

**Introduction:** Run away Behavior in young girls is a complex social problem in Iranian adolescents. Psychiatric disorders may play an important role in run away behavior in young girls.

**Method:** Homeless young girls between the ages of 12 and 18 years (n = 100) referred to Zanzan Welfare Organization conducted structured clinical interview for DSM and personality questionnaire (MMPI-2) to assess the Axis I and II disorders.

**Results:** Most common Psychiatric Disorders were mood disorders (89%), Adjustment disorders (56%), Conduct disorder (36%), substance related disorders (12%), schizophrenia and other psychotic disorders (6%), in Axis I and, Cluster B Personality Disorders (53%) and mental retardation (6%) in Axis II.

**Conclusion:** Prevalence of mental disorders is high among young homeless girls that runaway from home and service providers should consider this important issue. A focus on familial problems may lead to other important reasons being overlooked. Services and supports need to take into account whether young girls leave home because of family problem or because they suffer mental disorders.

### P193

Metabolic and inflammatory parameters changes in schizophrenic patients during three months of treatment with long acting risperidone

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The aim of this study was to explore changes of metabolic variables (Glucose, HbA1c), lipids (cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides, Lp-a), and inflammatory variables (IL-6, CRP, and TNF- $\alpha$ ) during three months of treatment with long-acting risperidone.

The study was carried out as an open study, on 22 patients with schizophrenia (male N=14; female N=8), aged from 22 to 63 years (mean $\pm$ SD; 35.3 $\pm$ 6.7). Diagnosis of schizophrenia was based on ICD 10 criteria, and all patients fulfilled criteria for paranoid type of schizophrenia. Duration of illness was 1 to 10 years (mean $\pm$ SD; 4 $\pm$ 1.4 years). All patients were treated by only with long acting risperidone with doses of 25mg (N=16), 37.5mg (N=5), and 50mg (N=1) every two weeks.

We did not find any statistically significant differences in serum concentrations of metabolic (Glucose; F=0.471, p>0.01; HbA1c, F=0.512; p>0.01) or lipids (cholesterol, F=0.291; p>0.01; HDL-cholesterol, F=0.363; p>0.01; LDL-cholesterol, F=0.396; p>0.01, triglycerides, F=0.333; p>0.01; Lp-a, F=0.160; p>0.01) during three months of treatment of patients with schizophrenia with long acting risperidone. However, the three months of treatment with long acting risperidone caused a statistically significant changes of serum IL-6 concentrations (F=2.279; p<0.01) or CRP concentrations (F=3.279; p<0.01). Serum concentrations of TNF- $\alpha$  did not change during the three months of treatment with long acting risperidone (F=0.569; p>0.01).

In conclusion, the treatment with long acting risperidone is safe and don't influence on glucose or lipids metabolism. Also, the treatment with long acting risperidone decreases serum concentrations of inflammatory cytokines and in that way decreases the neurotoxicity of those inflammatory parameters.

### P194

Long-term efficacy of aripiprazole to treat psychosis in schizophrenia: Sub-analysis of two double-blind, haloperidol controlled studies

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**Background and aims:** To compare the efficacy of aripiprazole and haloperidol for the treatment of acute relapse in chronic schizophrenia.

**Methods:** Across two 52-week double-blind studies, 1294 patients with acute relapse of chronic schizophrenia were randomized to aripiprazole 30 mg/day (n=861) or haloperidol 10 mg/day (n=433). The mean change in (Positive and Negative Syndrome Scale) PANSS Total score, PANSS Positive score were secondary endpoints in both studies. Post-hoc, a measure of excitement and hostility was derived from PANSS score items by factor analysis. The scales were administered at baseline and at each double-blind study visit (Weeks 1-8, 10, 12, 14, then every 4 weeks to Week 52).

**Results:** Aripiprazole produced similar improvements to haloperidol in PANSS Total score (last observation carried forward, LOCF). Among those patients who completed the study, aripiprazole showed a significantly greater improvement in PANSS Total score compared with haloperidol at Weeks 26 and 52. A similar improvement in PANSS Positive score was seen with aripiprazole and haloperidol (LOCF and observed cases [OC]). Symptoms of excitement and hostility also improved similarly with both agents throughout the study (LOCF and OC).

**Conclusion:** Aripiprazole showed similar efficacy to haloperidol over the 52-week study, and significantly greater efficacy among those patients who stayed on treatment. Thus, aripiprazole is a useful agent for long-term maintenance therapy in schizophrenia.

### P195

Arsenic trioxide and olanzapine co-administration: Case analysis

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**Introduction:** Maximization of response with minimization of adverse effects is central to successful oncology chemotherapy. Since psychiatric comorbidity is significant in cancer patients, psychotropic co-administration with chemotherapy requires assessment of drug-drug interactions and cumulative adverse effects. Arsenic trioxide (ATO), indicated for treatment of relapsed acute promyelocytic leukemia (APL), prolongs QTc and has "black-box" warning regarding co-administration with medications with potential QTc prolongation. ATO administration is to be held if QTc > 500 milliseconds. This case describes ATO and olanzapine co-administration.

