tests assessing their interpersonal relationships, achievement motivation, conflict management, level of empathy, burn-out syndrome. Above that, 700 people were examined by family doctors. 315 (45%) people showed abnormalities.

Results: In spite of the algorithm of research, including sending to regional psychiatrist, only 75 (24%) patients were sent. Tendency to diagnose mental disorders correctly was significantly associated with being in practice for shorter time, being more satisfied with practice, more achievement motivated.

Conclusion: Thus we can establish that in activity of family doctors in the villages spoken of Khabarovsk territory popular approach in the sphere of psychological health is not developed enough. In the system of professional teaching of family doctors it is necessary to stress studying the problems of psychology and psychiatry in the primary care. The research in this direction is quite necessary.

CLASSIFICATION OF RECURRENT DEPRESSION WITH SEASONAL PATTERN: A COMPARISON BETWEEN TWO DIAGNOSTIC INSTRUMENTS

INSTITUTIONS

1. University of Tromsø, Institute of Clinical Medicine, Faculty of Medicine, 9037 Tromsø, Norway

AUTHORS

1. Greta Brancaleoni¹, Dr., PhD, greta.brancaleoni@unn.no
2. Vidje Hansen¹, Dr., MD, vidje.hansen@unn.no

Objectives: To compare the performance of the Seasonal Pattern Assessment Questionnaire (SPAQ), the most commonly used tool for assigning a diagnosis of Seasonal Affective Disorder, with the Seasonal Health Questionnaire (SHQ), which uses the DSM-IV criteria for recurrent depression with seasonal pattern.

Methods: Two samples of approximately 200 medical students in Tromsø, Norway (69° north) and Ferrara, Italy (44° north), filled in both questionnaires. Prevalence of recurrent depression with seasonal pattern was calculated according to gender and latitude of living, with both instruments. Using SHQ diagnosis as the gold standard, sensitivity and specificity of the SPAQ as a diagnostic instrument was ascertained.

Results: The prevalence of depression with seasonal pattern measured by SPAQ was 12% in Norway and 14.5% in Italy, the difference was not significant. Prevalence was highest in females in both countries (Norway: males 4.2%, females 14.7%, Italy: males 2.3%, females 18.8%), but the difference was only significant in Italy ($p=0.007$). According to SHQ, the corresponding figures in Norway 5.9% and 7.1% ($p=0.77$) and in Italy 3.9% and 3% ($p=0.75$). The specificity of the SPAQ was 88.8% and the sensitivity was 47.3%.

Conclusion: Compared to a DSM-IV diagnosis of depression with seasonal pattern as measured by the SHQ, the SPAQ seriously overestimates the prevalence of seasonal depression, especially in women, and the sensitivity is far too low.

ANALYSIS OF A COMMUNITY SURVEY TO EXAMINE SOCIAL INEQUALITIES IN ANTIDEPRESSANT USE

INSTITUTIONS

1. *The Australian National University, Centre for Mental Health Research, Canberra, Australia*

AUTHORS

1. Peter Butterworth¹, Dr, PhD, Peter.Butterworth@anu.edu.au

Aims/Objectives: A social gradient in the prevalence of depression is well established: social disadvantage is associated with greater risk of depression. There is, however, mixed evidence about whether social inequalities are evident in use of antidepressants. This aim of this study was to examine antidepressant use in Australia as a function of a socio-economic status.

Methods: Analysis of data from a large community survey conducted in Canberra and Queanbeyan in south-east Australia. The PATH Through Life Study used a narrow cohort design, surveying people from three birth cohorts (1975–1979; 1956–1960; 1937–1941). Data are from the 2nd wave of the survey conducted between 2003 and 2005, with 6715 respondents. Depression was assessed using the Patient Health Questionnaire. The survey also collected information on anti-depressant use, socio-economic circumstances and demographic characteristics.

Results: Antidepressant use was more common amongst respondents of lower socio-economic position measured in a variety of different ways (employment status, reliance of government welfare payments, financial hardship, educational attainment). The effect remained after controlling for age, gender and presence of depression symptoms.

Conclusions: The results suggest that, in Australia, socio-economic status is not a barrier to antidepressant treatment. In fact, relative to measures of need, antidepressant use is more common amongst those in more disadvantaged social circumstances. Implications in terms of the design of the Australian health system and social safety net, and the possible influence of health professional's perceptions of patient capacity and availability of alternative treatments such psychotherapy are discussed.

EFFECTS OF PAIN AND ANALGESIA ON INTRACRANIAL SELF-STIMULATION (ICSS) IN RATS

INSTITUTIONS

1. *Marist College, Psychology, New York, United States*
2. *McLean Hospital/Harvard Medical School, Behavioral Genetics Laboratory, Belmont, United States*
3. *Virginia Commonwealth University, Department of Pharmacology & Toxicology, Richmond, United States*

AUTHORS

1. Gail Pereira Do Carmo¹, Dr., Ph.D., gail.pereiradocarmo@marist.edu
2. William Carlezon, Jr.²
3. S. Steve Negus³, Ph.D.

A high co-morbidity between clinical depression and pain has produced interest in examining the relationship between pain and depression in preclinical assays. The present study examined the effects of an acute pain stimulus on the pain-stimulated behavior (writhing test), motor ability (rotarod test), and behavior in the intracranial self-stimulation paradigm (ICSS; a test used as a model of depression). Morphine's effects on pain-associated behavior was also assessed. Sprague-Dawley rats were administered of IP lactic acid injections and/or morphine pretreatments, after which behaviour was examined. For the ICSS procedure, rats implanted with electrodes in the lateral hypothalamus were tested on a FR1 schedule of reinforcement to respond for electrical stimulation, and response rates were recorded. Acid-induced writhing and rota-rod activity were measured over 60 min and 30 min, respectively, in separate groups of animals.

Writhing, ICSS, and rota-rod activity were evaluated under baseline conditions and after treatment with lactic acid (0.32–3.2 %, IP). Writhing and ICSS were also assessed after lactic acid (0.32–3.2 %, IP) injections and morphine (1.0–10 mg/kg, IP) pretreatment. Lactic acid produced concentration-dependent suppression of ICSS and stimulation of writhing, Lactic acid produced concentration-independent decreases in rota-rod activity relative to control. Morphine alone did not alter ICSS behavior but dose-dependently prevented both acid-induced suppression of ICSS and stimulation of writhing. The current findings suggest that acute pain produces depressive-like behaviour in the ICSS test, and morphine pretreatment effectively suppresses pain-induced ICSS behaviour. Therefore, ICSS may be a useful assay for evaluation of the affective components of pain.

COMMUNITY-BASED COGNITIVE BEHAVIORAL INTERVENTIONS FOR ADOLESCENT WOMEN

INSTITUTIONS

1. *The University of Texas Health Science Center at San Antonio, Family Nursing Care/ OB/GYN, San Antonio, United States*

AUTHORS

1. Jane Dimmitt Champion¹, Dr., PhD, dimmitt@uthscsa.edu

Objective: There is a need for community-based, culturally sensitive, cognitive-behavioral interventions to reduce sexual risk behavior among minority adolescents for prevention of STI/HIV, unintended pregnancy and abuse. Aims include: 1) To obtain a more in-depth understanding of configurations of psychosocial and situational factors associated with high-risk sexual behavior, substance use, STI/HIV and contraceptive use among abused minority adolescent women with STI; 2) To implement a controlled randomized trial of a risk-reduction intervention consisting of small group sessions, individual counseling and support groups for this group; 3) To evaluate effects of the adolescent intervention model versus enhanced counseling for this group on high-risk sexual behavior, substance use, abuse recurrence, contraceptive use, unintended pregnancy and STI/HIV at 6 and 12 months follow-up.

Methods: Mexican- and African-American women (aged 14-18 years) with STI and history of abuse were recruited from

public-health clinics. Following enrollment participants received targeted physical exams, contraception counseling and interviews including assessments for abuse, sexual risk behavior, substance use, health seeking behavior, genitourinary symptomatology and STI. Follow-up was conducted at 6 and 12 months.

Results: At study entry, participants (n=535) reported early first coitus, high numbers of partners per year sexual activity, concurrent relationships and high STI and re-infection rates. They waited to seek medical care, experienced many barriers to health care and had more pathological genitourinary symptomatology.

Conclusions: Findings differentiate abused minority adolescent women at high risk for STI/HIV, unintended pregnancy, substance use and pelvic inflammatory disease. Abuse assessment is essential in clinical management of abused adolescents with STI.

COMMON PATHOGENETICAL MECHANISMS OF ALCOHOLIC AND FOOD ADDICTION

INSTITUTIONS

1. *Institute of Internal Medicine, Novosibirsk, Russian Federation*

AUTHORS

1. Marina G. Chukhrova¹, mba3@sibmail.ru

Objectives: to estimate the neurophysiologic mechanisms of alcoholic and food addiction.

Methods of research: We tested twenty alcoholic addicts, twenty food addicts and twenty people in the control group. The neurophysiologic tests (functional asymmetry of a brain, its visually-spatial abilities, and estimation of the right and left hemispheres participation in speech functions, reproduction of the specific speech information and definition of inversion) have been performed.

Results: The right hemisphere is active at addicts. It is expressed in good reproduction of emotional words, directed to the left ear, and impaired transfer emotional information from the right to the left hemisphere. It leads to inversion of normal interrelations of hemispheres which are active in healthy persons and to formation of the

excitation center in the right hemisphere. This center starts to dominate and suppresses other inclinations.

The person concentrates on the alcoholic or food experience. The existential organization of mental activity of addicts does not give into the likelihood forecast, does not install relationships of cause and effect and provides greater freedom in manipulation of information and in this connection requires smaller physiological expenses. An addict is peculiar inversion of emotional reflection.

Conclusion: addiction is such property of the person which is caused by neuropsychological mechanisms connected with domination of the right hemisphere on a background of deficiency of function of the left hemisphere. Thus, there is an infringement of the coordinated activity of hemispheres and transfer of emotional information.

WORSE FOR WHOM? DEPRESSION FOLLOWING MARITAL PROBLEMS IN MOTHERS AND CHILDREN

INSTITUTIONS

1. University of Queensland, School of Pharmacy, St Lucia, Brisbane, Australia
2. University of Queensland, School of Population Health, Herston, Brisbane, Australia

AUTHORS

1. Alexandra M Clavarino¹, Dr., PhD, a.clavarino@uq.edu.au
2. Mohammad R Hayatbakhsh², Dr, MD, PhD, m.hayatbakhsh@sph.uq.edu.au
3. Jakob M Najman², Professor, PhD, j.najman@uq.edu.au

Aim: Little is known about whether the long term mental health outcomes of marital problems and marital change different for mothers and their children. The aim of this paper is to prospectively examine the effects of marital quality and marital change on symptoms of depression in mothers and their children over 21 years.

Methods: A population based pregnancy cohort of 3512 mothers and 3334 of their children participating in the Mater–University of Queensland Study of Pregnancy and Its Outcomes (MUSP), a study which commenced, in Brisbane, Australia in 1981. Mothers and children were followed up at birth, 6 months and 5, 14 and 21 years after the initial interview. Marital status and marital quality were assessed at 5 and 14 years. Symptoms of depression were assessed in mothers and children at 21 years using the Centre for Epidemiological Studies–Depression (CES–D).

Results: Change in the quality of a primary marital relationship from good to poor increases symptoms of depression in both mothers (+3.3) and children (+1.1). Symptoms of depression are lower if the mother moves to unpartnered status (–1.31) however children experience an increase in depression (+1.30). There was a substantial increase in mothers depression (+3.9) associated with a poor reconstructed relationship but no change for children (0.68).

Conclusions: Although some marital transitions are associated with improved symptoms of depression in the mother no marital transitions were associated with improvement in depression in the children.

ANXIETY DURING AND AFTER PREGNANCY LEADING TO ATTENTION PROBLEMS IN CHILDREN

INSTITUTIONS

1. University of Queensland, School of Pharmacy, St Lucia, Brisbane, Australia
2. University of Queensland, School of Population Health, Herston, Brisbane, Australia
3. Mater Children's Hospital, South Brisbane, Australia

AUTHORS

1. Alexandra M Clavarino¹, Dr., PhD, a.clavarino@uq.edu.au
2. Michael O'Callaghan³, Dr., MBBS, m.ocallo@mater.org.au
3. Abdullah A Mamun², Dr., PhD, mamun@sph.uq.edu.au
4. Jakob M Najman², Professor, PhD, j.najman@uq.edu.au

Aim: Few studies have prospectively examined the effect of the timing and chronicity of maternal anxiety on child attention outcomes. The aim of this paper is to examine the association between maternal anxiety from pregnancy to 5 years and child attention problems at 5 and 14 years.

Method: Birth cohort of 4109 individuals born in Brisbane between 1981 and 1984. Self-reported measures of maternal anxiety were assessed at four time-points. Maternal reports of child attention problems using Achenbach's Child Behaviour Checklist were assessed at 5 and 14 years.

Results: After adjusting for child age and sex, antenatal anxiety was strongly associated with persistent attention problems (OR 3.10 95% CI 1.82–5.29). Children with chronically anxious mothers were 5.96 (95% CI 3.81–9.33) times more likely to have persistent attention problems. These associations remained consistent after adjusting for potential confounders.

Conclusions: Repeated exposure to maternal anxiety increases the rate of attention problems suggesting that attention problems may partly constitute learned behaviour.

DEPRESSION TREATMENT PREDICTORS AMONG U.S. ELDERLY: SOCIOECONOMIC AND INSURANCE FACTORS

INSTITUTIONS

1. Rutgers University, Center for Education and Research on Mental Health Therapeutics, New Brunswick, NJ, United States

AUTHORS

1. Stephen Crystal¹, Ph.D., scrystal@rci.rutgers.edu
2. Ayse Akincigil¹, Ph.D., scrystal@rci.rutgers.edu
3. Michele Siegel¹, Ph.D., scrystal@rci.rutgers.edu

Objectives: Depression diagnosis and treatment rates have increased rapidly in the past 15 years for US elderly, but socioeconomic disparities persist. Of particular interest are effects of prescription drug coverage and its quality. We examine associations of demographic, clinical, and coverage factors with depression treatment in a large, nationally representative sample of U.S. elderly.

Methods: We analyzed 1992–2004 Medicare Current Beneficiary Survey data on community dwelling elderly diagnosed with depression (n=3190). Prescription drug coverage quality was measured by ratio of out-of-pocket to total prescription drug expenditures (<30% = „comprehensive“ coverage). Other explanatory variables included gender, age, race/ethnicity, education, income, perceived access to care, functional impairment, disease severity, self-rated health and comorbidities.

Results: In 1999–2004, African Americans continued to have lower odds of receiving antidepressant treatment (OR=.51, CI .36–.74) as did individuals with income under 150% of poverty. There was no evidence of improvement in the gap for African Americans from the 1992–98 period, when the odds ratio for treatment was .56 (CI .34–.91). Compared to beneficiaries without pharmacy coverage, the OR for limited coverage was 1.38 (CI 1.01–1.89) and the OR for comprehensive coverage was 2.46 (CI 1.77–3.41). Other access barriers did not predict treatment. Results of models for use of any treatment (antidepressant or psychotherapy) were similar to those for antidepressant use.

Conclusions: Disparities in depression treatment persist for African American elderly diagnosed with depression. Quality of drug coverage was a strong predictor of treatment, suggesting that cost-sharing requirements can function as a significant treatment barrier.

EARLY PERINATAL PROPHYLAXIS OF PSYCHOSOMATIC DISORDERS IN INFANCY

INSTITUTIONS

1. Saint-Petersburg Medical Academy of Postgraduate Studies, Child Psychiatry and Clinical Psychology, Saint-Petersburg, Russian Federation

AUTHORS

1. Igor V. Dobryakov¹, Dr., MD, PhD, dobriakov2001@mail.ru

Psychological component of gestational dominance (PCGD) and the relationships in the „Mather-and-Baby“ dyad are of the great influence in the beginnings of the disorders that are marked as F 98.2 in ICD-10. PCGD is a complex of regulatory psychological mechanisms functioning in pregnancy and changing the attitudes of an expecting woman towards herself and those around, directing to creation the specific circumstances for the development of a fetus.

Goal

To explore a correlation between the type of PCDG in pregnancy, psychosomatic disorders, and perinatal encephalopathy in early childhood

Method

Longitudinal research of 72 families with clinical and psychological methods. The formalized self-administered questionnaire was designed to answer the main research question. The primary goal of the

questionnaire was to define PCGD type. The research project has been conducted in collaboration with pediatricians from polyclinics in the cities of Saint-Petersburg and Cronshtadt from 2004 to 2007.

Results

Five types of PD were revealed. There were the statistically significant relationship between pathological types of PCGD and complications during pregnancy (in 68% of cases), somatic pathology in expecting women (72%), eating disorders in infancy (82%), and perinatal encephalopathy (67%). It was also found that mothers whose children weighted less than 2 kg or more than 4 kg had pathological type of PCDG in 68.5 % of cases.

Conclusion

Detection of the type of PCDG can help to reveal those expecting women who are more likely to give a birth to a child with psychosomatic disorders.

ATYPICAL ANTIPSYCHOTICS AND DIABETES MELLITUS IN THE FDA AERS DATABASE: A SYSTEMATIC ANALYSES

INSTITUTIONS

1. Duke University, United States
2. Otsuka, United States
3. Bristol Myers Squibb, United States

AUTHORS

1. P. Murali Doraiswamy¹, MD, dorai001@mc.duke.edu
2. Andrei Pikalov²
3. Quynh-Van Tran²
4. Tatyana Kremenets³
5. Ramin Arani³
6. Ross A Baker³, MD

Aims: To examine reporting patterns of atypical antipsychotic-associated diabetes related events in the United States Food and Drug Administration (FDA) Adverse Event Reporting System (AERS)

Methods: An analysis of the FDA AERS was conducted for clozapine, risperidone, olanzapine, quetiapine, ziprasidone or aripiprazole with 24 diabetes-related adverse events using a Multi-item Gamma Poisson Shrinker (MGPS) data-mining algorithm. Haloperidol was included as an example of an older typical agent. Using MGPS, adjusted reporting ratios (Empiric Bayes Geometric Mean or EBGM) and 90% confidence intervals (CIs; EB05-EB95) were calculated to estimate the degree of association between drug-event combinations relative to all drugs and events in this database.

Results: All seven atypicals had an EB05 \geq 2 for at least one hyperglycemia-related event. The most common event was diabetes mellitus, with 2,784 cases reported. Adjusted reporting ratios (with CIs) for diabetes mellitus were: olanzapine 9.6 (9.2-10.0; 1306 cases); risperidone 3.8 (3.5-4.1; 447 cases); quetiapine 3.5 (3.2-3.9; 283 cases); clozapine 3.1 (2.9-3.3; 464 cases); ziprasidone 2.4 (2.0-2.9; 74 cases); and aripiprazole 2.4 (1.9-2.9; 71 cases). The adjusted reporting ratio for haloperidol was 2.0 (1.7-2.3; 139 cases).

Conclusions: In AERS a lower reporting of diabetes is seen for haloperidol, aripiprazole and ziprasidone compared to risperidone, quetiapine, clozapine and olanzapine. Olanzapine has the highest reporting ratio for diabetes. These findings will be discussed in relation to prior epidemiological, clinical and experimental studies and their practical implications for clinicians.

CEREBROVASCULAR PULSATION AND WIDTH OF SUBARACHNOID SPACE DURING ELECTROCONVULSIVE THERAPY

INSTITUTIONS

1. Medical University of Gdańsk, Gdańsk, Poland
2. Private Policlinic of Psychiatry, Warszawa, Poland

AUTHORS

1. Andrzej F. Frydrychowski¹, Dr., M.D. Ph.D., afryd@amg.gda.pl
2. Piotr Pankiewicz¹, Dr., M.D. Ph.D., pankiew@amg.gda.pl
3. Piotr Sowiński¹, Dr., M.D. Ph.D., sowin@amg.gda.pl
4. Janusz Krzyżowski², Dr., M.D. Ph. D.

