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The depression prevalence and psychosocial need satisfaction in teenagers

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Background and aims: The depression prevalence is 40-70% in teenagers. It is twice as many as boys. Insufficient parents' attention to psychosocial need satisfaction (PSNS) can be effective in teenagers depression. This research studied the depression and PSNS in girl students living in Kashan –IRAN 2006

Methods: It was a Descriptive- Cross sectional research that studied 509 high school students whom were selected randomly from the schools of Kashan 2006. The Beck questionnaire were used for depression determination; scores less than 5, 5-7, 8-15 and more than 16 were considered normal, mild, moderate and severe depression. The PSNS was studied by a researcher made questionnaire that its reliability and validity has been assessed scores which were considered for low psns was 1-31, moderate was 32-62 and high psns was 63-93. X2 and T test were used to analyze the data.

Results: The research showed that 53/3% of girls was depressed. The high PSNS were 49/9%, 62/2%, 84/1% and 87/3% in severe, moderate, mild and no depression girls respectively which showed significant direct relationship between PSNS and depression. The girl who were fully satisfied of psychosocial needs showed just 2/9% severe depression while the depression was 50% among girls with low PSNS ($p < 0/05$).

Conclusions: The parents' attention to psychosocial needs of teenagers can decrease depression in teenagers.

Keywords: Psychosocial need satisfaction, Teenager, Depression

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Comorbidity of adult attention deficit hyperactivity disorder in adult patients with bipolar disorder: prevalence and clinical correlates

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Aims: The objective of this study is to assess the frequency of adult Attention Deficit Hyperactivity Disorder (ADHD) comorbidity and the effect of ADHD comorbidity on various demographic and clinical variables in patients diagnosed with bipolar disorder (BD).

Methods: 103 patients with BD (51 female, 52 male) presenting at outpatient clinic of the BD Unit of the Department of Psychiatry of Çukurova University Faculty of Medicine were included in this study. All patients were evaluated for the presence of adult ADHD diagnosis and comorbidity using the entire SCID-I and the childhood ADHD sections of K-SADS-PL. Furthermore, the patients have also completed the Wender Utah Rating Scale (WURS-25) and Present Symptoms Scales.

Results: 13 of the 103 patients diagnosed with bipolar disorder (12.6%) were diagnosed with adult ADHD. BD patients with ADHD comorbidity had mood episodes at an earlier age and had higher numbers of previous total episodes, depressive and hypomanic episodes and higher numbers of hospital admittances than those without comorbidity. Overall, a larger portion of the patients with comorbidity had axis I comorbidities and panic disorder and alcohol abuse disorders were found at higher rates.

Discussion: Adult ADHD is a common comorbidity in BD patients, which adversely affects the course of the disease and disrupts the social adjustment of the patients. Regular monitoring and scanning that keeps in mind the diagnosis of ADHD, will help prevent the problems and complications in the disease process, particularly in patients with early onset BD.

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The features of emotion regulation in a clinical sample of youth in Hungary. Pilot study of 'feelings and me' questionnaire.

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Background and aims: In an earlier study we have found that emotion regulation in childhood and adolescence had been associated with depression and different type of suicidal behaviors. None of the studies has examined, however, the features of emotion regulation in youth with different psychiatric disorders. We thus investigated in a clinical sample of youth (N=400; ages 10-17 years) with internalizing and externalizing disorders the features of emotion regulation.

Methods: Our subjects were recruited from the inpatient unit of our hospital; children completed a self-rated scale of emotion regulation, "Feelings and Me" Questionnaire. The functional and dysfunctional, and the cognitive, behavioral and social domains of emotion regulation were examined.

Results: We found differences in the cognitive and behavioral emotion regulation strategies in youngsters with different diagnoses, that is children with internalizing disorder were more likely to exhibit cognitive than behavioral emotion regulation strategies, and youth with externalizing disorders could be characterized by more behavioral than cognitive emotion regulation strategies.

Conclusions: These results emphasize the importance of investigation of different emotion regulation strategies in internalizing and externalizing disorders, as a basis of cognitive-behavioral or contextual emotion regulation psychotherapy.

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Automutilation behavior and suicidal ideation in adolescent with bipolar disorder

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Background and aims: Automutilation behavior and Suicidal thinking are common in individuals with bipolar disorder. Few studies have investigated the prevalence of and risk factors for self-injury behavior and Suicidal ideation among adolescent patients.

Method: Patients aged from 13 to 18 years old with bipolar I or II disorder (DSM-IV criteria) diagnosed with structured interviews were evaluated using demographic, parents rearing style and adolescent self-rating life events checklist questionnaires to assess incidence and correlates of automutilation behavior and Suicidal ideation. Demographic and psychosocial characteristics were compared for patients with and without a history of self-injury and suicidal ideation.

Results: More boys attempted self-insult ($P = .035$) and more girls had suicidal thinking ($P = .005$). The 44% of patients with a history of automutilation behavior, compared with those without such a history, had more negative life events ($P = .000$); more paternal punish ($P = .024$), interfere ($P = .004$) rejecting and negation ($P = .008$) and maternal rejecting and negation ($P = .020$). The 67% of patients with suicidal thinking, compared with those without such a history, had more

negative life events ($P=0.033$); more maternal interfere and protection ($P=0.024$).