**Methods:** Case analysis with literature review.

**Results:** 43-year-old Caucasian male presented with relapsed APL characterized by non-traumatic bruising, anemia, and thrombocytopenia confirmed by bone marrow biopsy. Psychiatric comorbidity included Obsessive-Compulsive Disorder, Panic Disorder, and Bipolar NOS treated with fluvoxamine and benzodiazepines. Chemotherapy consisted of ATO, 0.15 mg/kg IV infusion over 2 hours. Fluvoxamine and fluconazole were discontinued early in treatment; olanzapine (2.5 mg bid) initiated thereafter effectively controlled obsessive-compulsive/affective features. Serial EKGs were performed; serum K and Mg were monitored daily and supplemented with intention of maintaining K>4.0 and Mg>1.8. EKG findings

revealed: mean QTc on fluvoxamine and fluconazole, before ATO, 447 (431-464); mean QTc after ATO initiation, before discontinuation of fluvoxamine and fluconazole, 474 (445-500); mean QTc after discontinuation of fluvoxamine and fluconazole, while on ATO, 466 (441-496); mean QTc after olanzapine initiation, while on ATO, 479 (450-497). No adverse cardiovascular events occurred during treatment with ATO.

**Conclusion:** This case suggests olanzapine can be safely co-administered with ATO. Further studies are indicated.

## P196

Themes in cultural competence: II. impaired access to mental health treatment with acetaminophen overdose

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**Introduction:** Access to mental health treatment is often negatively impacted by cultural bias. This may relate to non-acceptance of psychiatric diagnoses as true illnesses, perceived shame by patient or family, or even fear of ostracism. As a result, treatable patients remain untreated with unnecessary morbidity, direct costs, indirect costs, and potential mortality. This case addresses depression and overdose in a Chinese patient.

**Method:** Case analysis with literature review.

**Results:** 20-year-old Chinese single female was admitted for multidrug overdose (zolpidem/acetaminophen/clonazepam). When seen in psychiatric consultation, patient met DSM-IV criteria for Bipolar Disorder NOS, Anxiety Disorder NOS, and Polysubstance Dependence and was upset that overdose was unsuccessful. Patient described how parents were focused on performance success and would not accept her emotionality or depression stating “Depression, failure and suicide are not acceptable in China.” Patient summarized parental response to overdose: “they threw me in the basement with a basin where I kept vomiting for one day...then they thought that it was serious enough. They would come to the basement periodically and ask why I couldn’t stop crying. They said it was my fault.” Mother instructed medical team patient needed to “sleep, eat, and exercise” and insisted patient be told she was responsible for hospital bill and her decision. After treatment with N-acetylcysteine, elevated transaminases stabilized and the patient was transferred to an inpatient psychiatric hospital.

**Conclusion:** Cultural themes focusing on success and lack of acceptance of psychiatric illness can lead to increased morbidity and potential mortality.

## P197

A novel electronic continuous medical education system for clinical psychiatry and neuroimaging

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**Background:** eCME aims to create an electronic Continuous Medical Education system to aid the simple and cost-effective transfer of medical skills across Europe by proposing a unified integral pan-European mechanism of accreditation for CME courses as expertise appears concentrated in a limited numbers of centers of excellence within Europe while researchers in smaller centers have difficulties in accessing information and acquiring the necessary skills.

**Methods:** The eCME project will produce an on-line e-learning pilot in the English and Greek languages, with a multilingual potential, blended with hands-on medical courses, which focuses on the two critical and continuously evolving domains of clinical psychiatry and neuroimaging. This is achieved with the deployment of ICTs in order to develop an advanced, multi-lingual and secure e-learning platform through which CME can be carried out remotely across Europe. eCME incorporates content of a wide variety of multimedia formats taking advantage of the ever-increasing internet bandwidth availability across Europe.

**Results:** The concept of an electronic CME accreditation tool was acceptable to the Psychiatrists surveyed. The project results are expected to have a significant impact in the established practices of continuing vocational training of medical professionals, enabling them to maintain, develop and increase their knowledge, skills and professional performance, with subsequent benefits to the services they offer to their patients.

**Conclusions:** A novel electronic CME accreditation system like eCME could represent the means to addressing the European lack of access and thus gap of Psychiatric training.

## P198

Young medical professionals’ attitudes towards assisted death activities

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**Objective:** Little is known about how young medical professionals view euthanasia (EUT) and assisted death activities. The aim of this study is to investigate and to compare Greek final year medical students and medical trainees’ attitudes towards EUT and physician-assisted suicide (PAS).

**Methods:** To assess attitudes towards EUT and PAS we translated, adapted and modified, in a short version, the questionnaire developed by Ganzini et al (1996). The Greek version of the questionnaire consisted of 26 items. 251 final year medical students and 274 medical trainees completed the questionnaire. The survey was anonymous.

**Results:** 52% of medical students and 64% of medical trainees were for the acceptance of EUT. The view that PAS may be morally acceptable under some circumstances was endorsed by 76% of the students and by 79% of the trainees. 80% of the students and 81% of the trainees believed that withdrawing life sustaining medical treatments in terminally ill patients should be permitted. 54% and 38% of the students and trainees, respectively, believed that prescribing drugs to relieve pain in doses that may hasten death should be permitted.

**Conclusions:** A high percentage of the medical students and medical trainees were for the acceptance of EUT and PAS. Given the progress of legalization of EUT in many countries, the need for special education regarding many aspects of EUT is demonstrated.