Background: The mechanism of ECT has been insufficiently explained and documented so far. The elaboration of a new method allowing monitoring intracranial changes undergoing during and after ECT have allowed to eliminate these inconveniences. The investigations in changes in SAS width and intracranial pulsation amplitude by NIR-T/BSS method can throw new light on changes in type and volume induced by EC-therapy.

Method: In this study new method of non-invasive investigation of width of SAS and intracranial pulsation parameters was used. This method has been called Near InfraRed -Transillumination / Back Scattering Sounding - NIR-T/BSS. The basis of this method consists in light beam analysis in near infrared whereby the light beam is emitted by an emitting diode. The light beam passes through

head's anatomic layers, is reflected multiple times in SAS and returns outwards - to be recorded by the receiving diode. The novelty of this method is the patented invention which allows skin flow under the probe to be eliminated and thereby „to look“ under the skull bone.

Results: After ECT, a highly significant increase in pulsation amplitude was observed. The pulsation amplitude rose above 2.5 times after the average time of 90 seconds since the moment ECT were administered. A pause in SAS pulsation - not longer than 26 seconds - directly after administration of electroshocks was observed. After ca. 90 seconds the amplitude decreased slowly but never returned to the initial values within the investigated period of time of 5 minutes, and this in all cases being analyzed.

DYSFUNCTIONAL PERSONALITY TRAITS IN RECURRENT DEPRESSION

INSTITUTIONS

1. *Moscow Research Institute for Psychiatry, Clinical Psychology and Psychotherapy, Moscow, Russian Federation*

AUTHORS

1. Natalia Garanian¹, Dr., PhD, garanian@mail.ru
2. Maria Vasilieva¹, Dr., mashgun@yandex.ru

Objectives: Many clinicians believe that dysfunctional personality traits may interfere with the treatment of depression. Treatment resistance in depressed patients is generally believed to be associated with high rate of personality disorders or dysfunctional personality traits comorbidity. However relatively little attention has been devoted to assessment of low order traits associated with treatment outcomes. Present comparative study is aimed at the exploration of low order personality traits in the groups of responders and non responders diagnosed with recurrent depression.

Methods: 30 patients meeting ICD-10 criteria of recurrent depression (with poor response to medication with antidepressants) have been compared with 30 patients of the same diagnostic category (good treatment response) on the battery of symptomatic and personality measures. Beck Depression and Anxiety Inventories, origi-

nally developed Perfectionism Scale and Hostility scales, SCID-II questionnaire have been administered.

Results: To the end of treatment period (of same duration for both groups) non responders exhibited higher scores on the both symptomatic measures. There was a significant difference on personality measures between compared groups. Patients with poor therapeutic outcome demonstrated significantly greater perfectionism and hostility scores in comparison with responders. Dysfunctional personality traits of „anxious – fearful“ personality disorders cluster (according to operational criteria of DSM-IV) were predominant among non responders.

Conclusions: Dysfunctional personality traits are associated with poor treatment outcome in recurrent depression.

EFFICACY OF FLUOXETINE AND COMBINATION OF FLUOXETINE AND COGNITIVE BEHAVIOUR THERAPY FOR THE TREATMENT OF OBSESSIVE–COMPULSIVE DISORDER

INSTITUTIONS

1. *Upazila Health Complex, Nagarkanda, Faridpur, Bangladesh*
2. *Bangabandhu Sheikh Mujib Medical University, Department of Psychiatry, Shahbag, Dhaka, Bangladesh*

AUTHORS

1. Noor A Giasuddin¹, Dr, M Phil, sadi20022003@yahoo.com
2. Jhunu S Nahar², Dr, FCPS
3. Nahid M Morshed², Dr, M Phil
4. Masuda Khanam², Prof, DPM

Aim: This study was conducted to see the effectiveness of fluoxetine and combined fluoxetine and cognitive behaviour therapy (CBT) for the treatment of obsessive compulsive disorder (OCD).

Methods: Thirty OCD patients were divided into two groups (Group A and Group B); each consisting of fifteen patients. Group A received capsule Fluoxetine and Group B received combined Fluoxetine and CBT. CBT consisted of thirteen weekly sessions of around one hour duration. Twenty six participants completed the study. To measure the symptom severity Dhaka University Obsessive Compulsive Scale (DUOCS) was used before treatment and at 5th, 9th, and 13th weeks (after treatment).

Results: Mean initial score of DUOCS in Group A was 46.6±16.04

and in Group B it was 36.67±12.85. Mean DUOCS score at 13th week in Group A was 28.23±12.96 and in Group B it was 18.77±6.3. Comparison of means of initial DUOCS score and 13th week score using paired t test in both the treatment groups were done. In both the groups the mean score changes were highly significant (p=0.000). Mean of Difference between 1st week and 13th week score in group A was 17.85±10.02 and in Group B was 19.31±10.56. From analysis it was seen that mean symptom reduction was more in Group B but it was not statistically significant (p=0.721). Mean of percentage of reduction of symptoms from 1st week to 13th week in Group A was 39.29±15.45 and in Group B was 48.95±13.68.

Conclusion: reduction of symptoms was also more in case of CBT+Fluoxetine group (p=0.104).

SOCIODEMOGRAPHIC AND BIOLOGIC PREDICTORS OF SUICIDAL DEATH: 40 YEAR FOLLOW-UP OF THE SEVEN COUNTRIES STUDY

INSTITUTIONS

1. Leiden University Medical Center, Psychiatry, Leiden, The Netherlands
2. Association for Cardiac Research, Rome, Italy
3. National Public Health Institute, Department of Epidemiology and Health Promotion, Helsinki, Finland
4. School of Public Health, University of Minnesota, Division of Epidemiology, Minneapolis, United States
5. Wageningen University, Division of Human Nutrition, Wageningen, The Netherlands

AUTHORS

1. Erik J. Giltay¹, Dr., MD PhD, e.j.giltay@lumc.nl
2. Frans G. Zitman¹, Prof. dr., MD PhD
3. Alessandro Menotti², Dr., MD PhD
4. Aulikki Nissinen³, Prof. dr., MD PhD
5. David R. Jacobs⁴, Dr., PhD
6. Daan Kromhout⁵, Prof. dr., PhD MPH

Objectives: Because many previous studies involved attempted suicide or have a cross-sectional or retrospective design, potential causal sociodemographic and biologic factors associated with suicidal death remain largely unknown.

Methods: Baseline data was gathered between 1957 and 1964 in 12,763 men aged 40–59 years living in the United States, Finland, The Netherlands, Italy, Croatia, Serbia, Greece, and Japan. Suicidal death and death from external causes were assessed during 40 years of follow-up. In Cox multivariable models, hazard ratios (HR) were adjusted for age, socioeconomic status, smoking, body mass index, total cholesterol, and systolic blood pressure, and stratified for country.

Results: The rates for suicidal death and death from external causes were 0.38 (n=118) and 1.01 (n=313) per 1,000 person-years,

respectively. In multivariable models, HRs for suicidal death were increased in men who were single (1.83; 95% confidence interval [CI]: 0.94–3.53; P=0.07), with low socioeconomic status (2.96; 95% CI: 1.14–7.66; P=0.002 for trend), and with a low pulmonary forced vital capacity (FVC) (3.26 for lowest vs. top quartile; 95% CI: 1.67–6.74; P=0.001 for trend). Independent risk factors for death due to external causes were being single, with low blood pressure, and low FVC.

Conclusions: Independent risk factors for suicidal death and death due to external causes were being single and low FVC. An additional risk factor for suicide was low socioeconomic status. Low respiratory function may be markers of impaired fetal and postnatal development, or low respiratory function may lead to impulsivity and emotional dysregulation.

ARE MIGRANTS MORE OFTEN AFFECTED BY MENTAL DISORDERS THAN THE GENERAL POPULATION?

INSTITUTIONS

1. University of Leipzig, Medical Psychology, Leipzig, Germany
2. University of Marburg, Clinical Psychology, Marburg, Germany

AUTHORS

1. Heide Glaesmer¹, Dr., Heide.Glaesmer@medizin.uni-leipzig.de
2. Ulla Wittig¹, Ulla.Wittig@medizin.uni-leipzig.de
3. Elmar Brähler¹, Prof. Dr., Elmar.Braehler@medizin.uni-leipzig.de
4. Alexandra Martin², Dr., martin@mail.uni-marburg.de
5. Riccarda Mewes², mewes@staff.uni-marburg.de
6. Winfried Rief², Prof. Dr., rief@staff.uni-marburg.de

Objectives: There are few, methodically heterogeneous and unsatisfactory studies about mental health of migrants. Commonly these studies are referring to a single group of migrants and in the consequence general statements about mental health in migrants are impossible.

Methods: In a representative population survey in Germany (N=2510) depressive and somatoform symptoms were screened with the Patients Health Questionnaire (PHQ), Post Traumatic Stress Disorder (PTSD) was screened with the PTDS. Migration was inquired: if at least one parent was born abroad, people are classified as migrants.

Results: 11.1% of the sample are migrants. These people are slightly more often affected by Major Depression (2.5% vs. 2.1%), other

depressive symptoms (2.9 vs. 2.5%), somatoform disorders (4.7% vs. 4.1%) and PTSD (5.2% vs. 3.7%) than the native Germans. No significant impact of the migration could be proven in logistic regression analyses taking age and gender under account. In a linear regression model with the sum score of the PTDS a significant influence of the migration background were found (p<0.01; PTDS-Score 2.4 vs. 1.6).

Conclusion: The sample includes all groups of migrants and is not referring to a single group. Undocumented migrants and those with low language skills might be underrepresented. Against our expectations only slight differences in mental health between migrants and native Germans could be proven. The results will be discussed on the background of the sampling procedure, the expectations on the health status of migrants and the concluded health care needs.

A NEW TREATMENT FOR BIPOLAR DISORDER AND SUBSTANCE DEPENDENCE: ONE-YEAR FOLLOW-UP

INSTITUTIONS

1. McLean Hospital, Alcohol and Drug Abuse Treatment Program, Belmont, United States
2. Harvard Medical School, United States

AUTHORS

1. Margaret L Griffin^{1,2}, Dr., PhD, mgriffin@mclean.harvard.edu
2. William B Jaffee¹, Dr., PhD, wjaffee@mclean.harvard.edu
3. Fiona S Graff¹
4. Rachel E Bender¹
5. Christina Meade¹, Dr., PhD, cmeade@mclean.harvard.edu
6. Roger D Weiss^{1,2}, Dr., MD, rweiss@mclean.harvard.edu

Aims Despite: the high prevalence of co-occurring bipolar disorder and substance use disorder (SUD), treatment of patients with both disorders is understudied. We developed a cognitive-behavioral treatment (CBT) focused on both disorders, entitled Integrated Group Therapy (IGT); in a previous trial, IGT was more efficacious than standard Group Drug Counseling (GDC) in reducing substance use. The current randomized controlled trial of IGT vs. GDC used substance abuse counselors with no previous CBT training and reduced treatment from 20 to 12 sessions to increase feasibility.

Methods: Patients (N=61) were treated for 3 months, then followed for another year to assess „good clinical outcomes,“ i.e., good outcomes for both disorders, which we defined as a combination of abstinence and no mood symptoms. We hypothesized that IGT patients would be more likely to have good clinical outcomes than

GDC patients at the end of treatment and that they would continue to have better outcomes one year post-treatment.

Results: Although patients in both treatment conditions reduced their substance use and experienced mood improvement during treatment, IGT patients were twice as likely as GDC patients to have good clinical outcomes in the final month of treatment (45.2% vs. 20.0%; $\chi^2(1)=4.38$, $p<.04$), as well as one year post-treatment (42.3% vs. 15.4%; $\chi^2(1)=4.59$, $p<.04$).

Conclusion: These findings extend earlier results by demonstrating that IGT is more effective than GDC in treating both SUD and mood, and that treatment gains are maintained at one year post-treatment.

Supported by NIDA Grants R01 DA15968, K24 DA022288

THE DURATION OF UNTREATED PSYCHOSIS AND ITS CORRELATES IN PATIENTS OF FIRST-EPIISODE SCHIZOPHRENIA

INSTITUTIONS

1. Postgraduate Institute of Medical Education & Research, Department of Psychiatry, Chandigarh UT 160012, India

AUTHORS

1. Parveen Rani Gupta¹, Dr., MD, param_kulhara@yahoo.co.in
2. Subho Chakrabarti¹, Dr., MD, param_kulhara@yahoo.co.in
3. Parmanand Kulhara¹, Prof., MD, param_kulhara@yahoo.co.in

Aims/Objectives: A longer duration of untreated psychosis (DUP) has been shown to predict poor functioning and outcome in schizophrenia. However, results have been inconsistent and there is paucity of research from developing countries. This study sought to determine the duration of untreated psychosis, its correlates, and its impact on outcome in patients of first-episode schizophrenia attending the psychiatric unit of a teaching hospital in north-India.

Methods: Structured assessments of diagnosis, onset of psychotic symptoms, mental state, functioning, quality of life and outcome were carried out in a consecutive sample of 30 patients with DSM-IV diagnoses of schizophrenia in their first episodes. A follow-up asse-

ssment was carried out after 6 months for the 22 patients available to determine outcome on the above parameters.

Results: Mean DUP was 47 weeks, the median value 36 weeks, with a range of 6–180 weeks. Mean and median values as well as the range of DUP of the follow-up sample were essentially similar to the initial sample. Very few clinical, demographic or psychosocial parameters demonstrated significant associations with DUP. There was no significant association between the period of untreated psychosis and several different aspects of outcome at the end of 6-months.

Conclusion: The lack of positive association between a longer DUP and outcome could be due to several reasons such as methodology,

FACTORS AFFECTING PLASMA CGRP LEVELS IN THE TTH AND MIGRAINE SUBJECTS

INSTITUTIONS

1. University College of Medical Sciences and GTB Hospital, Psychiatry, Delhi, India
2. University College of Medical Sciences and GTB Hospital, Biochemistry, Delhi, India

AUTHORS

1. Ravi Gupta¹, Dr, MD, guptaravi_2003@yahoo.co.in
2. Tanzeel Ahmed², Mr
3. Manjeet S Bhatia¹, Dr, MD, manbhatia1@rediffmail.com
4. B D Banerjee², Dr, Ph D

Background: Calcitonin gene related peptide (CGRP) is an inflammatory marker specific for the activation of trigemino-vascular system, involved in migraine and tension type headache. Very few studies have examined plasma CGRP levels during spontaneous headaches.

Objectives: To find association between the plasma alpha-CGRP levels outside acute spontaneous attacks of migraine and tension type headache and clinical factors.

Method: Fifty subjects of each of the following- migraine, TTH were included in this study after obtaining written informed consent. Blood was drawn from cubital venous blood and plasma was separated. Samples were stored at -70C for further use. During the blood sampling, severity and duration of headache was also noted. Levels of alpha-CGRP were assessed with the help of enzyme linked

immunoassay method (Peninsula Laboratories, LLC).

Results: Levels of CGRP were not different among three groups outside the acute episode of headache. Gender did not have any effect on the CGRP concentration.

Presence of aura, phonophobia, photophobia and allodynia, did not affect the CGRP levels. Similarly, CGRP levels were not different among subjects with and without different cranial autonomic symptoms. Only the severity of pain during sample drawing influenced CGRP levels and these were highest in subjects with severe pain. These results were similar for migraine and TTH subjects both.

Conclusion: Plasma CGRP concentration is associated with the severity of episode only. Hence, CGRP antagonists that are under development may help to reduce the severity of pain in migraine and TTH.

PATIENTS' EXPECTATIONS IN THE MENTAL HEALTH HOSPITAL SETTING

INSTITUTIONS

1. Mazra Mental Health Center, Israel

AUTHORS

1. Yafa Haron¹, Dr, PhD, yafa.haron@naharia.health.gov.il
2. Dror Tiran¹, Mr, RN, MA
3. Nahe Dawood¹, Mr, MA, RN
4. Yron Nahmias¹, Mr, MA, RN
5. Hamoodi Heir¹, Mr, RN
6. Rahel Yechieli¹, Mrs, MA, RN

Aims: The aim of the present study is to learn more about patients' views and expectations and the characteristics expected from the health care providers in the mental health hospital.

Method: The survey was carried out in nine departments in Mazra Hospital in 2007. The sample was random and response rate was approximately 90% (65 patients agreed to interview). The questionnaire included two parts. Part one asked questions about the characteristics of the ideal physicians and nurses. Part two asked questions dealing with their emotional status and sources of support.

Results: Patients (56%) prefer physicians who focus on diagnosis and treatment procedures rather than on emotional support. Patients who report more frustration or anger prefer physicians who give them a chance to contribute to the decision making process

during their treatment. Approximately 75% of patients expect to be involved actively in this process. Differences were found according to anxiety level: patients reporting anxiety or threatened feelings expected more emotional support from nurses and continuing contact, even beyond discharge in outpatients clinics, than patients with less anxiety. A significant correlation was found between emotional status and patients' preferences. Patients feeling anxious or threatened preferred diagnostically oriented physician; however, they will expect to obtain emotional support from the hospital nurses.

Conclusions: There was a significant variance in patient expectations according to the hospital setting and the emotional status of the patients. Most patients preferred to be involved in the decision making process during their treatment or hospitalization.

THE MENTAL HEALTH AND BEHAVIOUR OF CHILDREN WHO WERE A CONSEQUENCE OF AN UNPLANNED AND/OR UNWANTED PREGNANCY AT THE TIME OF CONCEPTION: A 21 YEAR FOLLOW-UP STUDY

INSTITUTIONS

1. University of Queensland, School of Population Health, Herston, Brisbane, Australia
2. Mater Hospital, South Brisbane, Australia
3. University of Queensland, School of Social Science, St Lucia, Australia

AUTHORS

1. M.R. Hayatbakhsh¹
2. J.M. Najman¹
3. W. Bor²
4. M. O'Callaghan²
5. G.M. Williams¹
6. G. Shuttlewood³

Aims/Objectives: Despite the availability of effective birth control, and sometimes widely accessible pregnancy termination services, many children are born to mothers who did not want to have a child at the time the child was conceived. While a great deal of concern has been expressed about the health and well-being of such children, little is known about their long term developmental outcomes.

Methods: Data are taken from a large population based pre-birth cohort study. Some 7223 children were recruited to the study over the period 1981-3. Details of the wantedness of the pregnancy are taken from the first obstetrical visit. The children were followed-up some 21 years later using a computerised version of Composite International Diagnostic Interview (CIDI-Auto). The outcomes of interest are DSM-IV anxiety, depression and substance use disorders.

Results: Unwanted children are not a cross section of the population but are disproportionately conceived by young, single mothers living in economically disadvantaged circumstances. While unadjusted comparisons suggest that unwanted children may experience a higher rate of some mental health problems, after adjustment there are no mental health differences between wanted and unwanted children.

Conclusion: While there is an understandable concern about the mental health of a child who was unwanted at the time of conception, there has been little objective evidence that such children have worse mental health outcomes. This study finds that most mothers 'change their minds' about wanting their baby and that there are no mental health differences between wanted and unwanted children once they reach adulthood.

PRESCRIPTION DRUG COST-SHARING AND ANTIPSYCHOTIC DRUG TREATMENT – UNINTENDED ADVERSE CLINICAL EFFECTS

INSTITUTIONS

1. KFRI, Center for Health Policy Studies, Oakland, United States

AUTHORS

1. John Hsu¹, Dr., MD, MBA, MSCE
2. Mary Price¹
3. Vicki Fung¹, Dr., PhD

Rationale: Health plans are increasingly using cost-sharing for patients with psychiatric conditions. There is limited information on the potential clinical ramifications.

Objectives: We investigated the impact of a \$1,600 annual drug benefit cap in 2001, changing to a \$1,000 annual cap in both 2002 and 2003, compared with a concurrent control group with no benefit limits.

