

Conclusions: Compared to Japanese, Indonesian women's wishes are still sound. But taking precautions about health and eating behaviour is important.

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Anorexia nervosa: A probable factitious disorder by proxy

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Anorexia nervosa is a complex disorder. The etiology is diverse. We expose a case report of a 19 year old patient, with an atypical anorexia nervosa in a woman admitted as inpatient in traumatology. The consultation was made because extreme thinness. The patient and her mother, were averse to any intervention (to be weighed, measured...) This was only possible after menacing with judicial intervention. The BMI was 11.5 (weight 25 Kg and height 1.47 m).

Eating problems first appeared when she was 10 years old after being sexually abused. Depressive mood and anorexia were the main symptoms. Coincident with this her mother lost her job and started dedicating herself intensively to her daughter.

In spite of the precarious physical state with extreme thinness and amenorrhea, they do not make any consultation or treatment. The mother justifies the low weight as constitutional and related to stress.

At admission the patient collaborates with nutrition, no body scheme misperception is detected, and there is no anxiety with the rapidly weight gainance. The behavior of the mother remembers the relation of a mother with a baby, demanding even her admission in Pediatrics.

The acceptance and collaboration of the mother with symptoms reminds a factitious disorder by proxy. In this case the objective of the mother will not be to obtain hospital treatment but to maintain her daughter in a permanent childhood.

The possibility that this atypical anorexia case could be a factitious disorder by proxy is discussed.

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A clinical sample of children and adolescents with eating disorders in Brazil: Comorbidities and socio-demographic characteristics

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Adolescent onset eating disorders incidence has been rising over the past decades. The peak of incidence occurs in adolescence and the prevalence is 9 times higher in females. It was initially believed that anorexia nervosa manifested only in higher socio-economic levels. More recent studies have identified similar incidence of this disorder also in lower socio-economic levels, rural areas and Asian communities. This study aims to describe comorbidity, socio-demographic and clinical features of a sample attending the Child and Adolescent Eating Disorders Clinic of the University of São Paulo. The sample includes all patients attending the clinic between September 2001 and October 2006. Data was obtained from a package of clinical interviews named Development and Well-Being Assessment (DAWBA)[1,2] containing a session for eating disorders and from a socio-economic questionnaire, and analysed using the SPSS10 package. During the last 6 years 82 patients were treated, and approximately 11% were males. The main diagnosis was atypical anorexia nervosa followed by anorexia nervosa according to ICD 10. The main comorbidity was depression followed by anxiety disorders.

Approximately 50% of the sample attended free government schools, a indicator of lower social classes. We concluded that our sample, although coming from a public hospital in a developing country presents similar characteristics to other clinical samples in the developed world.

References

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Toward next (editions of DSM and ICD) classifications of mixed mania/state (a dipolar, non bipolar, structure/disorder)

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Bipolar (BI) Disorder (BD) is modelled using limit cycle oscillators, which characterizes its alternating nature: (Pure) (Hypo) Mania (PME) and Depressive Episodes (DE). Also, it is presented, within the mathematical framework designed by René Thom (Catastrophes Theory), the differentiation between BI structures-PME and Dipolar ones (DI)-Mixed Mania/Episode (ME). This differentiation is re-analysed through Ilya Prigogine thermodynamic construct scope of oscillatory systems, with strong fluctuations, and consecutive, emerging, accordingly to chaotic attractors, bifurcated structures. The results, even, at a clinical level, point to different mechanisms underlying BI and DI [PME responds to Lithium Therapy (Lt), contrasting with the poorer response to Lt revealed by Rapid Cycling, ME (and for instances, ethanol withdrawal seizures), which respond to agents that decrease - by quenching (through LTD), even, previously, kindled (through LTP) - the excitability of the implicated brain circuitries (such as anticonvulsive agents, rTMS). It is presented a model of the oscillatory character of NMDA glutamatergic system, within both contexts: BD/BI and ME/DI. In conclusion - detaining PME and ME different conceptual/biophysical, clinical and genetic foundations - it is proposed a revision of the worldwide classifications of Mental Disorders (DSM, ICD), concerning PME versus ME.

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Atypical antipsychotic drugs in severe anorexia nervosa: A case study

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Background: Serotonergic and dopaminergic dysregulation as a core feature of anorexia nervosa, might be amenable to therapeutic modulation by atypical antipsychotics which encompass differing serotonergic and dopaminergic receptor affinities. There were no enough well-controlled clinical trials of antipsychotic medication in AN. Therefore, case reports seem to be of the certain help for clinicians.

Aim of the paper was to present a case of AN diagnosed with (DSM-IV) anorexia nervosa, restricting subtype, who responded well to risperidone treatment.

Method: Psychopathology was evaluated by means of Eating Disorders Inventory (EDI-2) and Symptom Check List 90 (SCL-90-R). Patient was prescribed a starting dose of 0.5 mg/day of risperidone

(baseline), with subsequent titration up to 2 mg/day during 6 weeks. Than, drug treatment was stopped.

