

variable was a change from baseline to 1 hour on the 5-item PANSS cluster. After a 6-hour washout of all antipsychotics and benzodiazepines, 162 patients were randomized to receive 2 mg of an oral liquid solution of risperidone (+2 mg of lorazepam) or 5 mg of IM haloperidol (+2 mg of lorazepam) and evaluated for 24 hours. Data from this study will be used to assess the efficacy and safety of oral liquid risperidone administration and evaluate the use of noninvasive treatment as a viable option for patients in acute psychosis.

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#### P40.05

Formal clinical characteristics of delusional beliefs in psychotic depression

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**Objectives:** The aim of the study was to investigate the formal characteristics of delusional beliefs (DB) in unipolar psychotic depression.

**Methods:** The sample consisted of 66 consecutively admitted unipolar psychotic depressives (DSM IV criteria). The patients' DB were assessed on a semi-structured interview by means of three point ordinal scales of thirteen formal characteristics. All patients were also examined on HRSD and MMSE.

**Results:** Clarity and logicity (1) in form, lack of bizarreness (2), high rates of conviction (3), interference (4), emotional impact (5) and congruence with the affect (6), low rates of dismissibility (7), resistance (8), generalization (9), and affection to patients' overt behaviour (10), emerged as the most characteristic features of DB. Also, their systematization (11) and intersubjective evidence (12) were at a moderate degree and their duration (13) lasted less than 6 months. Patients with mood incongruent psychotic features scored lower on HRSD total score than patients with mood congruent and mixed psychotic features ( $\chi^2=10.6$ ,  $p=0.005$ , Kruskal-Wallis test). A Principal Component Analysis led to the extraction of four factors (delusional strength, cognitive disintegration, coherence, acute upsetting) with eigenvalues  $>1$ , jointly accounting for 57.6% of the variance. **Conclusion:** The DB of psychotic depressives may be better viewed as multidimensional phenomena which vary along a number of dimensions.

#### P40.06

Psychotic disorders related with the abuse of substances

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The present study tries to describe the patient's profile entered with the psychosis diagnosis due to the consumption of hallucinogenic substances (F1x. 5 - CIE-10), in the Unit of Sharp of the University Hospital San Cecilio (Granada), between January of 1995 and December of 2000, being a majority group between the 19 and 27 years, a high percentage of patient consumers of alone cannabinoids or in association (36%), what is in contradiction with the benign character that is attributed him; a high percentage of subject with associate psychiatric comorbidity; and a minimum percentage of hospital reentrance.

(1) Solomon J, Zimberg S, Shollar E (eds.) Dual diagnosis. Ediciones en neurociencias, Barcelona. 1996.

#### P40.07

Pharmacotherapy for ADHD in children and adults in the Scandinavian countries

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Scientific research and clinical experiences give strong support for the great value of pharmacotherapy with central stimulants (methylphenidate, dextroamphetamine) as part of treatment for ADHD. However, the principles for medication differ between various countries, including Scandinavia. In the year 2000 in Norway 0,35 %, Denmark 0,16 %, but in Finland only 0,02 %, of children and adolescents were on such medication. In Sweden the level of use was the same as in Denmark. An obvious increase of stimulant medication has been noticed in the country during last years and because of that and of earlier epidemic abuse of stimulants in the country the rules for prescription and follow-up are very well structured. For adults with ADHD Norway has a very clear organization for this kind of pharmacotherapy, while the situation in Sweden, Denmark and Finland is more obscure. The paper gives an over-view of different kinds of stimulant medication, its effects and side effects as well as the regulatory systems in the Scandinavian countries. Also included is a summary of alternative kinds of pharmacotherapy in ADHD and comorbid disorders.

### P42. Psychotherapy

#### P41.01

Pain thresholds and serotonin receptor 2A gene polymorphism in schizophrenic families

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Serotonin system influences a number of behavioral functions including pain sensitivity and is supposed to take a part in pathogenesis of schizophrenia. We studied pain thresholds and a number of other psychophysiological and personality parameters in 33 schizophrenic patients and 65 their first-degree relatives, who were genotyped for the serotonin receptor 2A (5HT<sub>2A</sub>) gene polymorphism. Patients and their relatives did not differ from 22 healthy controls on pain sensitivity. Parents had significantly higher pain thresholds than patients and sibs. In the patients 2/2 genotype was associated with an increase in pain thresholds, more negative symptoms and lower scores of anxiety-related personality traits. In the group of relatives, persons with 2/2 genotype had significantly lower pain thresholds than those with 1/1 and 1/2 genotypes. These preliminary results do not support the idea that pain sensitivity may be a psychophysiological marker of genetic predisposition to schizophrenia. However, the results indicate that an increase in pain threshold might be one of the traits associated with a "negative" subtype of schizophrenia.