Methodology: All 4,973 subjects were 65+ years with Medicare insurance and were members of an integrated, prepaid delivery system. We used regression models to examine the association between having a cap and drug consumption, and to assess the association between having a cap and drug adherence. We adjusted for individual characteristics and time.

Results: In 2001, 48% of subjects had a \$1,600 annual cap, and the others had no benefit limit. In the multivariate model, subjects with a cap consumed 21% less than their expected drug consumption if they had no cap (p-value<0.0001): 14% less in 2001; 25% less in 2002; and 27% less in 2003. Adherence was lower in cap versus non-cap subjects, e.g., OR=0.82 (95%CI:0.74-0.90) for all antipsychotics; OR=0.80 (95%CI:0.65-0.99) for subjects originally on a conventional antipsychotic at the beginning of the study period; and OR=0.82 (95%CI:0.74-0.91) for subjects on atypicals. Compared to non-cap subjects, cap subjects had higher out-of-pocket drug costs (144% higher, p-value<0.0001): 93% higher in 2001; 176% higher in 2002; and 189% higher in 2003.

Conclusions: In patients with Medicare insurance receiving antipsychotics, drug caps were associated with less drug consumption, lower treatment adherence, and higher out-of-pocket costs.

THE SELF, THE OTHER AND THE OTHERS – HOW TO BE ABLE TO SHARE PSYCHOTIC EXPERIENCES IN THERAPEUTIC GROUP?

INSTITUTIONS

1. Kaposi Mór Teaching Hospital, Department of Psychiatry, Kaposvár, Hungary

AUTHORS

1. Zsuzsanna Jáki¹, oposszum@t-online.hu
2. Zoltán Terenyi¹, terka@t-online.hu
3. Ákos Varga¹, euroaki@yahoo.com
4. Katalin Szőke¹, PhD, linuka@freemail.hu
5. Gyöngyi Pál¹
6. Katalin Sz Csósigné¹

Objectives: A main point of psychosis psychotherapy is the correction of confused reality testing and desintegrated borders of self through the participation/sharing of the inner world of the patient. Is the manifestation of a given psychotic experience a matter of a connection between two individuals within the group, which only serves as a facilitating background for this diadic attunement? Or, rather, on the transpersonal level of the group as a whole can the psychosis be unfolded, and all the members take part of it?

Methods: We examined the patterns of the interactions and the symbolic contents working with patients with acute psychosis in a group-psychotherapy led by a coterapeutic team, at an active psychiatric ward. We used the notes of the group sessions, our individual, personal reflections and the topics of the team conversations following the sessions held.

Results: The members of the team were several times part of diadic interactions, which implicated the empathic understanding of psychotic contents, both on the level of emotional utterance, and on the level of understanding the possible meaning. The major part of these interactions had an interpretation also at the level of the group dynamics, looking at the group as a whole.

Conclusion: Diadic connection and connection with the group as a whole can be well defined theoretically. Differentiating the levels of connections concerning the psychotic experiences and the conscious participation in these complex relational patterns can help the unfolding of these experiences, and the validation of the healing factors of the group therapy.

OBSESSIVE–COMPULSIVE AND DEPRESSIVE SYMPTOMS AND ANXIETY IN ANOREXIA NERVOSA (AN)

INSTITUTIONS

1. Silesian Medical University, Psychiatry and Psychology Department, Katowice, Poland

AUTHORS

1. Malgorzata Janas-Kozik¹, Dr., PhD, mjkozik@o2.pl

Aims: The aim of the paper is to assess the intensification of obsessive–compulsive and depressive symptoms and anxiety in anorexia nervosa (AN) patients during a 6-month observation. For each female patient (aged 12.5–24) the following were calculated: BMI, obsessive–compulsive symptoms with Children's Yale–Brown Obsessive–Compulsive Scale (CY–BOCS), depressive symptoms with Hamilton Depression Rating Scale (HAM–D), and anxiety as trait and state with Spielberger STAI C.D. Assessments were made upon admission and after 2, 3 and 6 months of treatment. Control group consisted of 20 healthy girls.

Results: In the AN group, BMI is statistically significantly lower than in the control group. Comparison of obsessive–compulsive symptoms intensification showed no statistically significant differences between the two studied groups. Analysis of depressive symptoms in AN patients and the control group showed a statistically significant

increase in AN patients upon admission and after 6 months of treatment. Comparing the levels of anxiety as a state showed a statistically significant intensification in AN patients upon admission and after two months of treatment, while the analysis of anxiety as a trait showed a statistically significant intensification in AN patients only upon admission.

Conclusions: It is of crucial importance to be very careful when stating a double diagnosis, i.e. AN plus obsessive–compulsive disorders, or AN and depression or AN and anxiety disorders. The presence of obsessive–compulsive and depressive symptoms and anxiety in both anorexia nervosa patients as well as the control group suggests characteristic mental manifestations of the adolescence as such, rather than symptoms co-occurring in AN.

PREDICTORS OF RAPID RE-INCARCERATION IN YOUNG DETAINEES WITH PSYCHIATRIC DIFFICULTIES REFERRED FOR COMMUNITY MENTAL HEALTH FOLLOW-UP

INSTITUTIONS

1. Justice Health, Adolescent Forensic Psychiatry, Sydney, New South Wales, Australia

AUTHORS

1. John Kasinathan¹, Dr, MBBS, FRANZCP, johnkas@med.usyd.edu.au

2. Claire Gaskin¹, Dr, MBBS, FRANZCP, claire.gaskin@justicehealth.nsw.gov.au

Background: Little was known about the characteristics and outcomes of juvenile detainees treated for psychiatric illnesses in NSW juvenile custody and subsequently referred to community mental health services (CMHS) upon release from custody. Anecdotally, such detainees seemed to quickly re-enter custody, though actual numbers were not known.

Aims: To identify demographic and mental health trends for this population, rates of subsequent incarceration and predictors of a rapid return to custody.

Methods: A retrospective audit of the health files of 51 young detainees consecutively referred to CMHS upon release from custody between 1 January 2005 and 31 December 2007. Earliest dates of return to custody were determined.

Results: Ages ranged from 16 to 20. 47% were Indigenous. 43% were from regional communities. Substance misuse was high: alcohol 82%, cannabis 100% and amphetamines 59%. 39% were suicidal and 18% homicidal in custody. 57% satisfied diagnostic criteria for schizophrenia. Further relevant findings will be presented. 76% returned to custody in the follow-up period, 31% of which was to adult jail. A Kaplan-Meier survival analysis found the median time to re-incarceration was just below 4 months. Linear regression analyses found that diagnoses of schizophrenia and bipolar disorder, a family history of mental illness and temporary accommodation on release predicted a rapid return to custody ($p < .01$). The length of time treated prior to release predicted a longer stay in the community ($p = .02$).

Conclusions: These valuable findings involving this vulnerable population should assist service planning, delivery and hopefully better integration into community care.

MALE INFERTILITY AND DEPRESSION DISORDER IN GREECE

INSTITUTIONS

1. TEI of Patras, Department of Physiotherapy, Aigion, Greece

AUTHORS

1. Maria J Katsardi¹, Mrs, mkatsard@freemail.gr

2. Constantinos M Koutsojannis¹, Mr., ckoutsog@teipat.gr

Aims/Objectives: Infertility has come to be defined almost exclusively as a medical condition. The psychological and social needs are addressed only for their implication with assisted reproduction approaches.

Methods: 26 male individuals who faced infertility of mean age of 37 years, married, well educated, with no children at all, participated in this study, in the three major Greek cities. Participants answered a questionnaire and a structured interview respectively as well as a standardized questionnaire calculating Major Depressive Disorder risk (MDD). Data were analyzed through SPSS 15.0 statistical and NVIVO 7.0 software packages.

Results: Severe psychosocial problems impact the everyday life of Greek males mainly the elders (74%) that include feeling of stress (47%), anger (68%) and guilt for the infertility (81%). MDD study resulted in an elevated risk factor ($p < 0.05$) that was accompanied

with an emotional disorder in comparison with 30 male parents of the same age used as "normal" group in our study. Most of them ask for health care psychiatric assistance, as well as social intervention among other systems as friends, and colleagues (57%).

Conclusion: Elevated MDD risk introduces the need for further studying of men and women as individuals, and as part of couples and systems considering that infertility impacts also working environments.

References

1. Golombok S. Review: Psychological functioning in infertility patients. *Human Reproduction*, Vol. 7, No. 2, pp. 208-212, 1992.
2. Sheiner, E.; Sheiner, E; Carel, R; Potashnik, G; Soham-Vardi, I. Potential Association Between Male Infertility and Occupational Psychological Stress. *Journal of Occupational & Environmental Medicine*. 44(12):1093-1099, 2002.

INTERNATIONAL COMPARISON OF URBAN PSYCHIATRIC EMERGENCY SERVICES ADMISSIONS

INSTITUTIONS

1. *University of California—San Francisco, Department of Psychiatry, San Francisco, CA, United States*
2. *Charles University, Psychiatric Clinic 1st Medical Faculty, Prague, Czech Republic*
3. *7th Field Military Hospital, Hradec Králové, Czech Republic*
4. *Prague Psychiatric Center, Prague, Czech Republic*

AUTHORS

1. Eric R Kessell¹, Dr, PhD, eric.kessell@ucsf.edu
2. Jan Veveřa^{2,3}, Dr., MD, janvevera@centrum.cz
3. Pavla Stopkova⁴, Dr., MD, PhD
4. Martha Shumway¹, Dr., PhD, martha.shumway@ucsf.edu

Aims/Objectives: Societal context affects disease prevalence and health services. This project compared patient and neighborhood characteristics of involuntary admissions to psychiatric emergency services (PES) in two cities, San Francisco (SF) and Prague, to illustrate differences in safety net services for persons with severe mental illness.

Methods: Demographic, clinical and referral source data were extracted for 1262 involuntary admissions of adults to SF General Hospital (PES) from January 1, 2005 through March 30, 2005, and 544 admissions to all of Prague's inpatient psychiatric hospitals from January 1, 2003 to December 31, 2003. Neighborhood data were obtained from U.S. and Czech Republic Censuses and negative binomial regressions used to examine factors affecting PES admissions.

Results: Primary diagnosis for admissions to Prague and SF PES reflected similar proportions of psychoses (48% and 53%), but Prague had more substance abuse disorders (30% vs. 3%) and San Francisco had more depression (33% vs. 5%). Police were involved in 45% of admissions in San Francisco, versus 13% in Prague, and friends/family members were involved more frequently in Prague's admissions (53% vs. 20%). Males accounted for more admissions in San Francisco (65% vs. 50%). Some neighborhood characteristics were associated with admissions in San Francisco, but not in Prague.

Conclusion: Higher rates of police involvement and admissions of males suggest that PES admissions in San Francisco serve more of a public safety function than in Prague. Higher rates of depression and lower rates of family involvement suggest greater social isolation amongst those who use PES in SF.

QUALITY OF LIFE OF A SAMPLE OF SCHIZOPHRENIC PATIENTS

INSTITUTIONS

1. *ALAMAL COMPLEX FOR MENTAL HEALTH, PSYCHIATRY, DAMMAM, Saudi Arabia*

AUTHORS

1. Mohsen Elsayed Khalil¹, Dr., MD, mohsenelsayedkhalil@hotmail.com

Quality of life is taking account of everything beyond mortality and symptoms levels. Improving the quality of life of persons with chronic mental illness is becoming an important treatment goal. In this study, 55 patients with schizophrenia were interviewed using Lehman's Quality of Life Interview. A particular focus was whether clinical characteristics, such as medication compliance, medications side effects and social skills, could be changed by

interventions. Self-reports of better quality of life were associated with fewer depressive symptoms, fewer medication side effects, and better family interactions. Results indicate that clinical interventions to improve quality of life in this population should include family psychoeducational programs and better detection, evaluation, and treatment of both depressive symptoms and side effects of medication.

METHYLPHENIDATE IN THE TREATMENT OF ADULT ADHD – A META-ANALYSIS

INSTITUTIONS

1. Ulm University, Division Psychiatry II, Guenzburg, Germany
2. Ulm University, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany

AUTHORS

1. Markus Koesters¹, Markus.Koesters@uni-ulm.de
2. Thomas Becker¹, Dr., MD, T.Becker@bkh-guenzburg.de
3. Joerg M Fegert², Dr., MD, joerg.fegert@uniklinik-ulm.de
4. Reinhold Kilian¹, Dr., PhD, Reinhold.Kilian@bkh-guenzburg.de
5. Stefan Weinmann¹, Dr. Dr., MD, PhD, Stefan-Weinmann@web.de

The aim of this study was to review the effectiveness of MPH treatment of adult ADHD and to examine the influence of methods on meta-analytic results.

Electronic databases were searched to identify clinical trials comparing MPH with placebo in the treatment of adult ADHD. Studies were summarized with meta-analytic methods. Subgroup analyses were conducted with respect to parallel group vs. cross-over trials and self vs. observer ratings. The relationship between dosage and effect size was explored by weighted regression analysis. The results were tested for publication bias, and several sensitivity analyses were

performed. Findings and methods were compared with a previous meta-analysis.

Eighteen studies met the inclusion criteria of which 16 were included in the meta-analysis. The overall effect size ($d=0.42$) was significant different from zero, but was only half the size expected on the basis of a previous meta-analysis. No significant differences could be observed in the subgroup analyses. The regression analysis showed no significant influence of mean daily dose on effect size. These results contradict findings of a previous meta-analysis and challenge guideline recommendations.

A COMPARATIVE STUDY OF MENTAL HEALTH OF JAPANESE BRAZILIAN CHILDREN IN JAPAN AND BRAZIL

INSTITUTIONS

1. Jichi Medical University, Department of Psychiatry, Japan
2. Jichi Medical University, School of Nursing, Japan
3. Instituto de Solidariedade Educacional e Cultural, Brazil
4. Universidade Federal de Sao Paulo, Brazil
5. Tochigi International Association, Japan
6. Jichi Medical University, Department of Public Health, Japan

AUTHORS

1. Shu Kondo¹, Dr, MD
2. Koichiro Otsuka^{1,2}, Dr, PhD
3. Glauca Tiyomi Sawaguchi³
4. Lincoln Sakiara Miyasaka⁴, Dr, PhD
5. Elisa Tatsuko Honda⁵
6. Yosikazu Nakamura⁶, Dr, PhD
7. Satoshi Kato¹, Dr, PhD

Introduction: Like most of developed countries, mental health of immigrants' children is becoming a big issue in Japan, though few studies have been done so far in this field.

Objective: To assess the mental health state of Japanese-Brazilian children in Japan, we conducted the research both in Japan and Brazil by using Strength and Difficulties Questionnaire (SD).

Method: The subjects in Japan were students, aged from 4 to 16, studying at 5 Brazilian schools in Gunma and Tochigi. The subjects in Brazil were Japanese-Brazilian students, aged from 4 to 16, studying at one private school in Sao Paulo. SDQ was applied for guardians, teachers and students themselves over 11 years old. The implementation of this research was from August to October in 2007 both in Japan and Brazil.

Result: 228 cases in Japan and 122 cases in Brazil for pupils aged 5 to 10, and 73 cases in Japan and 59 cases in Brazil for students aged 11 to 16 were available for the analysis. Combining the result of SDQ obtained from guardians, teachers and students, significant difference ($p<0.05$) was seen in the diagnostic hypotheses of conduct disorder for the children aged 5 to 10 between Japan and Brazil. (The pupils in Japan showed the higher rate than those in Brazil.)

Conclusion: Japanese-Brazilian children in Japan are supposed to have more difficulties in their mental health than those in Brazil.

This work was supported by Grant-in-Aid for Young Scientists (B) (19790836).

THE RELATIONSHIP BETWEEN DEPRESSION AND INTERNET USE OF YOUNG PEOPLE IN GREECE

INSTITUTIONS

1. TEI of Patras, Physiotherapy, Aigion, Greece

AUTHORS

1. Constantinos Koutsojannis¹, Mr., PhD, ckoutso@teipat.gr
2. Maria Katsardi¹, Mrs, mkatsard@freemail.gr

Aims/Objectives: Although extended research has shown that psychiatric illnesses such as depression are often associated with alcoholism, drug addiction, eating disorders, pathological gambling and recently internet addiction, little research has been conducted to examine if similar underlying psychiatric illnesses may contribute to Internet use.

Methods: 98 young Greek individuals (51 male and 47 females) that were selected from active Internet users who responded to electronic support groups of mean age of 23,1 years, participated in this study. Participants answered a standardized questionnaire detecting Major Depressive Disorder (MDD) and the results were correlated with hours/day of Internet use and their demographic data.

Results: Mild psychological problems impact the everyday young Greek Internet users that include feeling of emotional difficulty (32 %) and depression (7 %). MDD study resulted in an elevated depression factor accompanied with emotional disorder and proved high

correlation with time of internet use ($p < 0,01$), even taking account gender, age and education correlations after t and x -square tests as well as Factor Analysis with SPSS 15.0

Conclusion: Elevated MDD introduces need for comprehensive study of young individuals, and as part of systems as schools and families considering that increased levels of social isolation subsequent to excessive time spent in front of a computer may result in increased depression rather than Internet use only.

References

1. Kimberly S. Young and Robert C. Rodgers, The Relationship Between Depression and Internet Addiction, *CyberPsychology & Behavior*, 1(1), 25–28, 1998
2. Gross E. Adolescent Internet use: What we expect, what teens report, *Journal of Applied Developmental Psychology* 25(6), 633–649, 2004.

MEDIEVAL MYSTIC CONSCIOUSNESS: DISSOCIATION IN THE VISIONS OF HADEWIJCH

INSTITUTIONS

1. University of Pretoria, Psychiatry, Pretoria, South Africa

AUTHORS

1. Christina Kruger¹, Prof., MD, christa.kruger@up.ac.za

Aims: This study examines the consciousness of a mystic from medieval civilisation. A contemporary contextual psychiatric model of dissociation is applied to the Flemish writer Hadewijch of Brabant, whose work (31 letters, 61 poems, 14 visions and some songs, written in middle Dutch, c. 1221–1240) represents an integration of Latin theology with courtly troubadour love poetry – hence a love mysticism.

Methods: As a document-based, instrumental case study, Hadewijch's life and work as a leader in the beguine spiritual movement are examined for contextual sources of ambivalence and conflict. Her visions are analysed thematically for altered states of consciousness or potential dissociation. Phenomenological research methods are used to construct a cohesive interpretation. Furthermore, her dissociative experiences are interpreted in the light of the contextual model of dissociation, according to which dissociation is

an information-processing tool that aids the development of one's sense of self-in-society, in the face of conflicting messages from one's intrapsychic, interpersonal, socio-cultural and spiritual contexts.

Results and conclusions: Hadewijch moved freely between alternate states of consciousness. Moreover, she had sufficient conscious access to material from her trance states, to integrate this in her teaching of fellow beguines. Her visions and dissociative experiences reveal her growth towards, and her teaching on, an integrated God-experience, despite pernicious socio-cultural-spiritual dichotomies. Her theological synthesis seems to reflect her inner psychological integration of consciousness and the unconscious. The contextual model of dissociation proves to be a useful psychiatric hermeneutical tool for interpreting a person's consciousness in a different historical and cultural epoch.