Conclusions: Our retrospective findings indicate that a history of automutilation behavior and suicidal ideation is associated with a more negative life events and more negative parental rearing style. Greater attention to realizing those at high risks for self-injury behavior and suicidal thinking could have an impact on bipolar disorder among adolescents.

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Maniacal type of bipolar affective disorder and sexual dysfunction

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Bipolar affective disorder (BAD) in 50% cases, begins after 40 years, when the sexual dysfunction number rises. In hypomaniacal condition patients don't apply to sexologists, as they perceive sexual sphere changes as positive. But psychotropic therapy influences on intimate patient's life, causing genital reactions weakness, libido decrease and orgasm disappearance. Psychotropic therapy effect on the sexual function depends on sensibility of a patient. We've described a patient P, 49 years old, with BAD. His complains went into clinical picture of sexual failure expectation syndrome, that have appeared after erectile dysfunction episode in time of psychotropic therapy (risperidone 0.012 per day, contemmol 0.6 per day). Patient interrupted this therapy independently and in order to prevent erectile dysfunction, began to intake the next mixture before intimacy: methyltestosterone 0.005 per intake, impaza 1 tab, johimbine 2 tab. Today, taking this therapy in combination with clopixol-depot 0.2 per month, contemmol 0.3 per day, cyclodol 0.002 per day, patient evaluates his erections as sufficient. But existing anxiety was the reason to visit sexologist. At reception he appeared hypomaniacal features with safety on the sufficient level libido. So, the psychotropic therapy, have been prescribed without taking into account its sexual function influence, leads patient independently change basic therapy. This causes unservice therapy regime and its low effect on the main psychiatry disorder, delaying remission appearance. This has to be remembered by the doctor, prescribing psychotropic therapy, especially upporting one, in patients, suffering from BAD.

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Oxcarbazepine as a mood stabiliser.

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Carbamazepine as a mood stabiliser: A well-known mood stabiliser. Oxcarbazepine is a metabolite of carbamazepine and works as an anti-epileptic, but it has a more favourable pharmacological profile. Researchers have been studying its mood stabilising effect in bipolar disorders for decades. We have carried out a retrospective study of 7 patient charts.

Results: 7 women; average age: 44 years old; onset of bipolar disorder at the age of 32.

Continuous use of oxcarbazepine: 26.1 months and continuous use of the previous mood stabiliser: 20.6 months. The percentage of time spent in euthymia improved from an average of 48% with the previous mood stabiliser to 62% with oxcarbazepine. The percentage of time spent ill both of (hypo)mania and of depression decreased respectively from 24% to 18% and from 25% to 19% with the use of oxcarbazepine. Improvement occurred with 4 of the 7 patients.

Conclusion: These results are in accordance with the literature. Oxcarbazepine has the advantage of fewer (drug-to drug) interactions than carbamazepine.

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Augmenting antidepressant psychopharmacological approach with cognitive-behavioural therapy in bipolar depression

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Background: Cognitive-behavioural therapy (CBT) is an augmentation strategy used in bipolar depression because it improves compliance to treatment, patient's insight into specific areas of daily behavior, allows patient to recognize early signs of disease and to cope with stressful events.

Objective: To analyse the efficacy and action onset of augmentation cognitive-behavioural specific techniques in patients diagnosed with bipolar depression that receive an antidepressant and anticonvulsant combination therapy.

Methods: A group of 18 patients, 6 male and 12 female, mean age 32.9, admitted in our clinic with bipolar disorder type I, major depressive episode (DSM-IV-TR) were distributed in two equally groups, one of them received only antidepressant drug plus anticonvulsant, the other combined psychopharmacological treatment with CBT. All patients received carbamazepine (flexible dose 400-600 mg/day) and selective serotonin reuptake inhibitor (SSRI): 7 patients fluoxetine 20-40 mg/day, 6 patients paroxetine 20-40 mg/day and 5 sertraline 150-200 mg/day. Inclusion criteria: Hamilton Depression Rating Scale 17 items (HAMD-17) over 17, Young Mania Rating Scale (YMRS) under 10. Exclusion criteria: axis I or II comorbidity. We used weekly for 4 weeks and monthly for 5 months HAMD, YMRS, Global Assessment of Functioning (GAF) and Clinical Global Impression (CGI).

Results: There was a significant better improvement in patients receiving CBT treatment (-12%HAMD, -14%GAF, -16%CGI). YMRS was stable in both groups. The onset of antidepressant action was observed earlier in CBT group (10.5 days compared to 17.5).

Conclusions: CBT stands as an efficacious augmentation strategy for patients who are treated with antidepressant and anticonvulsant therapy.

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Double-blind comparison of addition of acanthopanax senticosus versus fluoxetine to lithium for treatment of adolescent patients with bipolar depression

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Background: Adolescents with bipolar disorder are much more than people once thought. Although there have been multiple reports published regarding the treatment of manic symptoms in children and adolescents, albeit mostly open studies, the efficacy of agents to treat bipolar depression in this population has not been adequately studied. Treating with antidepressants such as tricyclic antidepressants and SSRI (selective serotonin reuptake inhibitors) should face the risk of mood switching and suicide. Acanthopanax senticosus has shown some antidepressant effect since the ancient china, and preliminary