

21.0. YMRS-1eA score 27, YMRS-1eR score 4, MADRS-1eA score 23, MADRS-1eR score 3, YMRS-2eA score 23, MADRS-2eA score 21. The patient did not change her diet during the course of illness.

Conclusions: In this case low STChol was associated with the onset of mixed episodes of BD and normalised after remission of episode. Low STChol could be a state marker or risk factor for mixed episode of BD. Further investigations are needed to explore the possible relationship between STChol and course of different episodes of BD.

P0132

Familial loading in bipolar disorder and substance use disorder

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Background: Bipolar disorder and substance use disorder have well documented genetic component. Among Axis I disorder bipolar subjects have highest comorbidity for alcohol and substance use disorder, ranging from 17 to 60%. Some Authors find a familial association between bipolar disorder and substance use disorder, suggesting the question if these disorders share a common genetic liability.

Aims: To investigate familial loading in bipolar disorder (with and without alcohol/substance use disorder) and in patients with substance use disorder.

Methods: Sampe (62 patients with bipolar disorder and alcohol/substance use disorder-DD, 23 patients with bipolar disorder-BD, 22 patients with substance use disorder without mood disorder-SUD) was recruited in Psychiatric clinic of Pisa and Dependence Department of Pisa and Bolzano. Instruments: SCID-IV-I/P for Axis I diagnosis and Family History Screen (Weissman, 2000).

Results: Bipolar pts (DD and BD) have higher familial diathesis for manic and depressive episodes respect DUS probands ($p \leq 0.001$). Moreover DD show higher familial loading for alcohol/substance use respect BD ($p=0.000$). Abuser subjects (DD and SUD) show higher familiarity for conduct disorder respect BD ($p=0.008$)

Conclusions: DD pts show a double familial loading, both for mood disorder (respect SUD), and for alcohol/substance use disorder (respect BD). Probably the familial loading for substance use disorder and mood disorder are distinct and they are both present in dual diagnosis patients.

P0133

Comorbidity between personality disorders and bipolar disorders

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Introduction: The complex interrelationship between personality disorders and bipolar disorders is still a controversial aspect with multiple diagnosis, therapeutic and etiologic implications.

Comorbidity has been defined as the presence of more than one disorder in the same patient at the same time.

Methods: We made a literature review between 1995 and 2005 about comorbidity in bipolar and personality disorders.

Results: There are different studies that agree the theory that personality disorders are previous forms of bipolar disorders.

Besides, it is important to consider the effect that bipolar disorders have over personality.

In the last years, different authors have suggested that co-morbid personality disorders predict a worse evolution in the course of the bipolar disorders, finding recurrent and resistant to treatment affective symptoms.

The co-occurrence studies of personality and affective disorders have ranged from 3 to 70%.

If we take the global n (428) of all the reviewed articles, we see that the percentage of comorbidity between personality disorders and bipolar disorders is almost the 48% of the studied patients. Looking at the most prevalent cluster, cluster A is the 13%, cluster B is near the 39% and cluster C the 35%.

Conclusion: Personality traits, dimensions and personality disorders seem to play an important role in the evolution of bipolar disorders.

The identification of these specific personality traits and the knowledge of the influence in the evolution of the illness are extremely important in the treatment and prevention of bipolar disorders.

P0134

Bipolar depression. Characteristics in a first episode of bipolar sample

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Background and Aims: Depression is highly recurrent in Bipolar patients, causes more disability than other manifestations of the illness and depressive symptoms predominate over manic and hypomanic symptoms. Our aim is to describe whether in our sample we can find some specific differences from the early course of the illness.

Methods: 33 patients meeting DSM-IV criteria of Bipolar Disorder I and II whose illness onset was less than 5 years from the first Manic/ hypomanic episode or/and less than 10 years from the index depressive episode. Recorded variables included socio-demographic, clinical, treatment characteristics and scales (HRSD, YMRS, BPRS, GAF). Analysis was performed using SPSS Version 12.0.

Results: 57.6% were male, 42.4% female, mean age 34.42 years. 2 Patients (6.2%) were depressed when inclusion and 8.8% had had a depressive episode before were included in our Program.

The mean number of depressive episodes was 1.88 (SD 3.58). Only 1 patient had had self-harm intent. 15.2% has first degree family history of Unipolar depressive disorder and 20% of Bipolar disorder. 6.2% were hospitalized because a depressive episode.

Conclusions: We found less rates of depressive episodes than we found in the literature with less sub-syndromal and syndromal depressive symptoms than in routine bipolar population that could be explained by the short course of the illness in our sample. More research should be done to study bipolar depression in early phases to find predictors that help us to decrease the high impact it has in the disorder.