BEHAVIORAL ALTERATIONS IN RATS POSTNATALLY EXPOSED TO INHIBITOR OF DIPEPTIDYL PEPTIDASE IV: ANIMAL MODEL OF ANXIETY–DEPRESSION STATE

INSTITUTIONS

1. Institute of General Pathology and Pathophysiology Russian Academy of Medical Sciences, Dep. of General Pathology and Pathophysiology, Moscow, Russian Federation

2. Zakusov State Institute of Pharmacology, Russian Academy of Medical Sciences, Moscow, Russian Federation

AUTHORS

1. Nataliya A. Krupina¹, Dr., Doctor of Biology, krupina-na@yandex.ru

2. Ekaterina Yu. Kushnareva¹, Mrs.

3. Nadezhda N. Khlebnikova¹, Dr., PhD

4. Nikolai N. Zolotov², Dr., Doctor of Biology

Clinical data and recent experimental data in rodents with targeted inactivation of the gene of dipeptidyl peptidase IV (DPPIV/CD26, EC 3.4.14.5) testify for the implication of proline specific serine type peptidase, in the pathophysiology of depression and anxiety. This peptidase is involved in several physiological functions by cleavage of dipeptides from regulatory peptides including behaviorally active neuropeptides, e.g. neuropeptide Y and substance P shown to modulate anxiety- and depression-related behaviors as well as stress response in various animal models. The aim of present work was to study the effects of DPPIV activity modulation in early post-natal period from day 5 to day 18 in rat pups (males and females) by administration of irreversible synthetic inhibitor of DPPIV methionyl-2(S)-cyano-pyrrolidine (1 mg/kg, i.p). Anxiety- and depression-related behaviors were evaluated monthly in 1-4- and

7-months-old animals. Increased anxiety in elevated plus-maze was revealed in 1-2-months-old males and 1-3-months-old females treated with inhibitor of DPPIV. Besides, 1-month-old adolescent males exhibited prolonged latency of leaving the centre of the open field comparing with saline-treated control. Adult males (2- and 7 months-old) also showed increased anxiety in a battery of tests for evaluating anxiety-phobic states. Depression-related immobility behavior and rhythmological index of depression were higher in adult rats of both genders as compared with control in forced swimming test. Adolescent and adult rats in experimental groups presented anhedonia in sucrose preference test. Adult males also exhibited social deficit. Data prove the development of anxiety-depression state in rats postnatally exposed to inhibitor of DPPIV.

USEFULNESS OF STRUCTURED FAMILY INTERVENTION FOR INDIAN OUTPATIENTS WITH SCHIZOPHRENIA: A RANDOMISED–CONTROLLED TRIAL

INSTITUTIONS

1. Postgraduate Institute of Medical Education & Research, Department of Psychiatry, Chandigarh UT 160012, India

AUTHORS

1. Parmanand Kulhara¹, Prof., MD, param_kulhara@yahoo.co.in

2. Subho Chakrabarti¹, Dr., MD, param_kulhara@yahoo.co.in

3. Ajit Avasthi¹, Prof., MD, param_kulhara@yahoo.co.in

4. Aarti Sharma¹, Mrs., MA, param_kulhara@yahoo.co.in

5. Sunil Sharma¹, Mr., MA, param_kulhara@yahoo.co.in

Aims/objectives: There are very few randomised–controlled trials of structured family interventions for schizophrenia from developing countries. This study attempted to evaluate the impact of a structured family–based intervention for schizophrenia on several patient and family–related parameters and compare the effects of family intervention with „routine“ outpatient treatment on these parameters.

Methods: Seventy six patients with DSM–IV diagnoses of schizophrenia and their caregivers were randomly allocated to receive either a structured family intervention consisting of monthly sessions for 9 months (n = 38) or „routine“ outpatient care consisting of medication management and supportive counselling for the same duration (n = 38). Structured assessments of severity of illness, levels of dysfunction, coping, burden, perceived support and satisfaction with treatment among caregivers were carried out at baseline and upon completion, and compared between the two intervention groups.

Results: Comparisons were carried out for an „intent–to–treat“ sample as well as those who completed the entire trial. Although both family intervention and routine outpatient care were efficacious, structured family intervention was significantly better than routine care on a number of clinical and psychosocial indices including psychopathology, disability, social support and satisfaction with treatment. The family intervention package used was simple, feasible and ‘value for money.’

Conclusions: The results suggest that structured family intervention is a viable option for treatment of schizophrenia even in non–Western settings like India. However, many more trials will be required to resolve issues regarding the format of structured family interventions, implementation of treatment, training requirements, and cost–effectiveness.

ACTIVITIES OF PROLYL ENDOPEPTIDASE AND DIPEPTIDYL PEPTIDASE IV IN BRAIN STRUCTURES OF RATS WITH ANXIETY–DEPRESSION STATE INDUCED BY POSTNATAL ADMINISTRATION OF DIPEPTIDYL PEPTIDASE IV INHIBITOR

INSTITUTIONS

1. Institute of General Pathology and Pathophysiology Russian Academy of Medical Sciences, Moscow, Russian Federation
2. Zakusov State Institute of Pharmacology, Russian Academy of Medical Sciences, Moscow, Russian Federation

AUTHORS

1. Ekaterina Yu. Kushnareva¹, Mrs., alekcapierpo@mail.ru
2. Nataliya A. Krupina¹, Dr.
3. Nadezhda N. Khlebnikova¹, Dr.
4. Nikolai N. Zolotov², Dr., Doctor of Biology

Clinical data give evidence that psychiatric disorders, such as depression and anxiety are associated with significant decrease in serum and plasma activity of prolyl endopeptidase (PEP, EC 3.4.21.26) and dipeptidyl peptidase IV (DPPIV, EC 3.4.14.5). However there is lack evidence to the implication of these proteases in the genesis of anxiety and depression. Recently we have shown that rats postnatally exposed to inhibitor of DPPIV exhibit the increase in anxiety– and depression–related behaviors. The aim of present work was to study the activity of DPPIV and PEP in brain structures of rats with DPPIV inhibitor–induced anxiety–depression state. Irreversible synthetic inhibitor of DPPIV methionyl–2(S)–cyano–pyrrolidine was injected in rat pups throughout 5–18 postnatal days (1 mg/kg, i.p). In experimental groups the increased anxiety in 1–month–old males was associated with the increase in DPPIV and PEP activi-

ties in frontal cortex (FC), whereas in females – with the increase in DPPIV activity in nucleus accumbens (NAcc), striatum (STR) and in DPPIV and PEP activity in hippocampus (Hip). In hypothalamus DPPIV activity was increased in both males and females. Depression–like behavior in 3–month–old male rats was associated with increased activity of both peptidases in NAcc comparing with control and experimental females. In 7–month–old males anxiety and higher pain sensitivity were accompanied by increasing PEP activity in FC, and DPPIV activity in Hip. Data confirm the hypothesis that modulation of DPPIV activity in early ontogenesis may cause persistent disturbances in behavior such as anxiety–depression state together with alterations in DPPIV and PEP activity in various brain structures.

DEPRESSION 5-HTT POLYMORPHISM & STRESSFUL LIFE EVENTS IN COMMUNITY EPILEPSY

INSTITUTIONS

1. University of Melbourne, Department of Psychiatry, Melbourne, Australia
2. University Of Melbourne, Department of Neurology, Melbourne, Australia

AUTHORS

1. Cameron J Lacey¹, Dr, MBChB, cameronlacey@gmail.com
2. Wendy J D'Souza², Dr, MBChB
3. Michael R Salzberg¹, Dr, MD

Aims: To identify contributions of established depression risk factors (early caregiving environment, neuroticism, stressful life events, social connection, and the serotonin transporter polymorphism) to the risk of developing depression in patients with epilepsy.

Method: The Tasmanian Epilepsy Register (TER) was recruited from the Australian national prescription database. Following enrolment, participants aged ≥16 years without intellectual disability were mailed a written questionnaire and saliva (DNA) collection tube. The self–completed questionnaire consisted of the following components; Centre for Epidemiologic Studies Depression Scale (CES–D), SF12, Measure of Parenting Style, Global Perception of Early Life Stress, List of Threatening Experiences, past and family psychiatric history questions, IPIP–Neuroticism and socioeconomic status. Logistic regression analysis was performed to assess factors predictive for depression.

Results: Of 1050 enrolled on the TER aged ≥16, 820 were eligible (230 excluded: 17 died, 97 intellectual disability, 116 unable to be traced). Initial enrolment rate was 76% (624 consented, 197 refused). DNA and questionnaires were completed by 514 participants and questionnaires only by 36 (response rate 67%, 550/820). Depression (CES–D >15) was present in 46% of participants, with 27% reporting severe depression (CES–D ≥22). Serotonin polymorphism genotype was not associated with depression. Predictive factors of depression were stressful life events and social supports. Potential serotonin transporter polymorphism x environment interactions are presented.

Conclusion: Depression is common in community–treated patients with epilepsy. Depression risk factors include stressful life–events and social supports and resemble those seen in depression in the general population. Gene x environment interactions require further investigation in patients with epilepsy.

GAMMA VENTRAL CAPSULOTOMY FOR OBSESSIVE COMPULSIVE–DISORDER: A CONTROLLED TRIAL

INSTITUTIONS

1. Faculty of Medicine – University of São Paulo, Department of Psychiatry, São Paulo, Brazil
2. Federal University of São Paulo, Department of Psychiatry, São Paulo, Brazil
3. Institute of Neurological Radiosurgery, São Paulo, Brazil
4. Brown University, Department of Psychiatry and Human Behavior, Providence, United States
5. Brown University, Department of Clinical Neurosciences – Neurosurgery, Providence, United States
6. Faculty of Medicine – University of São Paulo, Department of Radiology, São Paulo, Brazil
7. Faculty of Medicine – University of São Paulo, Heart Institute (INCOR), São Paulo, Brazil

AUTHORS

1. Antonio C Lopes¹, Dr, MD, PhD, antonioclopesmd@gmail.com
2. Anita Taub¹, Mrs
3. Carina C D'Alcanta¹, Miss, chaubetca@gmail.com
4. Maria E de Mathis¹, Mrs
5. Fernando S Gouvea¹, Dr
6. Marcelo Q Hoexter², Dr
7. Miguel M Canteras³, Dr, MD
8. Benjamin D Greenberg⁴, Dr, MD
9. Steven A Rasmussen⁴, Dr, MD
10. Georg Norén⁵, Dr, MD
11. Cláudia Leite⁶, Dr, MD
12. Cláudio C Castro⁷, Dr, MD
13. Fábio Duran¹, Mr
14. Geraldo Busatto Filho¹, Dr, MD
15. Eurípedes C Miguel¹, Dr, MD

Background: Treatment refractoriness in Obsessive Compulsive Disorder (OCD) can be observed in up to 40% of patients. For these refractory cases, radiosurgery is a treatment option. An improved, radiosurgical technique was recently developed (Gamma ventral capsulotomy – GVC). Preliminary findings of a double-blind, randomized controlled trial (RCT) with this procedure are already available.

Objectives: To conduct the first double-blind, randomized controlled trial of Gamma ventral capsulotomy for refractory OCD patients.

Methods: Fifteen refractory OCD patients were selected. A pilot study was conducted with the first five subjects. The remaining 10 patients were randomly allocated to receive active (5 subjects) or a false radiosurgery (5 subjects), in a double-blind RCT. All patients were followed-up for at least one year, with multiple assessments

which included psychopathological, global status, neuropsychological and personality scales, and magnetic resonance imaging scans with voxel-based morphometry (VBM).

Results: Twelve months or more after surgery, three out of five patients (60%) from the pilot study and three out of five (60%) from the active surgery group became responders. None of the five patients allocated to false radiosurgery responded, up to the 12th postoperative month. Few side effects were seldom observed, like hypomanic/manic episodes, delirium, episodic headaches, dizziness, nausea. The pilot patients showed postoperative improvements on simple visual attention ($p=0.04$), logical memory ($p=0.04$), and verbal/full IQs ($p=0.04$).

Conclusions: Preliminary findings suggest that GVC for OCD is efficacious when compared to a placebo surgery and is relatively safe.

NEUROPSYCHOLOGICAL IMPAIRMENTS ACROSS UNMEDICATED ACUTELY–ILL AND MEDICATED REMITTED PHASES OF BIPOLAR I DISORDER

INSTITUTIONS

1. Institute of Psychiatry, Ain Shams University, Neuropsychiatry, Cairo, Egypt

AUTHORS

1. Farouk Lotief¹, Dr., MD, yarazek68@asuip.net
2. Ghada Refaat A Taha¹, Dr., MD
3. Doaa A Khalifa¹, Dr., MD
4. Mona M El-Shiekh¹, Dr.
5. Nivert M Zaki¹, Dr., MD
6. Doaa H Hewidi¹, Dr., MD

Background: Previous research has demonstrated neuropsychological impairments in bipolar disorder. Only few studies compared cognitive functions across different clinical states of bipolar disorder.

Objectives: To investigate and verify the patterns of cognitive dysfunction in the different phases of bipolar disorder and to find out the relationship between clinical features and cognitive impairments.

Methods: Four groups; 28 manic, 21 depressed, 25 euthymic patients and 20 healthy control were administered a brief battery of neuropsychological tests for assessment of attention, executive function, visual and verbal memory.

Results: All bipolar groups showed poorer neuropsychological performance in all tests compared to the control group. The 3 bipolar groups showed some distinct pattern in types and severity of cognitive impairments. Patients with longer duration of illness, early onset, greater number of episodes and with history of psychotic features were found to show poorer performance.

Conclusion: Cognitive impairments are present across all phases of bipolar disorder. Although they seem to be genuine in nature, they are influenced by chronicity of illness, frequency of episodes and psychiatric symptoms.

TIME UNTIL INSTITUTIONALIZATION IN INCIDENT DEMENTIA CASES – RESULTS OF THE LEIPZIG LONGITUDINAL STUDY OF THE AGED (LEILA75+)

INSTITUTIONS

1. University of Leipzig, Department of Psychiatry, Public Mental Health Research Unit, Leipzig, Germany
2. University of Leipzig, Department of Psychiatry, Leipzig, Germany
3. University of Leipzig, Department of Medical Psychology and Medical Sociology, Leipzig, Germany
4. University of Leipzig, Department of Psychiatry, Health Economics Research Unit, Leipzig, Germany
5. Center for Public Mental Health, Gösing a.W., Austria

AUTHORS

1. Tobias Luck¹
2. Melanie Lupp¹
3. Herbert Matschinger², Dr.
4. Stephan Weber²
5. Heide Glaesmer³, Dr.
6. Hans-Helmut Koenig⁴, Prof. Dr., MD
7. Matthias C. Angermeyer⁵, Prof. Dr., MD
8. Steffi G. Riedel-Heller¹, Prof. Dr., MD

Aims/Objectives: Information on the time until institutionalization and its predictors in demented subjects has so far been based on studies with selected samples or prevalent dementia cases. Thus, the aim of the study is to analyze the time until institutionalization and associated patient-related predictors in incident dementia cases.

Methods: Data were derived from the Leipzig Longitudinal Study of the Aged (LEILA75+), a population-based study of individuals aged 75 years and older. Kaplan-Meier survival analysis was used to determine the time until institutionalization. Predictors of time were analyzed using Cox proportional hazards models.

Results: 109 subjects with incident dementia who resided in a private home setting at the time of the dementia diagnosis were identified. 52 (47.7%) of these subjects had become residents of a nursing home by the end of the study. The median time until institutionalization was 1,005 days (95% CI = 808–1,202) or 2.8 years (95% CI = 2.3–3.3). Marital status of being divorced/widowed was found to be an important predictor of a shorter time (HR = 4.50).

Conclusion: Findings on time until institutionalization in incident dementia cases can contribute to service planning. Knowledge about predictors of time until institutionalization may help in designing interventions to delay institutionalization.

DIRECT COSTS ASSOCIATED WITH DEPRESSION IN OLD AGE IN GERMANY

INSTITUTIONS

1. University of Leipzig, Department of Psychiatry, Public Mental Health Research Unit, Leipzig, Germany
2. University of Leipzig, Department of Psychiatry, Health Economics Research Unit, Leipzig, Germany
3. University of Leipzig, Department of Psychiatry, Leipzig, Germany
4. University of Leipzig, Department of Primary Health Care, Leipzig, Germany
5. Center for Public Mental Health, Gösing a.W., Austria

AUTHORS

1. Melanie Lupp¹
2. Sven Heinrich²
3. Herbert Matschinger³, Dr.
4. Hagen Sandholzer⁴, Prof. Dr., MD
5. Matthias C. Angermeyer⁵, Prof. Dr., MD
6. Hans-Helmut Koenig², Prof. Dr., MD
7. Steffi G. Riedel-Heller¹, Prof. Dr., MD

Aims/Objectives: Only few studies, exclusively conducted in the USA, have examined the impact of depression on direct costs in the elderly (60+). This study aims to determine the effect of depression on direct costs of the advanced elderly in Germany from a societal perspective and compared direct costs of GP-recognised and -unrecognised depressed elderly.

Methods: 451 primary care patients aged 75+ were investigated face-to-face regarding depressive symptoms (Geriatric Depression Scale), chronic medical illness (Chronic Disease Score) and resource utilisation and costs (cost diary). Resource utilisation was monetarily valued using 2004/2005 prices.

Results: Mean annual direct costs of the depressed (€ 5,241) exceeded mean costs of non-depressed individuals (€ 3,648) by one third

($p < .01$). Significant differences were found for pharmaceutical costs, costs for medical supply and dentures, and for home care. Only few costs were caused by depression treatment. Depression has a significant impact on direct costs after controlling for age, gender, education, chronic medical illness and cognitive functions. A one-point increase in the GDS-Score was associated with a € 336 increase in the annual direct costs. We found direct costs of EUR 5,582 for unrecognised and EUR 4,722 for recognised with no significant difference.

Conclusion: Depression in old age is associated with a significant increase of direct costs, even after adjustment for chronic medical illness. Future demographic changes in Germany will lead to an increase in the burden of old age depression. Therefore health policy should promote the development and use of cost-effective treatment strategies.

TYPES OF REACTIONS TO MALIGNANT DISEASE IN VIEW OF V.E. FRANKL CONCEPTION

INSTITUTIONS

1. Medical University of Gdańsk, Gdańsk, Poland

AUTHORS

1. Mikołaj Majkiewicz¹, Dr. hab., MD, PhD
2. Piotr Pankiewicz¹, Dr., MD, PhD
3. Agata Zdun-Ryżewska¹, Dr., MD, PhD

Cancer disease influences all aspects of human functioning (biological, psychological, psychosocial and spiritual level). The aim of this work was to find an answer to the question whether there is an interdependence between assessments of all these levels. With appropriate tools 590 persons (ill and healthy) were examined and asked to take into consideration the level of fear, depression, aggression, quality of life, the purpose and the meaning of life.

Using statistical procedures three clusters were established. The first cluster consists of healthy people. Second and third consist of sick persons – although they have estimated their level of physical fitness and general quality of life similarly, there were some essential differences in ways of reacting connected with disease (second cluster was worst and third better adjusted).

The majority of people suffering from cancer is well adapted to early stages of illness. While the cancer advances the percentage of those worse adjusted rise. However, even in the terminal stage some of the patients (about 1/3) still belongs to the cluster of quite well adjusted. Established sense of life, system of values, and personal religion help to adapt to difficult situations.

Results show that there is no connection between assessments on biological and other levels. We can distinguish group of patients, that are similar in judging their physical condition, and still vary in their judgements of their emotional state or sense of life.

ALPHA-2 AGONIST USE IN THE PREVENTION OF DELIRIUM AFTER CARDIAC SURGERY

INSTITUTIONS

1. Stanford University, Psychiatry & Behavioral Sciences, Stanford, United States
2. Yale School of Medicine, School of Medicine, New Haven/CT, United States

AUTHORS

1. Jose R Maldonado¹, Dr, MD, jrm@stanford.edu
2. Ashley Wyson², Mrs, ashleywyson@yahoo.com
3. Pieter Van der Starre¹, Dr, MD, pieterva@Stanford.EDU
4. Thaddeus Block¹, Dr, MD, tblock@gmail.com

Methods: 90 patients undergoing elective cardiac surgery were included a prospective, randomized trial. Surgical procedures included mitral valve repair/replacements, aortic valve repair/replacements, ascending aortic replacements with AV preservation, and aortic aneurysm repair. All participants underwent neuropsychiatric testing prior to surgery and received standardized general anesthesia. Patients were randomly assigned to three post-operative sedation protocols: dexmedetomidine (0.2–0.7 µg/kg/hr), propofol (25–50µg/kg/min), or midazolam (0.5–2 mg/hr), started intraoperatively at sternal closure. In the ICU all patients were mechanically ventilated until time of extubation was assessed to be appropriate. Patients were followed for the development of delirium and neuro-cognitive deficits.

