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Background and aims: Working memory and executive functions, connected with the activity of prefrontal cortex play an important role in complex mental processes. Wisconsin Card Sorting Test (WCST) is a main tool used for neuropsychological assessment of prefrontal cortex activity. Molecular genetics studies show the association between the performance on WCST and polymorphism of dopaminergic system genes in schizophrenia and healthy subjects, also with polymorphism of BDNF gene in bipolar disorders.

In this study an association between performance on WCST and polymorphisms of selected candidate genes was assessed.

Methods: The study included 200 healthy volunteers aged 18-60 years. Neuropsychological assessment was performed using WCST and following domains were evaluated: perseverative errors (inability to change the reaction), nonperseverative errors (attentional inability to avoid distraction), number of completed categories (ability to utilize new information), percent of conceptual responses (ability of conceptual thinking) and set to complete 1st category (ability to formulate a logical conception). Genotyping were done for polymorphism of dopaminergic: D1receptor (-48A/G) and catechol-O-methyltransferase (COMT108/158Val/Met), serotoninergic (5-HTTLPR), glutamatergic: FYNkinase (93A/G, IVS10+37T/C, Ex12+894T/G) and neurotrophic: brain-derived neurotrophic factor (BDNF:C-270T,Val66Met) genes.

Results: A/G polymorphism of DRD1 gene was connected with better results on trials to complete 1st category. Better performance on nonperseverative errors was observed in females with Val/Val genotype of COMT. The C/T genotype of C-270T BDNF polymorphism was associated with higher percentage of conceptual responses.

Conclusion: The results obtained suggest a contribution of studied candidate genes to working memory and executive functions efficiency, connected with prefrontal cortex activity, in healthy subjects.

Poster Session 2: DIAGNOSIS AND CLASSIFICATION ISSUES

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Doctor, can one see worms in a scan? Clinical case of headache attributed to psychotic disorder

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Background: The International Classification of Headache Disorders (2nd. Edition) recognizes, among headaches secondary to psychiatric disorders, the relatively rare ones attributed to psychotic disorders.

The Delusion of Infestation has unknown prevalence. It may occur at any stage, but is more frequent in senior individuals. The rate male-female is 1:1 and 3:1 before and after 50 years old, respectively. The diagnostic classification reveals a great rate of "pure forms" (Delusional Disorder according to DSM-IV or ICD-10), but the syndrome was also described in Schizophrenia, Affective or Organic Psychosis, or even as a neurotic symptom.

The present report describes the case of one 56 years-old woman admitted to a psychiatric ward due to a Delusion of Infestation. This condition was evolving for several years with the occurrence of both visual and coenaesthetic hallucinations. Complaints were of severe unspecific headaches with delusional believes about its aetiology (brain infestation). No alterations were detected after an organic medical examination. She started antipsychotic and antidepressive medication, with consequent decrease of the delusions. The patient is currently in recovery, referring reduced pain and no delusion ideation.

Aim: To describe a clinical case of headache secondary to Delusion of Infestation.

Material and Methods: Clinical file review, bibliographic review.

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Does actigraphy differentiate ADHD subtypes?

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Objective: Attention deficit hyperactivity disorder (ADHD) is a developmental syndrome expressed along three domains: inattention, hyperactive-impulsive, and combined type. To compare subtypes of attention-deficit/hyperactivity disorder (ADHD) (predominantly inattentive and combined types) and a comparison group on an objective measure of activity level (actigraphy).

Method: Actigraphs were worn by 21 children (19 boys, 2 girls) during 3 full-days clinical diagnostic assessment.10 subjects had a diagnosis of ADHD predominantly inattentive type, 11 had ADHD combined type. Children were diagnosed as having ADHD by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. **Measurements**: ADHD: ADHD Rating Scale DSM IV- Home Version to subdivide children into those with predominantly attention deficit, mainly hyperactivity, and those with both aspects equally. Mean actigraph scores were calculated for tree days.

Results: There were no significant group differences in activity level between two groups; there were no differences between ADHD subtypes. There was poor correspondence between parent report and actigraphy.

Conclusions: These data no support specifications in the DSM-IV regarding hyperactivity in ADHD. Furthermore, the findings contradict specifications in the DSM-IV that suggest that children with ADHD combined type should be more hyperactive than children with ADHD predominantly inattentive type.

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Schizoafective disorder: diagnostic difficulties − about two clinical cases

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Kasanin first used the term "schizoafective disorder" in 1933, to describe a sub-group of patients with simultaneous schizophrenic and affective symptoms, and relatively good prognosis. Discussions

were held afterwards about the possibility that this category could simply be considered a subtype of schizophrenia or affective pathology, or placed in a continuum between both disorders, or individualized as a distinct clinical entity.