Results: With 6 weeks treatment on low-doses of risperidone, she started to gain weight during the next month, as well as to improve the attitudes toward eating. Moreover, normalization was evident in terms of body image alteration (BMI= 16.8); anxiety about meals was reduced; frequency of obsessive thoughts about body image decreased.

Conclusion: This case report suggests that the atypical antipsychotic risperidone is associated with significant improvement of AN symptomatology. We suggest that therapy with risperidone might be beneficial for severe AN. However, many questions could be raised: is it a therapy of choice, or it is a second, third or any other line of treatment; is it also beneficial considering further course of the illness; etc...

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Self-harming behavior, pain and body perception in patients with eating disorder

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Background and aims: Clinical reports indicate that 5-9% of adolescents injure themselves deliberately (2). Studies of self-injurious behavior point to higher rates in patients with personality disorders, mental retardation or eating disorder (deliberate self-harm /DSH/ is present by 30-40%). We are examining the relation between DSH and pain and body image perception (BIP) in ED patients. An elevated pain threshold is consistent finding in eating disorders (1).

Methods: Body image perception and dissatisfaction is measured by software Anamorphic Micro, Body attitude test (BAT) and Soma-toform dissociation questionnaire (SDQ-20). We diagnosed the comorbidity with Mini International Neuropsychiatric Interview. Pain threshold latencies for thermal stimuli were measured using the Analgesia meter (IITC Life science USA-Model 33) under mental arithmetic stress and rest conditions.

Results: Our preliminary data include comparison of 3 groups (ED /n=20/, ED with DSH /10/, controls /20/) were age, BMI, illness duration and diagnoses matched. 10 patients from the total of 93 were displaying DSH in the past. The ED-DSH group didn't show any differences in pain threshold from the controls (contrary to ED), but we found that the stress analgesia of the ED-DSH group was significantly lower than controls (p=0,01) and ED (p=0,03). Dissatisfaction characteristics from Anamorphic Micro correlated with BAT (r=-0,82; p=0,007) but not significantly with SDQ-20.

Conclusions: We found lower stress analgesia in ED-DSH group and we suppose that further pain and body perception studies are promising for understanding neuropathophysiology in ED.

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Mental bulimia and paroxetine treatment - monitoring CYP2D6 activity (preliminary results)

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Goal of the study was to evaluate the efficacy of paroxetine treatment in female patients with mental bulimia (MB) while monitoring CYP2D6 activity.

The study included 17 patients diagnosed with bulimia, 2 of whom dropped out. To date, results have been available for the first ten patients. EM (extensive metabolizers) phenotype was identified in 8 out of the 10 patients prior to paroxetine therapy; the remaining 2 patients were UM (ultra-extensive metabolizers). After 6 weeks of paroxetine therapy both patients with the initial UM phenotype had converted to EM. Out of the 8 bulimic patients phenotyped as EM, 6 converted to PM (poor metabolizers) status while 2 patients retained the EM phenotype. The 6-week paroxetine therapy improved the eating behaviour of patients who showed phenotype change from EM to PM or from UM to EM measured on the EAT scale. The global EAT score decrease was 16 points at EM/PM patients and 6 points at UM/EM case. This phenomenon may partly be explained by the greater availability of the medication substance in slower metabolization. Another piece of evidence supporting the hypothesis is the fact that neither improvement nor worsening of eating behaviour on the same scale (EAT) was observed in bulimic patients whose phenotype remained unchanged.

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Personality disorders in eating disorders: Analysis of clinical, psychopathological and personality differences

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Aim: The Aims of the current study are threefold: 1) to analyze the prevalence of Personality disorders (PD) in Eating Disorders (ED); 2) to compare clinical, psychopathological and personality differences between ED with PD vs. ED without PD; 3) to compare the differential observed prevalence of PD in ED and their healthy sisters.

Methods: 101 ED individuals and 34 discordant healthy sisters participated in the study. All the patients were consecutively admitted to our Unit. All patients met DSM-IV criteria for ED and were female. Assessment measures included the Eating Disorders Inventory-2 (EDI-2), the Symptoms Check List (SCL-90-R) and the Temperament and Character Inventory-R (TCI-R), The International Personality Disorder Examination (IPDE) as well as a number of other clinical and psychopathological indexes.

Results: As the most prevalent PD in ED, we found Borderline (21,5%, specially in BN), and the Obsessive-Compulsive PD (12%; specially in AN). When compared ED+PD and ED-PD, the former showed higher general psychopathology and ED severity, but also some specific personality traits (higher harm Avoidance, p<.001; and lower self-directedness, p<.001). From, comparing the ED and their healthy sisters, PD was more prevalent in the former (32.3% vs. 9.4%; X² =10,15, p<.001).

Conclusions: the most common PD in ED are Borderline (especially in BN) and the Obsessive-Compulsive PD (especially in AN). Comorbid PD was associated in ED to greater general psychopathology and higher ED severity. These results were found to be differential when comparing ED and their healthy sisters.

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