Results: There were no significant differences between treatment groups with respect to ASA classes, bypass time, clamp time, or low-

est temperature achieved. Final results demonstrate an incidence of delirium of 3% (1/30) for patients on dexmedetomidine, 50% (15/30) for Propofol, and 50% (15/30) for midazolam ($p<.01$). The differences in mean length of stay for the delirious patients versus non-delirious patients for total hospital (10.0 vs. 7.1 days, $p=.001$) and for stay in the ICU (4.1 vs. 1.9 days, $p=.001$). Using multiple logistic regression, the postoperative sedation protocol was found to be the most important predictor of delirium, even after adjustment for age, sex, baseline MMSE score, and ASA risk score. Receiving dexmedetomidine conferred a 98% reduction in the odds of delirium over midazolam and 99% reduction in odds over propofol.

Conclusions: Postoperative sedation with dexmedetomidine was associated with a substantially lower incidence of post-operative delirium when compared with the use of conventional postoperative sedation.

THE STANFORD INTEGRATED PSYCHOSOCIAL ASSESSMENT FOR TRANSPLANTATION (SIPAT)

INSTITUTIONS

1. Stanford University, Psychiatry & Behavioral Sciences, Stanford, CA, United States
2. Stanford University, Social Work Services, Stanford, CA, United States

AUTHORS

1. Jose R Maldonado¹, Dr, MD, jrm@stanford.edu
2. Evonne David², Mrs, LCSW, EDavid@stanfordmed.org
3. Rodney Plante², Mr, RSW, rplante@stanfordmed.org

Objectives: To develop a psychosocial battery that reliably measure variables predictive of better transplant outcomes.

Methods: We compiled a number of previously proven methods into a comprehensive pre-transplant evaluation battery. In addition, we established stringent psychosocial criteria designed to standardize the selection process and bring social fairness and scientific predictability to the process. Minimal psychosocial selection criteria was determined after review of the literature regarding other transplant programs, as well as what an evidence-based approach suggests is reasonable to require from patients.

Results: Our review led to the development of the Stanford Integrated Psychosocial Assessment for Transplantation. The comprehensive assessment battery includes: a standardized comprehensive social evaluation; a standardized psychiatric screening; the psychosocial

assessment of candidates for transplantation; and measures for substance use, abuse and dependence. Secondly we developed psychosocial minimal listing criteria in order to establish a selection system that is fair, data driven and useful, by helping screen out patients likely to fail transplantation.

Conclusions: We have developed a battery, the purpose of which is to better screen transplant candidates from a psychosocial point of view and it is expected to better predict transplant success and survival. The intent of our assessment and minimal listing criteria is to promote fairness and equal access; maximize optimal outcomes and wisely use scarce resources; ensure that the potential for benefit from transplantation outweighs surgical risks to patients, and provide information to develop better treatment plans for individuals at high risk.

DECREASED DENSITY OF THE PLATELET SEROTONIN TRANSPORTER IN PATHOLOGICAL GAMBLERS

INSTITUTIONS

1. Dipartimento di Psichiatria, Neurobiologia, Farmacologia e Biotecnologie, University of Pisa, Italy, Italy

AUTHORS

1. Donatella Marazziti¹
2. Francesca Golia¹
3. Stefano Baroni¹
4. Michela Picchetti¹
5. Mario Catena Dell'Osso¹
6. Giorgio Consoli¹
7. Claudia Carmassi¹
8. Francesco Lenzi¹
9. Gino Giannaccini¹
10. Liliana Dell'Osso¹

Aims/objectives: Recent findings would suggest a possible involvement of the serotonin system in the pathophysiology of pathological gambling (PG) [1,2]. The aim of this study was to investigate the serotonin transporter (SERT), by means of the ³H-paroxetine (³H)-Par binding to platelet membranes, in patients affected by PG, as compared with a similar group of healthy control subjects.

Methods: Seventeen drug-free PG patients were recruited in the study. The diagnosis was assessed according to DSM-IV criteria and the PG severity was measured by means of the South Oaks Gambling Screen. The platelet [³H]-Par binding was carried out according to a standardized method. The binding parameters, the maximum binding capacity (Bmax) and the dissociation constant (Kd), were obtained by means of the Scatchard analysis.

Results: The Bmax values of PG patients were significantly lower than that of healthy subjects, while the Kd values were not diffe-

rent in the two groups. No significant effect of age, sex or psychiatric comorbidity on Bmax or Kd was observed.

Conclusions: the decreased density of SERT proteins in PG patients would suggest involvement of presynaptic serotonergic neurons in this condition whose alterations may provoke, reflect or predispose towards to onset of impulsive behaviours, such as that typical of PG.

Bibliography

1. De Caria C, Begaz T, Hollander E: Serotonergic and noradrenergic function in pathological gambling. *CNS Spectr*, 1998;3:38-47.
2. Pallanti S, Bernardi S, Quercioli L, DeCaria C, Hollander E: Serotonin dysfunction in pathological gamblers: increased prolactin response to oral m-CPP versus placebo. *CNS Spectr*, 2006;11:956-964.

PARAPHRENIA IN HOMICIDAL AND NON-HOMICIDAL SCHIZOPHRENIA

INSTITUTIONS

1. SBALNP St. Naum, 4th KFPFP, Psychiatry, Sofia, Bulgaria

AUTHORS

1. Petar M. Marinov¹, Mr., MD, PhD, petmarinov@abv.bg

Paraphrenia is described as delusional state with predominantly absurd and fantastic delusional ideas. This category is not included as a distinct nosological entity in contemporary classifications. Some psychopathological instruments are used to assess paraphrenic states in patients with schizophrenia and delusional disorders. Special attention on the topic is focused in PANSS-GP, where the item „unusual thought content“ was placed.

Methods: We investigated 40 patients with homicidal schizophrenia and compared them to 43 patients with non-homicidal schizophre-

nia by means of PANSS.

Results: Significantly higher levels of „unusual thought content“ was found in the group of homicidal schizophrenia (4.16 in homicidal compared to 1.95 in non-homicidal group, $p < 0.001$). Gender differences in both groups were non significant.

Discussion: These results suggest that patients with homicidal course of the illness have same differences in psychopathology, which can reflect not only the level of symptoms, but also the form of the disease.

SUICIDAL RISK IN MOOD DISORDERS: RELATIONSHIP WITH CLONINGER'S TEMPERAMENT AND CHARACTER

INSTITUTIONS

1. AIN SHAMS UNIVERSITY, psychiatry, CAIRO, Egypt

AUTHORS

1. Marwa Abdel Meguid¹, Dr., MD, marwameguid@hotmail.com

2. Moustafa Kamel¹, Dr., MD

3. Abdel Nasser Omar¹, Dr., MD

4. Yasser Abdel Razek Mohamed Hassan Elsayed¹, Dr., MD, yarazek68@gmail.com

Suicide, the most serious complication in patients with mood disorders, is the cause of death in 15 to 25% of untreated patients with mood disorders.

Aim Of the study: To assess suicidal risk in patients with mood disorders through its correlation to the personality profile of those patients.

Subjects & Methods: The cases were selected from inpatients admitted in the Institute of Psychiatry. The sample is a selective one including the first 50 patients admitted at the institute and fulfilling the criteria of bipolar or unipolar mood disorders according to DSM-IV. Patients were diagnosed by SCID-I, personality was assessed TCI-R, Suicidal ideation was assessed using Beck scale for suicide ideation

Results: 64% of patients did not have a previous history of sui-

de, 22% were classified as ideators and 14% with previous suicidal attempts. Correlation of Cloninger temperament and character to Scores of patients in Beck Scale for suicide ideation revealed Direct relationship with total scales of personality dimension reaching point of statistical significance with Harm Avoidance (HA) ($p = 0.017$) and Correlation held with history of suicidality revealed a higher mean scores of HA1 (Anticipatory worry and pessimism vs. uninhibited optimism) among patients with previous suicide attempts with significant statistical difference. Also higher mean scores of RD2 (Openness to warm communication vs. aloofness) among patients with previous suicide attempts with significant statistical difference.

Conclusion: Suicidal risk in patients with mood disorders is correlated to their personality profiles. Personality assessment in patients with mood disorders is essential to predict risk of suicide in those patients.

PROTECTIVE FACTORS AND RISK FACTORS FOR HIV INFECTION OF MEXICAN–AMERICAN GAY MEN

INSTITUTIONS

1. University of Texas at Arlington, School of Nursing, Arlington, United States
2. University of Texas Health Science Center at San Antonio, Family Nursing Care/ OB/GYN, San Antonio, United States

AUTHORS

1. Mark Meyer¹, Mr., MSN, meyer2@uthscsa.edu
2. Jane Dimmitt Champion², Dr., PhD, dimmitt@uthscsa.edu

Objective: Latinos, particularly Mexican–American are disproportionately affected by the HIV epidemic. The purpose of this study was to explore the lived experience of Mexican–American gay men regarding what it was like to grow up as a Mexican–American gay male. The study focused on protective and risk factors for HIV infection, in the hope that information drawn from the research may later be used to develop culturally sensitive interventions targeted towards Mexican–American gay men.

Methods: Mexican–American gay men 30 to 60 years of age who are living in Dallas, Texas. A phenomenological approach was utilized, including semi–structured interviews with open–ended probes. Van Manen's method of interpretive phenomenology and data analysis guided the data analysis.

Results: Identified patterns included: 1) Accepting, 2) Machismo, 3) Loving, 4) Respecting, 5) Dating, 6) Being HIV negative and 6) Being HIV positive. Within each of these patterns, themes were identified: 1) Accepting: (a) accepting one's sexuality and (b) hiding related to shame and oppression, 2) Machismo: (a) protector and (b) hypermasculinity, 3) Loving: (a) being in love and (b) loneliness, 4) Respecting: (a) family, (b) self and (c) life, 5) Dating: (a) using protection and (b) taking risk, 6) Being HIV negative: (a) taking risk, 7) Being HIV positive: (a) living then – taking risk and (b) living now – using protection and (b) living now – taking risk.

Conclusions: Themes identified as protective or risk factors for HIV infection may promote development of effective HIV preventive interventions geared towards Mexican–American gay men.

POLYSOMNOGRAPHIC FINDINGS IN PATIENTS WITH „DYSTHYMIA“: A STUDY IN AN EGYPTIAN SAMPLE

INSTITUTIONS

1. AIN SHAMS UNIVERSITY, INSTITUTE OF PSYCHIATRY, CAIRO, Egypt

AUTHORS

1. Azza Abdel Nasser¹, Dr., MD, drtarekasaad@yahoo.com
2. Yasser Abdel Razek Mohamed Hassan Elsayed¹, Dr., MD, yarazek68@gmail.com
3. Farouk Lotief¹, Dr., MD, drtarekasaad@yahoo.com

Background and Objective: Characteristic sleep patterns have been described in some psychiatric disorders, but the sensitivity and specificity of such changes have been always a matter of debate. REM sleep changes, especially short REM latency, have been thought as „specific“ to depression. With more extensive studying, similar changes have been reported in other psychiatric and non–psychiatric disorders, but the changes were, more in depression. The difference between dysthymia and major depression is thought by some investigators to be „quantitative“, and by others to be rather „qualitative“. The aim of the present study was to highlight this area, evaluating sleep profile in patients with dysthymia and how far it resembles, or differs from what has been previously described in major depression.

Subjects & Methods: 20 patients fulfilling DSM–IV criteria of dysthymic disorder (according to SCID–I assessment) have been

recruited from those attending outpatient department of Ain Shams University Psychiatric Institute, together with 10 age and sex matched healthy controls. Both patients and controls were subjected to physical and psychiatric examination, standardized sleep questionnaire for assessment of subjective sleep complaints, as well as all–night polysomnography (repeated, when needed).

Results: Significant findings included: short REM latency, prolonged first REM period, decreased slow wave sleep and decreased sleep efficiency. REM % and REM density were not significantly different.

Conclusion: dysthymic disorder shares some of the polysomnographic features described in major depression, which is in favour of considering it a „subtype“ of mood disorders, rather than being a „separate“ entity.

CHILDHOOD BODY MASS INDEX EVOLUTION: RISK FACTOR FOR ANOREXIA DURING ADOLESCENCE?

INSTITUTIONS

1. Institute for Cognitive Science, CNRS, Bron, France
2. Arnaud de Villeneuve Hospital, DIM, Montpellier, France
3. Saint Vincent de Paul Hospital, Lyon, France
4. Clinique des Vallées Hospital, Ville-la-Grand, France

AUTHORS

1. Rémi Neveu¹, Mr, remi.neveu@isc.cnrs.fr
2. Dorine Neveu², Dr
3. Edouard Carrier³, Dr, MD
4. Alain Perroud⁴, Dr, MD

Introduction: Occurrence of anorexia and body mass index (BMI) fluctuations are explained in similar proportions (30% and 70% respectively) by non-shared environmental factors and genes, some being implied in weight and food intake regulation. This case-control study explored a possible different BMI evolution between 2 and 10 years of age between anorexic and healthy volunteers.

Methods: Cases and controls were between 10 and 35 years old, without previous overweight. Anorexia should have been diagnosed according to DSM-IV criteria after age 10, without any previous bulimic phase nor weight related addiction. Controls' proxies had no eating disorder. Weight, height, diseases and their occurrence date were extracted from each subject's administrative medical notebook. Social-demographic data were recorded with a self administered questionnaire. Mixed models were used for data analyses.

Results: Social-demographic data from the 107 patients and 75 controls were similar. At age 2, BMI were significantly higher in cases than in controls. This difference remained until age 5 ($p < 0.0018$). Mean adiposity rebound (5.48 years and 5.59 years) were similar between cases and controls. Absolute slope values before and after adiposity rebound were similar in cases whereas they tended to differ in controls ($p = 0.063$).

Conclusion: Between 2 and 10 years of age, the BMI evolution would differ between anorexic and control subjects. In anorexic subjects, BMI would be higher before adiposity rebound and increase after as fast as it decreases before whereas in controls, it would increase faster. An early screening of anorexia based on both parameters is relevant, improving the prognosis.

FORMAL CAREGIVERS OF SCHIZOPHRENICS IN CALABAR, NIGERIA—THE BURDEN AND EMOTIONAL DISTRESSES

INSTITUTIONS

1. University of Calabar, Department of Psychiatry, Calabar, Nigeria
2. Federal Neuropsychiatric Hospital, Department of Clinical Services, Calabar, Nigeria
3. The Medical College of Winconston, Division of Child and Adolescent Psychiatry, Milwaukee, United States

AUTHORS

1. Emmanuel C. Okereke¹, DR, MD, dremmaokereke@yahoo.com
2. Owoidoho E. Udofia¹, DR, MD
3. Basse E. Edet², DR, MD, drbadet@yahoo.com
4. Olufemi B. Kuteyi³, DR, MD, obkuteyi@yahoo.com

Background: Schizophrenia imposes a considerable burden on the caregivers of the patients who suffered from it. Assessing the psychosocial burden borne by these caregivers is crucial.

Objectives: (1) Assess the burden borne and relate the psychosocial burden to sociodemographic characteristics of patients and caregivers.

Method: This was a descriptive cross sectional study of 84 schizophrenics (42 inpatients and 42 outpatients each respectively) seen at a national psychiatric referral hospital at Calabar over a 3 month period. Their main (formal) caregivers were identified. Goldberg's questionnaire: GHQ-12 (at a cut off of 3 for caseness and the Involvement Evaluation Questionnaire; IEQ were used to assess the extent of psychosocial burden on the main caregivers. Sociodemographic questionnaire was used for the patients and caregivers. Data was

analyzed using SPSS version 11.0 for Windows. Correlations were computed using Pearson's r with level of significance set at 0.05.

Results: Siblings (38.1%) were the most frequent category of caregivers and the caregivers' relationship to patients was significant ($\chi^2 = 13.22$, $df = 4$, $P = 0.04$); the GHQ caseness was significant ($\chi^2 = 18.33$, $df = 1$, $P = 0.019$). Caregivers' had high degree of *tension* when the patients were of younger age (Pearson $r = -0.19$, $P = 0.007$) and when the patients were poorly educated ($r = -0.21$, $P = 0.003$), they also experienced *urge burden* when the caregivers' themselves were poorly educated ($r = -0.16$, $P = 0.018$).

Conclusion: The burden of caring was responsible for the high GHQ-12 scores (psychological distress). There is the urgent need to offer psychological support like psychoeducation to other family members during patient's treatments.

ALTERED OSCILLATORY RESPONSES TO VISUAL STIMULI IN BIPOLAR DISORDER REDUCES WITH CHRONIC VALPROATE USE

INSTITUTIONS

1. Dokuz Eylul University, Faculty of Medicine, Department of Psychiatry, Izmir, Turkey

2. Istanbul Kultur University, Faculty of Science and Letters, Brain Dynamics, Cognition and Complex Systems Research Unit, Istanbul, Turkey

AUTHORS

1. Aysegul Ozerdem¹, Dr., MD, aysegul.ozerdem@deu.edu.tr

2. Bahar Guntekin², Dr., PhD, b.guntekin@iku.edu.tr

3. Zeliha Tunca¹, Dr., MD, zeliha.tunca@deu.edu.tr

4. Erol Basar², Dr., PhD, e.basar@iku.edu.tr

Objectives: Oscillatory electrical activity reflects integrative brain functioning.¹ Valproate is a mood stabilizing anticonvulsant with GABA/Glutamate modulating and neuroprotective effects.² We aimed to detect differential oscillatory activity in patients with bipolar disorder before and after treatment with valproate.

Methods: Event Related Potentials (ERPs) to target stimuli in visual odd–ball paradigm in twenty medication free (10 manic, 10 euthymic) bipolar patients were measured before and after six weeks of valproate monotherapy in comparison to healthy controls. Different frequency band responses were obtained by digital filtration of ERPs. Repeated measures and one–way ANOVA, Wilcoxon and Mann Whitney U tests were used.

Results: At baseline, euthymic patients showed significantly higher left frontal delta ($p: 0.03$), whereas manic patients showed significantly higher occipital beta ($p: 0.01$) and lower occipital alpha responses compared to controls. After valproate, fronto–temporal

delta responses decreased significantly compared to baseline in the euthymic group (respective p values for Fz, F3, T3, T4, T5 are 0.04, 0.03, 0.02, 0.01, 0.01). In the manic group occipital (O1–2) beta, occipital and anterior temporal (T3–4) alpha responses showed significant reduction compared to baseline ($p_{O1-2/\beta}: 0.01$ $p_{O1-2/\alpha}: 0.02$, $p_{T3-4/\alpha}: 0.04$) and became significantly lower than controls ($p_{T3-4}: 0.00$; $p_{O1-2}: 0.02$).

Conclusions: Bipolar patients show state dependent altered oscillatory activity which is reduced after valproate treatment. This may be through modulation of GABA/glutamate and indicative of medication's neuroprotective effect.

REFERENCES:

1. Basar E, Basar–Eroglu C, Karakas S, Schurmann M. *Int J Psychophysiology* 2001; 39, 241–248.
2. Löscher W. *CNS Drugs* 2002; 16(10), 669–694.

PSYCHIATRISTS' ATTITUDES TO ANTIPSYCHOTIC DEPOT INJECTIONS: CHANGES OVER 5 YEARS

INSTITUTIONS

1. Institute of Psychiatry, King's College London, Psychological Medicine, London, United Kingdom

2. University of Manchester, London, United Kingdom

AUTHORS

1. Maxine X Patel¹, Dr, MBBS MRCPsych MSc, m.patel@iop.kcl.ac.uk

2. I B Chaudhry², Dr

3. N Husain², Dr

4. S McLaughlin², Ms

5. P Cunningham², Ms

6. Anthony S David¹, Professor, a.david@iop.kcl.ac.uk

7. Peter M Haddad², Dr

Abstract Body:

Background: Previously, when only typical antipsychotic depot injections were available, some clinicians perceived depots as having an „image“ problem despite them being associated with reduced rates of rehospitalisation when compared to tablets. This study investigated psychiatrists' attitudes and knowledge concerning depots (typical and atypical) and whether they had changed over time.