P0135

Development and evaluation of a new patient-reported instrument: The Bipolar functional status questionnaire

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Aims: The Bipolar Functional Status Questionnaire (BFSQ) is a novel patient-reported instrument designed to assess day-to-day functioning among patients with bipolar disorder. The development and psychometric evaluation of the BFSQ are described.

Methods: Constructs of the BFSQ were identified through literature review, expert consultation, and patient interviews. Iterative sets of interviews with additional patients were conducted to inform item reduction and revisions. 596 patients completed the BFSQ and a series of other patient- and clinician-reported health assessments during a multi-site validation study. Participants included three patient groups: 148 patients who were hypomanic or recently recovered from a manic episode within the last month, 215 patients who were currently depressed or recently recovered from a dysthymic episode within the last month, and 233 patients whose mood had been stable for a minimum of 2 months. Test-retest was assessed in 187 stable patients using data from a second administration. Additional analysis evaluated the factor structure, internal consistency, reliability, and validity.

Results: Exploratory and confirmatory factor analyses indicated that a one-factor structure best fit the data, providing support for a total score. Item-level descriptive statistics, Cronbach's alphas, and validity correlations all met standard criteria. Furthermore, the BFSQ demonstrated superior ability to discriminate among the three subgroups.

Conclusions: The BFSQ is a psychometrically sound measure of functional status among bipolar patients. Efforts are underway to gather evidence for its responsiveness. The ultimate goal is for the BFSQ to facilitate the identification of treatments, which maximize functional status and ultimately improve patient adherence to treatment.

P0136

Frequency of comorbidity between bipolar disorder and substance abuse

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Aim: We want to study comorbidity between substance abuse and bipolar disorder in patients who have been examined in psychiatric department as outpatients.

Material: We examined 48 patients with bipolar disorder for two years and we investigated how many of the patients had the diagnosis of substance abuse. The diagnosis was according to DSM IV-TR diagnostic criteria. We used BPRS scale, Mini scale, GAF and self-report scale SF-36 Health Survey. Our patients were between 18 and 65 years old. They had done blood and urine tests.

Results: Men were more often substance abusers than women but it seems that it starts to change in the younger populations. 22% of our bipolar patients were in a lifetime period substance abusers, especially alcohol and cannabis and more seldom cocaine and heroin. The results of pharmacological treatment were better in patients who weren't substance abusers.

Discussion: Our findings are limited in a small population group. There is need to conduct further studies in which the patient's sample will be larger and the design of the studies will include more agents.

P0137

Change of prescription patterns for bipolar disorder in a clinical setting: A 6 year longitudinal survey

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Objective: A Survey of changes in prescription patterns for Bipolar Disorder in a clinical setting and of coherence to therapy guidelines..

Methods: We collected data about demographic variables, diagnosis and discharge medication of all patients diagnosed with bipolar disorder admitted to the University Clinic for Psychiatry I, Salzburg, between January 2002 and October 2007.

Results: 679 bipolar patients (373 female / 306 male) with a total number of 3217 admissions to our hospital during an observational period of almost 6 years were included in the survey.

Results and Conclusions: Since 2002, a substantial change of prescription patterns in bipolar patients has taken place, with a trend towards valproate and atypical antipsychotics and against lithium and typical antipsychotics. Modern antidepressants are routinely used in the treatment of bipolar depression. Combination strategies of two or more compounds are common. In general, adherence to treatment guidelines was high with the possible exception of very frequent use of antidepressants in bipolar depression.

P0138

Relationship between depression and hostility among teachers

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Objective: The purpose of the present study was to examine the relationship between depression and hostility among teacher.

Method: Participants were 531 teachers of education organization of Golestan province in Iran. The mean age of the participants was 37.49 years (SD = 5.58) and ages ranged from 21 to 50 years old. There were 215 men and 316 women. Measures: All participants completed a questionnaire booklet containing one self-report measures: The Symptom Checklist-90-R (SCL-90-R).

Results: The results of the present study demonstrate that: 1) Correlation between depression and teacher's hostility is meaningful and positive ($r = 0.714$, $p < 0.001$).

Conclusions: The present study revealed that a more depression is associated with a high level of self-reported hostility.

Key words: hostility, Depression, Teachers

P0139

Long-term efficacy and safety of Aripiprazole in children (10-17 yo) with mania

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Background: There is limited published data from long-term pediatric bipolar clinical trials with which to guide appropriate treatment decisions. Long-term efficacy and safety of aripiprazole was investigated in this patient population.