Now-a-days, the controversy still exists, being quite probably the most controversial diagnosis in the international classifications.

The authors make some theoretical considerations about the theme and present two clinical cases that illustrate these diagnostic difficulties.

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A model for analysis of non verbal parameters in n-dimensional space

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Cartesian model of thinking request certain norms difficult to apply in psychiatry. We consider much interesting to realize informatics programs aimed to defining clusters of pathology in a different manner than medical judgment. These clusters must be defined by experts (psychiatrists) familiar to the geographic area and the socio-cultural characteristics of it. In concordance with these conditions, the diagnosis must be viewed as a variable distance from the center of gravity area of cluster that defined certain disorder. Also, the course and prognostic must be consider as status modification vector during the serial investigations and the normal status is considered to have more typologies but in essence to represent a liberty of movement in behaviour's space with a correspondence between the input and output status from the psychic's system. The probe itself will represent a paraclinic measure to support the doctor's experience and to argument the diagnosis and to follow the treatment evolution.

The paper continue the workshop presented in Nice, last year, where we presented the automatic analysis of gait, voice, gestures, writing, etc.

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Psychiatric morbidity of employed mothers 6-weeks and one year after childbirth: A prospective study of adaptation

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Objective: To assess the adaptation of employed mothers one year after childbirth depending on 6-weeks psychiatric status and received treatment.

Method: A prospective study was designed. A randomly stratified group (according to EPDS score) of 325 employed mothers was interviewed at 6-weeks postpartum to establish psychiatric diagnosis according to DSM-IV criteria (SCID-I). Some cases were treated (mostly diagnosed of major depressive and panic attack disorders). 258 mothers were reassessed with the same procedure one year later. Chi-square was calculated to determine if psychiatric diagnosis one year after childbirth is related with psychiatric diagnosis at 6-weeks postpartum. Odds ratio (OR) were calculated to determine the increased risk of having a disorder at one year according to 6-weeks psychiatric diagnosis.

Results: At one year, 50% of women in our sample were psychiatric cases and were significantly associated with clinical diagnosis at 6-weeks (X^2=52.91; gl 2, p<0.001). The risk of being a psychiatric case at one year was three times higher (OR: 3.35; CI95%: 1.62-6.93) for non treated cases and nine times (OR: 9.46; CI95%: 4.96-18.06) for treated cases.

Conclusion: Half of our sample received a clinically relevant psychiatric diagnosis at one year.

Our results support the hypothesis that maternity is a vulnerable period for psychiatric disorders. Additionally many cases receiving treatment do not remit or remit partially and tend to chronification. The special characteristics of this population suggest that specific treatment units with specialized professionals are needed.

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Bibliometric analysis about the diagnostic criteria used in psychiatry (1980-2005)

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The present versions of Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) is being revised and their update will be published in a close future. In this sense, our purpose was to know the use of diagnostic criteria, in the Psychiatry area, since a bibliometric perspective.

The material studied was selected using databases (EMBASE & MEDLINE) during 1980-2005 period. Those documents that include the descriptors DSM*, ICD*, diagnostic criteria, Psychiat*, drug* were selected. We applied some bibliometric rules as Pricés Law of increasing in scientific literature.

A total of 11916 (DSM), 2019 (ICD), 30 (Chinese Classification of Mental Disorder), 5 (Cuban Glossary of Psychiatry and Latin American Guide for Psychiatry) documents were obtained in Medline database. Our results show nonfulfilment of Pricés Law because production on DSM or ICD does not grow exponential (yDSM=54.576e0.1255x ; rDSM=0.95; yICD=4.2643e0.1616x; rICD=0.93), after linear adjustment (yDSM= 35.381x-50.295; rDSM=0.98; y=7.7221x-34.931; rICD=0.98). Journals of American and European associations with the highest IF were selected from EMBASE database: American Journal of Psychiatry (IF=8.286; PaIDSM=12.39; PaIICD=0.58) and British Journal of Psychiatry (IF=4.956; PaIDSM=5.62; PaIICD=1.88).

During last years, the uses of diagnostic criteria (DSM or ICD) have increased in scientific literature. Nevertheless, documents that use other classifications are rather little.

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Prediction of violent behavior in acute psychiatric inpatients

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Background and aims: Violent behavior is a serious complication in acute psychiatric inpatients. Several risk factors are known that facilitate such behaviors, preventive measures are however difficult to evaluate, since prevented violent events usually are not recorded.