Method: Cross–sectional postal survey of consultant psychiatrists working in NorthWest England. A pre–existing questionnaire on clinicians' attitudes and knowledge regarding depots was updated. Results were compared with a former sample (SouthEast England, 2001: N=143).

Results: The sample comprised 102 consultant psychiatrists (response rate 71%). Depot use over the past 5 years had: decreased (50%), not changed (27%), increased (23%). Psychiatrists with decreased

depot use had significantly lower scores for the side effects knowledge subscale than those who had unchanged or increased rates of depot use (mean 51.5% vs 54.8%, $p=0.029$). When compared to psychiatrists sampled five years previously, our current participants had more favourable patient–focussed attitudes (63.5% vs 60.4%, $p=0.034$); other subscales did not differ. Item–by–item analysis revealed specific changes over time including significantly less respondents regarding depots as: (i) compromising patient autonomy (mean 0.99 vs 1.28, $p=0.036$); being stigmatising (1.88 vs 2.42, $p=0.002$); being old fashioned (1.49 vs 2.04, $p=0.002$).

Conclusions: During the period that an atypical antipsychotic depot has been available, and depot prescribing rates have reduced, some attitudes have changed. These mainly encompass aspects regarding the patient rather than the depot injection and include reducing concerns about stigma and autonomy although concerns about patient acceptance continue.

MOTHER–CHILD TRANSMISSION OF INTERNALIZING SYMPTOMS: IMPORTANCE OF FAMILY CONTEXT

INSTITUTIONS

1. University of Montreal, Psychology, Montreal, Canada
2. Hopital Riviere–des–Prairies, Research, Montreal, Canada

AUTHORS

1. Genevieve Piche^{1,2}, Mrs, PhD(c), g.piche@umontreal.ca
2. Lise Bergeron^{1,2}, Dr, PhD, lise.bergeron.hrdp@ssss.gouv.qc.ca
3. Mireille Cyr¹, Dr, PhD

This study investigates interaction effects between mother's depressive and anxiety disorders and psychosocial correlates of children's internalizing symptom scores in the Quebec Child Mental Health Survey. This research design is unique since this type of interaction was never evaluated 1) with children of this age–group, 2) with scores of internalizing disorders as reported by children, 3) in an epidemiological setting.

A representative sub–sample of 1,490 Quebec children aged 6 to 11 years was selected from the original sample (N=2400). Methodology has been described elsewhere¹. A multiple linear regression model was built using scores of internalizing symptoms as reported by children through the Dominic questionnaire², based on DSM–III–R criteria, as the dependent variable. Individual, family and socioeconomic characteristics were used as independent variables.

Significant interaction effects are found between mother's depressive and anxiety disorders and the following variables: child's age, family history of suicidal behaviors and mental disorders, mothers' caring and punitive behaviors and social support.

The findings support the multifactorial and developmental perspective of psychopathology. It suggests a major contribution of the child's age and of several family characteristics in addition to mothers' depressive and anxiety disorders, for internalizing symptom scores reported by children aged 6 to 11 years. Implications for preventive interventions targeted at these high–risk groups¹ will be discussed.

1. Bergeron, L, Valla, JP, Smolla, N, Piche, G, Berthiaume, C, & St–Georges, M. *J Abn Child Psych*, 2007; 35:459–474.
2. Valla, JP, Bergeron, L, Bérubé, H, Gaudet, N, & St–Georges, M. *J Abn Child Psych*, 1994; 22:403–423.

THE DIFFERENCE IN THE SERUM LEVELS OF BDNF, IL–6, IL–8, IL–10 AND EGF IN ONCOLOGY PATIENTS DEVIDED ACCORDING TO THE PRESENCE OF SYMPTOMS OF DEPRESSION

INSTITUTIONS

1. Charles University Prague, Faculty of Medicine Pilsen, Department of Psychiatry, Plzen, Czech Republic
2. Charles University Prague, Faculty of Medicine Pilsen, Department of Oncology and Radiotherapy, Plzen, Czech Republic
3. Charles University Prague, Faculty of Medicine Pilsen, Department of Nuclear Medicine, Plzen, Czech Republic
4. Charles University Prague, Faculty of Medicine Pilsen, Department of Immunology and Allergology, Plzen, Czech Republic

AUTHORS

1. Jiri Podlipny¹, Mr., MD, podlipny@fnplzen.cz
2. Lubos Holubec², Mr., MD
3. Jindra Vrzalova³, Mrs.
4. Zdenek Hess⁴, Mr., MD
5. Jindrich Finek², Mr., MD
6. Jiri Beran¹, Mr., MD
7. Ondrej Topolcan³, Mr., MD

Objective: To assess the differences in the serum levels of Brain–derived neurotrophic factor (BDNF), Interleukin 6 (IL–6), Interleukin 8 (IL–8), Interleukin 10 (IL–10) and Epidermal growth factor (EGF) in oncology patients with the symptoms of depression and in oncology patients without the symptoms of depression.

Methods: We administered following self–report questionnaires to the hospitalized oncology patients (n=32): Zung's Self–Rating Depression Scale (ZSDS) and Symptom Check List Psychiatric Rating Scale (SCL 90). We also collected blood samples from these patients for the detection of the following factors: BDNF, IL–6, IL–8, IL–10 and EGF. The procedures had been fully explained to all patients and written informed consent had been obtained too. The patients were divided into two groups according to the scores in ZSDS: a group with the presence of symptoms of depression (n=20) and a group without the symptoms of depression (n=12). The dif-

ferences in the levels of BDNF, interleukins and EGF between the groups were statistically assessed by Wilcoxon rank–sum test.

Results: Oncology patients with the symptoms of depression showed significantly lower levels of BDNF (medians 1452.3 vs 3229.0 pg/ml, p=0.014). There were no significant differences in the levels of IL–6, IL–8, IL–10 and EGF between the groups.

Conclusion: This result supports the hypothesis of diminished neuroplasticity in oncology patients with the symptoms of depression as measured by the serum levels of BDNF.

This study was supported by the grant of League Against the Cancer 2006–2007 and by the research projects MSM 0021620819 and MSM 0021620812, Charles University and Teaching Hospital Pilsen, Czech Republic.

PERSPECTIVES OF PATIENTS AND RELATIVES ABOUT ELECTRO CONVULSIVE THERAPY: A QUALITATIVE STUDY FROM VELLORE, INDIA

INSTITUTIONS

1. Christian Medical College, Psychiatry, Vellore, India

AUTHORS

1. Anto P Rajkumar¹, Dr, MD, DPM, antoprajakumar@cmcvellore.ac.in
2. B Saravanan¹, Dr, DPM, DNB, mantraalaya@hotmail.com
3. KS Jacob¹, Prof., MD, DPM, MRCP, PhD, ksjacob@cmcvellore.ac.in

BACKGROUND: Electro convulsive therapy (ECT) is controversial but widely practised in developing countries like India.

OBJECTIVES: This study aims to ascertain patients' and their relatives' perspectives on ECT, to compare patients' and professionals' perspectives and to compare patients' and their relatives' perspectives.

METHODS: We employed semi-structured qualitative methodology to interview 52 patients and their relatives before and after ECT. We conducted further in-depth interviews with ten most eloquent patients.

RESULTS: 31 (59.6%) patients were unaware of the details of ECT

but were not unhappy about their treatment. Patients and relatives assessed benefits and risks of ECT with emphasis on functional recovery. They differed in their willingness to receive more information, the perceived adequacy of their knowledge about ECT, their ability to recall details, and their belief systems. Differences between patients' and professionals' perspectives on efficacy and cognitive adverse effects of ECT were not statistically significant.

CONCLUSIONS: This study highlights the complex issues in the process of providing information and obtaining consent for ECT in resource poor settings. Pertinent ethical issues are discussed. We suggest feasible strategies to ensure a basic minimum standard for obtaining informed consent for ECT.

MUSCLE DYSMORPHIA SYMPTOMATOLOGY IN A SAMPLE OF WEIGHT TRAINERS IN ITALY

INSTITUTIONS

1. University of Pisa, Department of Psychiatry, Pharmacology, Neurobiology and Biotechnologies, Section of Psychiatry, Pisa, Italy
2. ASL 3, Department of Mental Health, Pistoia, Italy

AUTHORS

1. Carla E Ramacciotti¹, Dr, MD, carlarama2001@hotmail.com
2. Alessandro Bonuccelli¹, Mr, alessandro_bonuccelli@virgilio
3. Annalisa Burgalassi¹, Dr, MD, annalisaburgalassi@libero.it
4. Elisabetta Coli², Dr, MD, elisabettacoli@virgilio.it

Aims: To investigate body image perception, self-esteem and Muscle Dysmorphia (MD) symptomatology in a sample of 94 male weight-trainers in local gymnasias, categorized as recreational fitness lifters (N=30), amateurs fitness lifters (N=33), non competitive body-builders (N=31).

Methods: Subjects underwent psycho-physical assessment comprehensive of the administration of Rosenberg Self-Esteem Scale (RSES), Drive for Muscularity Scale (DMS), Muscle Dysmorphia Inventory (MDI) and body composition evaluation by tetrapolar bio-impedentiometry.

Results: Non-competitive bodybuilders showed significantly higher levels of dissatisfaction with their muscularity (DMS) with respect to recreational fitness lifters ($p < .05$) and greater symptoms of muscle dysmorphia (MDI) compared to both the other two groups, scoring significantly higher on most subscales (Diet Behavior Size/Symmet-

ry, Physique Protection, Exercise Dependence; $p < .001$). Though the three groups showed similar levels of self-esteem (RSES), specific correlations emerged for each group. Body Cell Mass and Lean Mass were above normal levels in all groups, with a progressive increase from recreational to amateur fitness lifters and non competitive body-builders; the reverse for Fat Mass.

Conclusions: Body dissatisfaction, self-esteem and image distortion appear strictly intertwined not only in Eating Disorders but also in Body Dysmorphic Disorders. As the media representation in western society calls for an idealization of muscularity and body appearance, these issues become more relevant even among men and especially vulnerable population such as weight trainers, leading to the identification of increasing cases of MD related psychopathology. Specific prevention programmes should be adopted focusing on the whole spectrum of pathological attitudes towards body appearance disorders, including MD.

LIPIDS AND SEROTONIN AS PREDICTORS OF PHYSICAL SELF HARM IN AN ACUTE PSYCHIATRIC UNIT

INSTITUTIONS

1. Ålesund Hospital Helse Sunnmøre HF, Psychiatric, Ålesund, Norway
2. Norwegian University of Science and Technology, Neuroscience, Trondheim, Norway
3. Molde University College, Faculty of Health and Social Science, Molde, Norway
4. Haukeland University Hospital, Blood bank, Bergen, Norway

AUTHORS

1. John Olav Roaldset¹, Mr, MD, jor@joroaldset.no
2. Stål Bjørkly³, Mr, PhD, stal.bjorkly@himolde.no
3. Anne M Bakken⁴, Mrs, PhD, anne.erling@gmail.com
4. KG Gøtestam², Mr, PhD, gunnar.gotestam@ntnu.no

The risk of self-harm and violent behaviour in psychiatric patients is an important research topic. The literature reports a relationship between low lipid concentrations and aggressive behaviour, and between low serotonin- and lipid concentrations and suicidal behaviour. In the acute psychiatric ward at Ålesund Hospital we conducted a prospective naturalistic study of risk assessment of self harm at admittance and at discharge, followed by prospective measurement of occurred episodes during hospital stay (phase1) and 3–6–9–12 months after discharge (phase2).

All acute admitted patients during one year (494 persons with 717 admittances) were included. At admittance and discharge items tapping suicidal thoughts and behaviour and patients' self-reported risk of self-harm were recorded. At admittance the patients were also asked to give a blood sample to measure lipids (317 samples) and serotonin (286 samples). Statistics were binary logistic regres-

sion using Exp(B) as measure of Odds Ratio for suicidal and self mutilating episodes, using lipids and serotonin as predictive variables, and controlling for different confounders.

Preliminary results from phase1 indicate that total cholesterol concentrations correlated negatively with suicidality, and triglycerides concentrations correlated with self mutilation. Serotonin showed no correlation with any kind of self harm.

We will present results from the analyses of the strength of the relationship between lipids and serotonin and occurred suicidal and self mutilating episodes during hospital stay and one year after discharge.

The project is approved by The Regional Committee for Medical Research Ethics, The Norwegian Social Science Data Services and The Ministry of Health and Care Services.

WHOLE-BODY CRYOTHERAPY AS ADJUNCTIVE BIOLOGICAL TREATMENT OF DEPRESSION AND ANXIETY

INSTITUTIONS

1. Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland

AUTHORS

1. Joanna Rymaszewska¹, Dr., PhD, ankarym@psych.am.wroc.pl
2. Andrzej Kiejna¹, Prof., PhD

Objective: to assess the efficacy of whole-body cryotherapy (WBCT) as an adjunctive method of treating depressive and anxiety disorders.

Methods: Control (n=34) and study group (n=26) (18–65 yrs) with depressive and anxiety disorders (ICD-10) received standard psychopharmacotherapy in out-patient psychiatric clinic. There were no differences in age, gender, marital status, education, work ability and diagnosis between both groups. The study group was additionally treated using 15 daily visits (3 weeks) to a cryogenic chamber (2–3 min, from -160°C to -110°C). Hamilton's scales of depression (HDRS) and anxiety (HARS) were used before and after cycle of WBCT and additionally after 3 and 6 months.

Results: After 3 weeks of WBCT a response (decrease of at least 50% in the baseline scores of depressive and anxiety symptoms) was noted

significantly more frequently in the study group. After 3 months the response of anxiety was observed in 23.1% in study group and in 3% in control group ($p < 0.05$) and of depressive symptoms in 34.6% and 3.0% respectively ($p < 0.01$). After 6 months the response concerning anxiety symptoms was still observed ($p = 0.006$). Reduction of symptoms in both time-points was noted in somatic subscale of HARS ($p < 0.05$). During 6 months follow-up AUC analysis showed that combined therapy WBCT with thymoleptics was significantly more effective than standard antidepressive drug therapy.

Conclusions: Our findings are promising concerning the short-term and long-term efficacy of WBCT in treatment of affective and anxiety disorders. WBCT can be considered as adjuvant therapy giving faster reduction of symptoms in comparison to standard pharmacotherapy.

IDENTIFICATION OF EPILEPTICS AND MENTALLY ILL PEOPLE IN THE COMMUNITY BY THE PRIMARY HEALTH ASSISTANTS– A DREAM OR REALITY? A SURVEY IN RURAL INDIA

INSTITUTIONS

1. GLOBAL MENTAL HEALTH INSTITUTE, PSYCHIATRY, India

AUTHORS

1. Hiranmay Saha¹, Dr., MD, dr_hsaha@yahoo.co.in

Aims– The scar that is more than skin deep, the stigma of mental illness, suicide and epilepsy. Depression is universal, a hidden epidemic. 85% of the world's epileptic patients are not getting proper medicines. 1/8th of world's epileptic populations are Indian. 1 million people commit suicide every year. WHO decided to involve primary health care assistance for the detection of mentally ill people and epileptics in the society and as a referral service provider. Our aim is to study how far this model is applicable in India.

Methods–A survey was conducted over 600 primary health assistance of different rural areas within 50km periphery of Kolkata city, West Bengal, India through a semi structured questionnaire desi-

gned to get information from them about mental illness, suicide and epilepsy and to study their attitude towards all these.

Results–95% of the PHAs are willing to learn about mental illness, suicide and epilepsy. 88% is in opinion that depression is a treatable disease, 89% thought that epilepsy is curable, 68% think suicide is a preventable cause of death. 76% think that suicidal people are mentally ill.

Conclusion–Identification of mental patients and epileptics are possible by primary health care assistance. Only thing they need is a continuous training support and encouragement.

DEVELOPING CLINICAL GUIDELINES FOR VIOLENCE RISK ASSESSMENT IN MENTAL HEALTH TRIAGE: A SYSTEMATIC REVIEW

INSTITUTIONS

1. University of Melbourne, Faculty of Medicine, Dentistry, and Health Sciences, Carlton, Melbourne, Australia

AUTHORS

1. Natisha M Sands¹, Dr, PhD, nsands@unimelb.edu.au
2. Stephen J Elsom¹, Dr, PhD, sjelsom@unimelb.edu.au
3. Damien A Khaw¹, Mr, dakhaw@unimelb.edu.au

Abstract Body:

Background

Mental health triage services provide the primary interface between the community and mental health services. On a global level, there is a growing trend to utilise mental health triage service models as a way of providing consumers with access to 24 hour mental health care. At present, violence risk assessment in mental health triage lacks a suitable evidence base and clear guidelines.

Aims

The objective of this study was to develop Clinical Guidelines for violence risk assessment in mental health triage. Four aims underpinned this study:

- (1) To locate the highest level of evidence on violence risk assessment through a systematic review
- (2) To develop Clinical Guidelines for violence risk assessment in mental health triage based on the findings of the systematic review
- (3) To further refine the Clinical Guidelines for violence risk assessment through the use of expert multi-disciplinary panels and consumer groups

- (4) To pilot test the Clinical Guidelines in two major hospitals in Melbourne

Method

The method employed in the study was a systematic review, as per the Australian National Health and Medical Research Council's methodology for developing Clinical Guidelines. Research was also conducted at the Royal Melbourne Hospital and the Alfred Hospital to establish the utility of the Guideline in practice.

Results

The systematic review established the highest level of evidence for violence risk assessment. Clinical Guidelines for mental health triage were developed from these findings.

Conclusions

Evidence based Clinical Guidelines maximise the potential for creating safer outcomes for consumers, families/carers, and health care workers.

SMOOTH PURSUIT EYE MOVEMENT ABNORMALITY IS ASSOCIATED WITH G72/G30 POLYMORPHISMS IN SCHIZOPHRENIA FROM THE KOREAN POPULATION

INSTITUTIONS

1. SNP Genetics Inc., Department of Genetic Epidemiology, Seoul, Republic of Korea
2. Yonsei University, Department of Biomedical Engineering, Wonju, Republic of Korea
3. Soonchunhyang University Hospital, Department of Psychiatry, Seoul, Republic of Korea
4. Gyeongsang National University, Division of Life Science and Research Institute of Life Science, Jinju, Republic of Korea

AUTHORS

1. Hyoung Doo Shin¹, Dr., PhD
2. Byung Lae Park¹, Dr., PhD
3. Eun Mi Kim¹, Dr., PhD
4. Soo Ok Lee¹, Dr., PhD
5. Hyun Sub Cheong¹, Dr., PhD
6. Tae-Min Shin², Dr., PhD
7. Young Joon Kwon³, Dr., MD, PhD
8. Han Yong Jung³, Dr., MD, PhD
9. Jae Won Kim⁴, Dr., PhD
10. Sung-Il Woo³, Dr., MD, PhD

Aims: Smooth pursuit eye movement (SPEM) disturbance is one of the most consistent endophenotype in schizophrenia, but there have been a very few reports about the genetic origin. The aim of the current study was to examine the association of eleven G72/G30 SNPs and Val108/158Met polymorphism of COMT gene with SPEM abnormality in schizophrenia.

Methods: We quantitatively measured SPEM function by electro-oculography and analysis of the natural logarithmic values of Signal/Noise ratio in 216 schizophrenia patients (male 116, female 100). We divided the patients into two groups according to the SPEM function. We compared the differences of genotype and allele distributions of the eleven SNPs of G72/G30 gene and Val108/158Met polymorphism of COMT gene among the two groups.

Results: The Ln S/N ratio (mean \pm sd) of the good SPEM function group was 4.39 ± 0.33 and the Ln S/N ratio of poor SPEM function group was 3.18 ± 0.71 . There were no statistically significant differences of age and male/female ratio between the two groups. There was a significant difference of genotype or allele distributions of the rs3916970 (M20 G>A) polymorphism on G72/G30 gene between the two schizophrenia groups ($P=0.04$ by logistic regression analysis). But there was no significant difference of genotype and allele distribution of other ten SNPs of G72/G30 gene and Val108/158Met polymorphism of COMT gene between the two schizophrenia groups.

Conclusion: The present study provides evidence that the rs3916970 polymorphism on G72/G30 gene might be related to SPEM function abnormality in schizophrenia.

PSYCHOSOCIAL IMPACTS ON PEOPLE WITH MENTAL ILLNESS RECEIVING THE INDIVIDUAL PLACEMENT AND SUPPORT (IPS) SERVICE

INSTITUTIONS

1. The Hong Kong Polytechnic University, Rehabilitation Science, Hong Kong, Hong Kong Special Administrative Region of China

AUTHORS

1. Siu Kan Siu¹, Ms., phoebessk@hotmail.com

Objective: The impact of Individual Placement and Support (IPS) approach in helping people with severe mental illness (SMI) on the psychosocial functioning of participants was examined in this study by means of quantitative and qualitative approaches.

Method: One hundred and eleven participants with severe mental illness were recruited from two non-government organizations and three day hospitals in Hong Kong and were assigned into TVR or IPS group. Data of perceived personal wellbeing and self-efficacy using validated scales were collected by an independent assessor at 7th, 11th, and 15th month. Meanwhile, thirteen eligible participants in the IPS group were randomly recruited for the first interview and eight of them who met selection criteria were recruited again for

second interview. Data was collected through a tailor-made interview guide during their third and sixth months of employment.

Results: The employed participants in IPS group showed better outcomes in both personal wellbeing and self-efficacy, compared with the TVR group after 15 months of service provision. Results were essentially in line with the qualitative data. Both positive and negative impacts were obtained based on the interviews. A dynamic model was suggested based on the findings to explain the job tenure of participants.

Conclusion: The IPS approach was shown to be effective enhancing psychosocial outcomes for people with severe mental illness in Hong Kong. Suggestions to consolidate the IPS approach were made.

EVALUATING MENTAL HEALTH TARGETS

INSTITUTIONS

1. *University of Tampere, Tampere School of Public Health, Tampere, Finland*

AUTHORS

1. Pia C.M. Solin¹, Mrs, MSocSc, pia.solin@uta.fi

Objective: This research aims to describe, analyse and assess the evaluation process and results of mental health targets.

Methods: The research has a grounded theory based orientation. The empirical data consists of official as well as unofficial evaluations of mental health targets of Health for All –based national health strategies of England and Finland.

Results: It seems that mental health targets are not easy subjects for evaluation. Suicide presents the only quantitative indicator and is therefore easiest target to monitor. For some of the targets there was no available monitoring system at all and therefore evaluation of their advancement was impossible.

Conclusions: Evaluators should choose tailored evaluation methods.

Especially qualitative methods should not be underestimated. There are certain difficulties in evaluating mental health targets and benefiting from them for the future health promotion policy. For example, policymakers may think that mental health cannot produce proper evidence and therefore the action is useless. Furthermore, decision-makers tend to act on changes and emergencies, which mental health rarely produces. Finally, policymakers tend to see mental health as a rival to other health issues, instead of seeing it as part of whole health. Doing evaluation is not a simple process. Tailored evaluation costs time, money and manpower. Effects of the programme may be difficult to point out as behaviour is affected by multiple background factors, as is the case in suicide and mental health problems. Choosing not to evaluate may also be a conscious decision as stakeholders and policymakers may be afraid of unexpected or unwanted results.

LAY CONCEPTIONS REGARDING MENTAL ILLNESS IN ROMANIA: IMPLICATIONS IN DEVELOPPING ANTI-STIGMA PROGRAMS

INSTITUTIONS

1. *National School of Public Health and Health Services Management, National Center for Mental Health, Bucharest, Romania*
2. *Romanian Academy, Institute for Quality of Life Research, Bucharest, Romania*

AUTHORS

1. Manuela S. Stanculescu², Mrs., PhD, manuela@xnet.ro
2. Mugur D. Ciumageanu¹, Dr., MD, mugurc@snspsms.ro
3. Raluca Sfetcu¹, Mrs., raluca@snspsms.ro

Objectives: Romania started in 2006 an extensive process of reforming mental health care. Part of the national action plan is the implementing of public information and anti-stigma campaigns. The research has as main objective the identification of public attitudes towards mental illness, lay beliefs regarding causality, access to treatment and the prospects of developing evidence-based anti-stigma actions.

Methods: A representative sample of 1070 persons from the general population was included in a national survey. The questionnaire adapted the devalorization-discrimination scale of Link, used also in research on European population. A second instrument replicated the MacArthur Mental Health Survey from USA, based on a vignette methodology. The survey was conducted in July–August 2007.

Results: The results illustrate a low level of knowledge of the general public regarding mental health problems and treatment. This low level of information has a negative impact both on attitudes towards people with mental health problems, as well as on access to professional mental health services. Compared with similar research conducted in Germany, Russia and Slovakia, Romanians manifest a stronger potential of excluding, stigmatizing and discriminating persons with mental health problems.

Conclusions: This study shows that there is a strong need in increasing the level of information in the general Romanian public regarding mental illnesses and how they can be treated, in order to change attitudes and modify social distance towards people with mental health problems. Recommendation to conduct appropriate anti-stigma actions will be discussed.

WEIGHT AND PSYCHOLOGICAL PROBLEMS IN 10–17 YEAR OLD GERMAN PUPILS

INSTITUTIONS

1. University of Applied Sciences Bielefeld, Germany
2. Charité University Medicine Berlin, Germany

AUTHORS

1. Cornelia Thiels¹
2. Harriet Salbach–Andrae²
3. Klaus Lenz²

Objective: To study in children and adolescents associations between body mass index (BMI) on the one hand and socio–demographic variables and psychosocial problems on the other hand.

Method: 874 pupils aged 10 to 17 years completed the Youth Self–Report (YSR, 1), at least one of their parents the Child Behavior Checklist (CBCL, 1), and one of their teachers the Teacher Report Form (TRF, 1). Socio–demographic data and information about height and weight was also gathered.

Results: Unlike the findings of the nationwide German survey (2) that children and adolescents from families with lower SES had a higher risk for overweight and obesity, the three BMI–groups in our study did not differ in SES, age and gender. All CBCL, TRF and YSR mean scores were rated within the normal range. All TRF mean scores were globally higher than CBCL mean scores,

and CBCL mean scores were higher than YSR mean scores. Differences between CBCL, TRF and YSR have been found before (1). For overweight participants CBCL, TRF and YSR mean scores were globally higher than for underweight pupils. Higher scores on the scales anxious/depressed and social problems may be due to stigma attached to overweight. The lowest CBCL, YSR and YSR mean scores were found for participants with a normal BMI.

Conclusions: Overweight children and adolescents are more at risk for psychosocial problems than normal or underweight pupils.

Achenbach TM. *Current Directions in Psychological Science* 2006; 15:94–98.

Kurth B M, Schaffrath Rosario A. *Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz* 2007; 50:736–43.

ALCOHOLISM RISK FACTORS AND GENDER DIFFERENCES

INSTITUTIONS

1. Institute for mental health, Belgrade, Serbia and Montenegro

AUTHORS

1. Vera Trbic¹
2. Danica Boakovic–Djukic¹

Numerous psychosocial factors associated with alcoholism reflect a complex etiology of this disorder. This study deals with assessment of psychosocial factors of persons addicted to alcohol, with the aim to determine their representation and distribution per gender of assessed individuals in our socio–cultural environment.

The assessed sample included patients who reported for treatment of alcoholism at the Mental Health Institute, Belgrade, in one year (101 persons of male and 67 persons of female gender).

Apart from socio–demographic questionnaire applied was also Alcoholism risk factors inventory (ARFI), which for the first time combines all factors in a unique instrument. By use of statistical method of factorial analysis, isolated were six factors: intrapersonal, social influence, family emotional dysfunction, family history of alcoholism, low socio–economical status and disorderly conduct.

We find representation of particular factors in relation to gender and age: personality factors, particularly low self–esteem and stress reduction by drinking, are to a more considerable extent related to female gender, while the factor of social influence and disorderly conduct are more represented with male assessed individuals, particularly of younger age.

Summed value of all factor is more significantly correlated with alcoholism of persons of male gender, therefore we conclude that men are exposed to a higher risk of alcoholism development due to presence of larger number of risk factors, particularly those of social influence and aggressive behaviour.

In relation to a marital status the factor of social influence was more represented with not married individuals. Marital status is predictor of the fourth factor (low socio–economical status).

THE GROUP, THE OTHERS AND THE SYSTEM – HOW TO BE ABLE TO SHARE THERAPEUTIC GROUP EXPERIENCES ON ACUTE PSYCHIATRIC WARD

INSTITUTIONS

1. *Kaposi Mór Teaching Hospital, Department of Psychiatry, Kaposvár, Hungary*

AUTHORS

1. Ákos Varga¹, euroaki@yahoo.com
2. Zoltán Terenyi¹, terka@t-online.hu
3. Katalin Szőke¹, PhD, linuka@freemail.hu
4. Zsuzsanna Jáki¹, oposszum@t-online.hu
5. Katalin Sz Csóligné¹
6. Gyöngyi Pál¹

Objectives: Functioning of an inpatient psychotherapeutic group at a hierarchic, acute psychiatric ward is only possible with the sharing and reflecting of group events by the ward staff. Whether this necessary process can be realized on the level of interpersonal, diadic relations or, rather, on the level of the system structured by different groups as collective agents.

Methods: Working with acute psychotic patients in a group led by a cotherapeutic team, we examined the external, active and controlled thematization of the group events in two ways. 1. Each members of the team personally chose a topic after the group sessions and communicated it frankly at a common scene of the ward system. 2. Following the sessions the team constructed a „good enough metaphor“ (1), which symbolised the given session, then put it out to the public sphere of the ward. The process of the fur-

ther tematization was followed by the method of participating observation.

Results: Protecting the boundaries of the group are necessary to maintain the inner therapeutic space. Presenting the own inner world is essential in order to joint the superior system. This paradox carries on a constant dynamic tension in the inner and outer environment.

Conclusion: The thematization of the group events outside the group can avoid being destructive only if the reflection of this is possible inside the group. Therefore it's necessary for each member of the team to respect the therapeutic frames both personally, and as a group.

Zalka Zs, Gal B: *Thalassa House on the Beach. Pszichoterápia*, 2004; 2:97–105.

STATISTICAL CORRELATES OF ELEVATED TEMPERATURE IN NMS

INSTITUTIONS

1. *University of Western Ontario, Psychiatry, London, Canada*

AUTHORS

1. Varadaraj Velamoor¹, Dr., MD, velamoorraj@yahoo.com
2. Zack Cernovsky¹, Dr., PhD, polyglot@acmedi.com
3. Simon Chiu¹, Dr., MD, schiu3207@rogers.com

Aims/Objectives: Major systems for diagnosing NMS unconditionally require the presence of elevated temperature (> 37.1°C by DSM-4 and > 38.0°C by Caroff's system). We evaluated statistical relationships of temperature to other physiological and behavioral symptoms relevant in the research on NMS.

Methods: Data from a survey of 233 suspected NMS cases (mean age 40.8 years, SD=17.9) from various centers across USA and Canada have been analyzed: the majority (83.7%) met DSM-4 criteria for NMS. Correlations were calculated of temperature to other vital signs (BP and pulse), to laboratory measures (Creatine Kinase, WBC, PH, P-0₂, P-CO₂), and to ratings of behavioral symptoms (rigidity, dysarthria, dysphagia, agitation, coma, etc.) relevant in the NMS research.

Results: More than two thirds of the sample (71.7%) had recorded temperatures above 38.2°C. More than half of the sample (56.2%) had recorded temperatures of at least 39°C, 33.9% of the patients at least 40°C, 16.3% at least 41°C, 5.2% at least 42°C, and the highest recorded temperature was 43.0°C. Higher temperature was associated with less elevated systolic ($r = -.19, p = .004$) and diastolic blood pressure ($r = -.20, p = .003$), with lower frequency of waxy flexibility ($r = -.20, p = .003$), with more frequent autonomic instability ($r = .20, p = .003$), and also with the presence of coma ($r = .20, p = .003$). Although significant, these coefficients are of low magnitude, suggestive of only weak trends.

Conclusion: No high correlations ($r > .60$) of temperature to other NMS signs were found: in this statistical respect, temperature may be a relatively independent dimension in the evaluation of NMS.

THE METABOLIC BASIS OF ALTERED BOLD RESPONSES IN MAJOR DEPRESSION – A COMBINED FMRI/MRS STUDY

INSTITUTIONS

1. Otto v. Guericke University, Psychiatry, Magdeburg, Germany
2. University and ETH Zurich, Institute for Biomedical Engineering, Zurich, Switzerland
3. University Zurich, Psychiatry, Zurich, Switzerland
4. University Basel, Psychiatry, Basel, Switzerland

AUTHORS

1. Martin Walter¹, MD
2. Anke Henning²
3. Simone Grimm³, PhD
4. Johannes Beck⁴, MD
5. Heinz Boeker³, MD, PhD
6. Peter Boesiger², PhD
7. Georg Northoff¹, MD, PhD, PhD

Objective: Converging evidences exist for altered cortical activity, as revealed by functional MRI (fMRI), in major depressive disorder (MDD), in particular in the pregenual anterior cingulate cortex (pgACC). This region is characterized by deactivations during a variety of tasks and is involved in subjective evaluation of internal states by attributing hedonic values. Earlier studies in MDD found decreased concentrations of glutamate in the pgACC using magnetic resonance spectroscopy (MRS). The aim of our study was to relate altered fMRI responses in MDD to specific metabolic alterations.

Methods: We investigated 24 healthy subjects and 16 MDD patients in a combined fMRI/MRS study on a 3 Tesla scanner: The fMRI session used an event related design which included both passive viewing and subjective judgement of visual emotional material. MRS sessions used single voxel acquisitions of the pgACC with

a two dimensional JPRESS sequence which allowed spectral differentiation of GABA, glutamate and glutamine.

Results: Both patients and controls showed reliable negative BOLD responses (NBR) in pgACC during picture presentations, with significantly stronger NBR in controls. NBR correlated with GABA concentrations in the pgACC only in the healthy controls while a correlation between NBR and glutamate levels was found for MDD patients only. Glutamine showed correlations with NBR for both groups. Glutamine levels in the pgACC differed also between patients and controls and between highly anhedonic patients and patients with low anhedonia scores.

Conclusion: We could show that altered glutamate/glutamine cycling is related to neuronal abnormalities and state parameters like anhedonia.

CAN WE BELIEVE META-ANALYSIS? THE CASE OF VENLAFAXINE VS SSRIS

INSTITUTIONS

1. University of Ulm, Department of Psychiatry II, Guenzburg, Germany
2. Charite University Berlin, Social Medicine, Epidemiology and Health Economics, Berlin, Germany

AUTHORS

1. Stefan Weinmann^{1,2}, Dr., MD, DrPH, Stefan.Weinmann@gmx.de
2. Markus Koesters¹, Markus.Koesters@bkh-guenzburg.de
3. Thomas Becker¹, Dr., MD, T.Becker@bkh-guenzburg.de

Objective: There is an increasing number of newer antidepressants available claiming superiority compared to older ones. These claims need to be proven by meta-analysis. However, different meta-analyses may show differing results. The aim of this review was to evaluate the influence of methodological issues on the meta-analysis effect sizes in the case of venlafaxine vs. selective serotonin reuptake inhibitors (SSRIs) in major depression.

Methods: Following a systematic literature search, we pooled data on depression scores, response, remission and dropout rates. A number of sub-group analyses were performed.

Results: We could include seventeen studies. There was no significant superiority in remission rates (risk ratio [RR]= 1.07, 95% confidence intervals [95%CI]=0.99 to 1.15, numbers needed to treat [NNT]=34

and a small superiority in response rates (RR=1.06, 95%CI=1.01 to 1.12, NNT= 27) over SSRIs. We found a small advantage to venlafaxine in change scores (effect size=-0.09, 95%CI=-0.16 to -0.02, p=0.013), which did not reach significance when posttreatment scores were used (effect size=-0.06, 95%CI=-0.13 to 0.00). Discontinuation rates due to adverse events were 45% higher in the venlafaxine group. The main reasons for the differences between this analysis and previous industry sponsored reviews were the exclusion of low-quality-studies, avoiding to pool selectively reported study results and exclusion of studies available as abstracts only.

Conclusion: This analysis does not support a clinically significant superiority of venlafaxine over SSRIs. It seems that not only publication bias but also the choice of meta-analysis methodology may contribute to the inflation of antidepressant effect sizes.

A NEW VERSION OF INTEGRATED GROUP THERAPY FOR BIPOLAR DISORDER AND SUBSTANCE DEPENDENCE

INSTITUTIONS

1. Harvard Medical School, Boston, United States
2. McLean Hospital, Alcohol and Drug Abuse Treatment Center, Belmont, United States
3. West Chester University, Department of Mathematics, West Chester, United States

AUTHORS

1. Roger D Weiss¹, Dr., M.D., rweiss@mclean.harvard.edu
2. Margaret L Griffin¹, Dr., Ph.D., mgriffin@mclean.harvard.edu
3. William B Jaffee², Dr., Ph.D., wjaffee@mclean.harvard.edu
4. Rachel E Bender², Ms., rachel.e.bender@gmail.com
5. Fiona S Graff², Ms., fionagraff@gmail.com
6. Robert J Gallop³, Dr., Ph.D., rgallop@wcupa.edu

Aims

Bipolar disorder (BD) is the Axis I disorder with the highest risk of a co-occurring substance use disorder (SUD). However, treatment of patients with both disorders is understudied. We developed a manualized cognitive-behavioral treatment, Integrated Group Therapy (IGT), focusing on similarities in recovery from BD and SUD. In a previous randomized controlled trial, IGT was more effective than standard Group Drug Counseling (GDC) in reducing substance use. We conducted an effectiveness trial using substance abuse counselors with no previous CBT training, and reduced treatment from 20 to 12 sessions to increase feasibility.

Methods

A randomized controlled trial (N=61) compared 12 weekly sessions of IGT to GDC, with a 3-month post-treatment follow-up. We hypothesized that IGT patients would have fewer days of substance use and fewer weeks ill with a mood episode than GDC patients.

Results

Although patients in both treatment groups reduced their substance use and experienced mood improvement during treatment, IGT had better substance use and mood outcomes than GDC. During treatment, more IGT patients achieved complete abstinence, and IGT showed a trend toward fewer days of substance use during follow-up. Further, IGT patients had fewer weeks ill with mania than GDC patients during follow-up.

Conclusion

These findings corroborate earlier results showing that IGT is more effective than GDC for patients with BD and SUD. This study also demonstrates that substance abuse counselors can be trained to implement this intervention effectively, and that a shortened version of IGT remains effective.

Supported by NIDA Grants R01 DA15968, K24 DA022288

HEALTH-RELATED QUALITY OF LIFE IN RESTLESS LEGS SYNDROME IN THE SLEEP HEART HEALTH STUDY

INSTITUTIONS

1. Brigham and Women's Hospital, Division of Sleep Medicine, Boston, United States
2. Harvard Medical School, Boston, United States
3. Boston University School of Medicine, Boston, United States
4. V.A. Boston Healthcare System, Boston, United States

AUTHORS

1. John W. Winkelman^{1,2}, Dr., M.D., Ph.D., jwinkelman@sleephealth.com
2. Daniel J. Gottlieb^{3,4}, Dr., MD, MPH

Objective: This is an examination of the relationship between Restless Legs Syndrome (RLS) severity and health related quality of life (HRQOL) in a large community based study.

Methods: This is a cross-sectional observational study of 1271 men and 1550 women (mean age of 67.4 years) enrolled in the Sleep Heart Health Study, a community-based study of the cardiovascular consequences of sleep-disordered breathing. RLS was defined by positive responses on a self-administered questionnaire to the four IRLSSG diagnostic criteria, with symptoms occurring at least five times per month and associated with at least moderate distress. HRQOL was determined using the SF-36, a 36 item self-report instrument. Data were assessed using general linear models with adjustments for multiple covariates.

Results: RLS was associated with decrements in all physical domains of the SF-36 (Physical Functioning, Role Physical, Bodily Pain, General Health perception, and Vitality, all $p < 0.0001$ except Role Physical, $p = 0.013$). Higher frequency symptoms were associated with worsened scores for Bodily Pain and General Health. More bothersome symptoms were associated with worsened Physical Functioning. In the psychological domains, RLS was observed to have a negative effect on the Mental Health domain ($p = 0.0272$), but not on Social Functioning or Role Emotional domains. More frequent and more bothersome symptoms were associated with worse Mental Health scores.

Conclusion: This data further documents HRQOL decrements in RLS, and demonstrates that RLS severity, as measured by symptom frequency and bothersomeness, independently contributes to reductions in HRQOL.

ASSOCIATION OF SMOKING IN SCHIZOPHRENIA WITH GENETIC POLYMORPHISMS IN BRAIN DERIVED NEUROTROPHIC FACTOR (BDNF) AND BDNF LEVELS

INSTITUTIONS

1. Beijing Huilongguan Hospital, Division of Biological Psychiatry Research, Beijing, China
2. Mental Health Institute of Peking University, Peking University, Beijing, China
3. Beijing Huilongguan Hospital, Division of Biological Psychiatry Research, Beijing, China
4. Beijing Huilongguan Hospital, Division of Biological Psychiatry Research, Beijing, China

AUTHORS

1. Tan Yunlong¹, Dr., MD and PhD, yltan21@126.com

Objective: Brain-derived neurotrophic factor (BDNF) may play a role in the etiology of nicotine dependence and susceptibility to schizophrenia. Since schizophrenics also have a substantially increased rate of smoking, BDNF genes may be one of the factors connecting smoking to schizophrenia. The present work was therefore undertaken to examine the association of smoking in Chinese schizophrenics with two BDNF polymorphisms: -196G/A (Val-66Met) and -270C/T.

Method: The two polymorphisms were studied in 149 unrelated male schizophrenics, including 101 smokers and 48 non-smokers. Genotyping was performed via restriction fragment length polymorphism analysis. Serum BDNF levels were measured by sandwich ELISA.

Results: Individuals with G alleles (G/G+G/A genotypes) of

BDNF-196G/A demonstrated a 1.5 fold increased risk of smoking compared to those with A/A genotype (95% CI: 1.0–2.37, $p=0.05$). The combination into haplotypes showed that men with 196G+/270T+ and 196G+/270T- haplotypes had an approximately 3.6 and 2.7 fold increased risk of smoking, respectively, compared to those with 196G- /270T- haplotype. Furthermore, smokers had higher BDNF serum plasma levels than no-smokers ($p<0.05$). The G/G or G/A genotype in combination with high BDNF levels raised smoking risk in schizophrenia significantly when compared to those with low BDNF levels and the A/A genotype (OR=1.85; 95% CI: 1.17–2.78, $p=0.007$).

Conclusion: Our findings suggest that the G196A polymorphism in the BDNF gene, or another mutation in linkage disequilibrium with G196A, combined with high BDNF levels increases smoking risk in Chinese schizophrenics.

EFFECTIVENESS OF RATIONAL-EMOTIVE BEHAVIORAL GROUP COUNSELING ON RUMINATION, AGGRESSION AND BENIGN CONTROL OF CLIENTS

INSTITUTIONS

1. Islamic Azad university arak branch, Iran (Islamic Republic of)

AUTHORS

1. Mehdi Zarebahramabadi¹, mz_bahramabadi@yahoo.com

The goal of this study was investigation of effectiveness of Rational-emotive behavioral group counseling on rumination, aggression and benign control of clients in welfare counseling centers of Tehran city. To do so, 24 volunteer clients were intentionally selected from population of individual who had enrolled for attending group counseling sessions in counseling centers of Tehran welfare agency. They have been randomly divided in two groups (treatment and control group). On a pre and post-test design, the participants assessed by the Emotional control Questionnaire (1. Roger and Najarian, 1989). The data analyzed by the analysis of Covariance and LSD Posthoc test. Findings revealed that the Rational-emotive behavioral group

counseling were effective on the increase of aggression and benign control and decrease of rumination of clients. The findings prove the goals of Rational-emotive behavioral group counseling in control emotions of clients (2. Flanagan and Flanagan, 2004).

1. Roger, D. & Najarian, B. (1989). The construction and validation of a new scale for measuring emotion control. *Personality and Individual Differences*, 10(8), 845–853.
2. Flanagan, John. Flanagan, Rita. (2004). *Counseling and psychotherapy theories in context practice*. New York. John Wiley.

EXPLORATION OF PSYCHIATRISTS' ATTITUDES TOWARD EVIDENCE-BASED MEDICATION ALGORITHMS

INSTITUTIONS

1. St. Joseph Mercy Hospital, Department of Psychiatry, Ann Arbor, MI, United States
2. Eastern Michigan University, School of Health Sciences, Ypsilanti, MI, United States

AUTHORS

1. Thomas Zelnik¹, Dr., MD, zelnikt@trinity-health.org
2. Valerie Howells², Dr., PhD, vhowells@emich.edu

The objective of this paper is to present findings from a study that examined physician beliefs and attitudes about the use of algorithms in the treatment of psychiatric patients, the perceived barriers to use of algorithms, and the methods that physicians used to educate themselves about best practice.

The study employed a qualitative methodology in order to more fully understand the physician's experience. Ethnographic methods used included focus groups, in-depth interviews using a semi-structured interview format, and participant observation over a two year period. All interviews were audiotaped, transcribed, and independently coded by two members of the research team, a psychiatrist and a therapist.

Study findings were consistent with literature that suggests that complex barriers limit the impact of clinical practice guidelines on

physician behavior and that strategies to improve physician adherence may not be generalizable from one clinical setting to another (1). In diverse psychiatric practice settings that were the subject of this study, physicians were not resistant to the use of credible practice guidelines in principle. Use of practice guidelines were considered, instead, in the context of complex clinical reasoning and a collaborative physician/patient relationship. Several examples of the unique employment of guidelines in the care of psychiatric patients will be presented.

Successful implementation of credible clinical practice guidelines in psychiatric settings hinges on a rich appreciation of the physician/patient relationship and the culture in which it occurs.

- (1) Cabana MD, Rand C, Powe N, Wu A, Wilson M, Abboud PC, Rubin, HR. JAMA, 1999;282:1458-1465.

INTERNATIONAL CO-OPERATION IN POSTGRADUAL EDUCATION AND RESEARCH BY EATING DISORDERS AND FIRST RESULTS OF THE PILOT STUDY

INSTITUTIONS

1. 1. Medical Faculty, Charles University, Prague, Eating Disorders Unit, Psychiatric Department, Prague, Czech Republic

AUTHORS

1. Svetlana Zuchova¹, MUDr., svetlanazuchova@yahoo.com
2. Bibiana Bednarova¹, MUDr., bibiana.b@email.cz
3. Hana Papezova¹, Prof. MUDr., CSc.

Aims/Objectives: This project INTACT (Individually Tailored Stepped Care for Women with Eating Disorders) is a Marie Curie Research Training Network (RTN) that will research and develop innovative strategies for the optimization of health care in the prevention and treatment of eating disorders. There are 9 European centers of clinical excellence contributing by their national projects based on a postgradual educational program (weekly on-line seminars, workshops held twice a year).

Methods: We are presenting two parallel studies. In the first study, the goal is to investigate the course of the key symptoms of Anorexia Nervosa and patterns of change during the inpatient treatment. The second project aims to develop an aftercare chat program for patients suffering from an eating disorder and their families. This project is a continuation of the pilot study on multifamily therapy

conducted at the Eating disorders unit. One of the goals of the project is the implementation of new technologies into clinical practice (computerized data collection and evaluation by a specialized software Web-Akquasi).

Results: The preliminary results will be presented.

Conclusions: We are presenting our first experiences with applying new technologies in international collaboration in research combined with postgradual education.

Percevic, R., Gallas, Ch., Arikan, L., Mößner, M., Kordy, H. *Internet-gestützte Qualitätssicherung und Ergebnismonitoring in Psychotherapie*, Psychiatrie und psychosomatischer Medizin, Psychotherapeut, 2005, 51, s.395-397

AUTHORS INDEX

A

Abdelazim, Radwa Said 9
Abedi, Neda 12
Abrishami, Payam 9
Ahmed, Tanzeel 22
Akincigil, Ayse 17
Al-Sarraj, Safa 10
Alati, Rosa 10
Andreyev, Alexei 11
Andreyeva, Anastasia 11
Andreyeva, Vera 11
Angermeyer, Matthias C. 32
Arani, Ramin 18
Arbabi, Mohammad 12
Arun, C.P. 11
Avasthi, Ajit 29
A Ayonrinde, Oyedeji 12
A Mamun, Abdullah 16

B

Baker, Ross A. 18
Bakken, Anne M. 41
Banerjee, B. D. 22
Baroni, Stefano 34
Basar, Erol 38
Basirnia, Anahita 12
Bayat, Zahra 12
Beck, Johannes 47
Becker, Thomas 27, 47
Bednarova, Bibiana 50
Bender, Rachel E. 21, 48
Beran, Jiri 39
Bergeron, Lise 39
Bhatia, Manjeet S. 22
Björkly, Stål 41
Blagovidova, Olga Borisovna 13
Block, Thaddeus 33
Boeker, Heinz 47
Boesiger, Peter 47
Bonuccelli, Alessandro 40
Bor, W. 23
Brähler, Elmar 20
Brancaleoni, Greta 13
Burgalassi, Annalisa 40
Butterworth, Peter 14

C

Canteras, Miguel M. 31
Carlezon William, Jr. 14
Carmassi, Claudia 34
Carmo, Gail Pereira Do 14
Carrier, Edouard 37
Cary, Nathaniel 10
Castro, Cláudio C. 31
Cernovsky, Zack 46
Chakrabarti, Subho 29
Champion, Jane Dimmitt 15, 36

Chapman, Robert 10
Chaudhry, I. B. 38
Cheong, Hyun Sub 43
Chiu, Simon 46
Chukhrova, Marina G. 15
Churkin, Alexander Alexandrovich 13
Ciumageanu, Mugur D. 44
Clavarino, Alexandra M. 16
Coli, Elisabetta 40
Consoli, Giorgio 34
Crystal, Stephen 17
Csóigné, Katalin Sz. 24, 46
Cunningham, P. 38
Cyr, Mireille 39

D

D'Alcante, Carina C. 31
D'Souza, Wendy J. 30
David, Anthony S. 38
David, Evonne 34
Dawood, Nahe 22
de Mathis, Maria E. 31
Dell'Osso, Liliana 34
Dell'Osso, Mario Catena 34
Doaa A Khalifa 31
Dobryakov, Igor V. 17
Doraiswamy, P. Murali 18
Duran, Fábio 31

E

Edet, Basse E. 37
El-Shiekh, Mona M. 31
Elsayed, Yasser Abdel Razek Mohamed Hassan 35, 36
Elsom, Stephen J. 42

F

Fegan-Earl, Ashley 10
Fegert, Joerg M. 27
Filho, Geraldo Busatto 31
Finek, Jindrich 39
Frydrychowski, Andrzej F. 18
Fung, Vicki 23

G

Gallop, Robert J. 48
Garanian, Natalia 19
Gaskin, Claire 25
Giannaccini, Gino 34
Giasuddin, Noor A. 19
Giltay, Erik J. 20
Glaesmer, Heide 20, 32
Golia, Francesca 34
Götestam, K. G. 41
Gottlieb, Daniel J. 48
Gouvêa, Fernando S. 31
Graff, Fiona S. 21, 48
Greenberg, Benjamin D. 31

AUTHORS INDEX

Griffin, Margaret L. 21, 48
Grimm, Simone 47
Guntekin, Bahar 38
Gupta, Parveen Rani 21
Gupta, Ravi 22

H

Haddad, Peter M. 38
Hansen, Vidje 13
Haron, Yafa 22
Hayatbakhsh, Mohammad R. 16, 23
Heinrich, Sven 32
Heir, Hamoodi 22
Henning, Anke 47
Hess, Zdenek 39
Hewidi, Doaa H. 31
Hoexter, Marcelo Q. 31
Holubec, Lubos 39
Honda, Elisa Tatsuko 27
Howells, Valerie 50
Hsu, John 23
Husain, N. 38

J

Jacob, K. S. 40
Jacobs, David R. 20
Jaffee, William B. 21, 48
Jáki, Zsuzsanna 24, 46
Jalili, Seyed Ahmad 12
Janas–Kozik, Malgorzata 24
Jung, Han Yong 43

K

Kamel, Moustafa 35
Kasinathan, John 25
Kato, Satoshi 27
Katsardi, Maria J. 25, 28
Kaviani, Hosein 12
Kessell, Eric R. 26
Khalil, Mohsen Elsayed 26
Khanam, Masuda 19
Khaw, Damien A 42
Khlebnikova, Nadezhda N. 29, 30
Kiejna, Andrzej 41
Kilian, Reinhold 27
Kim, Eun Mi 43
Kim, Jae Won 43
Koenig, Hans–Helmut 32
Koesters, Markus 27, 47
Kondo, Shu 27
Koutsojannis, Constantinos M. 25, 28
Kremenets, Tatyana 18
Kromhout, Daan 20
Kruger, Christina 28
Krupina, Nataliya A. 29, 30
Krzyłowski, Janusz 18
Kulhara, Parmanand 29

Kushnareva, Ekaterina Yu. 29, 30
Kuteyi, Olufemi B. 37
Kwon, Young Joon 43

L

Lacey, Cameron J 30
Lee, Soo Ok 43
Leite, Cláudia 31
Lenz, Klaus 45
Lenzi, Francesco 34
Lopes, Antonio C. 31
Lotief, Farouk 31, 36
Luck, Tobias 32
Luppa, Melanie 32

M

Majkowiec, Mikołaj 33
Maldonado, Jose R. 33, 34
Marazziti, Donatella 34
Marinov, Petar M. 35
Martin, Alexandra 20
Matschinger, Herbert 32
McLaughlin S. 38
Meade, Christina 21
Meguid, Marwa Abdel 35
Menotti, Alessandro 20
Mewes, Riccarda 20
Meyer, Mark 36
Miguel, Eurípedes C. 31
Miyasaka, Lincoln Sakiara 27
Mohammadi, Mohammad Reza 12
Morshed, Nahid M. 19

N

Nahar, Jhunu S 19
Nahmias, Yron 22
Najman, Jakob M. 16, 23
Nakamura, Yosikazu 27
Nasser, Azza Abdel 36
Negus, S. Steve 14
Neveu, Dorine 37
Neveu, Rémi 37
Nissinen, Aulikki 20
Norén, Georg 31
Northoff, Georg 47

O

O’Callaghan, Michael 16, 23
Obuaya, Chi–Chi K 12
Okereke, Emmanuel C. 37
Omar, Abdel Nasser 35
Otsuka, Koichiro 27
Ozerdem, Aysegul 38

P

Pál, Gyöngyi 24, 46

AUTHORS INDEX

Pankiewicz, Piotr 18, 33
Papezova, Hana 50
Park, Byung Lae 43
Patel, Maxine X. 38
Perroud, Alain 37
Picchetti, Michaela 34
Piche, Genevieve 39
Pikalov, Andrei 18
Plante, Rodney 34
Podlipny, Jiri 39
Price, Mary 23

Q

Quynh–Van Tran 18

R

Rajkumar, Anto P. 40
Ramacciotti, Carla E. 40
Rasmussen, Steven A. 31
Riedel–Heller, Steffi G. 32
Rief, Winfried 20
Roaldset, John Olav 41
Rouse, David 10
Rymaszewska, Joanna 41

S

Sadeghi, Majid 12
Saha, Hiranmay 22
Salbach–Andrae, Harriet 45
Salzberg, Michael R. 30
Sandholzer, Hagen 32
Sands, Natisha M. 42
Saravanan, B. 40
Sawaguchi, Glaucia Tiyomi 27
Sfetcu, Raluca 44
Shadloo, Behrang 12
Sharma, Aarti 29
Sharma, Sunil 29
Shin, Hyoung Doo 43
Shin, Tae–Min 43
Shumway, Martha 26
Shuttlewood, G. 23
Siegel, Michele 17
Siu, Siu Kan 43
Solin, Pia C.M. 44
Sowiński, Piotr 18
Stanculescu, Manuela S. 44
Stopkova, Pavla 26
Swift, Benjamin 10
Szóke, Katalin 24, 46

T

Taha, Ghada Refaat A. 31
Taub, Anita 31
Terenyi, Zoltán 24, 46
Thiels, Cornelia 45
Tiran, Dror 22
Topolcan, Ondrej 39
Trbic, Vera 45
Tunca, Zeliha 38

U

Udofia, Owoidoho E. 37

V

Van der Starre, Pieter 33
Varga, Ákos 24, 46
Vasilieva, Maria 19
Velamoor, Varadaraj 46
Vevera, Jan 26
Vrzalova, Jindra 39

W

Walter, Martin 47
Weber, Stephan 32
Weinmann, Stefan 27, 47
Weiss, Roger D. 21, 48
Williams, G.M. 23
Winkelman, John W. 48
Wittig, Ulla 20
Woo, Sung–Il 43
Wysong, Ashley 33

Y

Yechieli, Rahel 22
Yunlong, Tan 49

Z

Zaki, Nivert M. 31
Zarebaramabadi, Mehdi 49
Zdun-Ryżewska, Agata 33
Zelnik, Thomas 50
Zitman, Frans G. 20
Zolotov, Nikolai N. 29, 30
Zuchova, Svetlana 50

NOTES

NOTES

NOTES

XIV WORLD CONGRESS OF PSYCHIATRY SPONSORS AND PARTNERS

PLATINUM SPONSOR



GOLD SPONSOR



SILVER SPONSOR





Cipralex - the power to tackle depression & anxiety at its core

beyond chasing symptoms



Cipralex Abbreviated Prescribing Information

Presentation "Cipralex", tablets containing 5, 10 and 20 mg escitalopram (as oxalate). **Indications** Major depression. Generalised anxiety disorder. Panic disorder with or without agoraphobia. Social anxiety disorder. Obsessive compulsive disorder. **Dosage** Usual dose 10 mg once daily. Maximum dose 20 mg/day. In the elderly (>65 years), in panic disorder patients and in patients with reduced hepatic function an initial dose of 5 mg/day is recommended. Caution in patients with severely reduced renal function. Not recommended in children

and adolescents (<18 years). When stopping treatment with escitalopram, the dose should be gradually reduced over a period of one or two weeks. **Contraindications** Hypersensitivity to escitalopram. Concomitant treatment with non-selective MAOIs. **Pregnancy and lactation** Careful consideration prior to use in pregnant women. Breast-feeding women should not be treated. **Precautions** The special warnings and precautions which apply to the class of SSRIs. Drug interactions Reversible, selective MAOIs. Selegiline (irreversible MAO-B inhibitor). Medicinal products lowering the seizure threshold. St. John's Wort. Enzyme inhibitors (e.g.

omeprazole and cimetidine) may require reduction of escitalopram dose. **Drugs metabolised by enzymes CYP 2D6 or 2C19.** **Adverse events** Adverse events, most frequent during first or second weeks, comprise the SSRI class adverse events, e.g. nausea, diarrhoea, and constipation. **Overdosage** Doses between 400 and 800 mg of escitalopram alone have been taken without any severe symptoms. Consult full prescribing information before prescribing.

H. Lundbeck A/S, Copenhagen, Denmark.
Date of preparation: January 2007