P01.119

IMPLICATION OF 5HT1A RECEPTORS IN MALE ALCOHOLIC PATIENTS

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a) Background: In human, several studies have demonstrated a serotonergic hypoactivity in alcoholism. However, little is known about the role of 5-HT1A receptors.

b) Design: We assessed the hormonal (prolactin and cortisol) and temperature responses to flesinoxan 1 mg/70 kg (a highly potent and selective 5-HT1A agonist) in 12 male inpatients meeting DSM-IV criteria for alcohol dependence. Patients were assessed more than 3 weeks after the last reported use of alcohol and antidepressants. They were compared to 10 age-matched male controls.

c) Results: There was a highly significant difference between alcoholic patients and controls for the area under the curve relative (AUCr) values of prolactin responses: 5232 ± 7734 microUI min/l vs 16 233 ± 9892 microUI min/l ($F1,20 = 8.58$, $p < 0.008$). AUCr values of cortisol responses to flesinoxan were significantly lower in alcoholics compared to controls, but only at a trend level: −1 478 ± 2927 microg min/l vs 2424 ± 5973 microg min/l ($F1,20 = 3.99$, $p < 0.059$). AUCr values of temperature responses did not differ between alcoholics and controls (22.3 ± 38.0 °C min. vs −32.8 ± 22.9 °C min.).

d) Conclusion: These partial results support the implication of the serotonergic system, and particularly of 5-HT1A receptors, in alcoholism. Further studies, with larger samples, should confirm these results and point out if specific symptoms in alcoholic patients, such as impulsive agressive behaviours or craving are linked to this serotonergic hypoactivity.

P01.120

ELECTROCONVULSIVE THERAPY IN PATIENTS WITH SILENT CEREBRAL INFARCTION AND MAJOR DEPRESSION

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Prevalence of depression in elderly people is ranging from 18–38%. Post stroke depression /PSD/ is frequently observed in this group of patients with magnetic resonance imaging showing subcortical white matter and periventricular hyperintensities and left frontal lobe lesions.

We present four cases of female patients aged 61–68 y who meet DSM-IV criteria for major depression and were admitted to hospital as resistant to antidepressive chemotherapy. In Hamilton Depression Rating scale /HAMD/ they have met criteria for major depression. Mini Mental State Examination showed cognitive disturbance in one patient /score 19/. Just one of the patients had positive dexamethasone suppression test. Electroconvulsive therapy /ECT/ was indicated and during diagnostic procedures including brain MRI we found cerebrovascular infarctions but no neurological focal symptoms and patients were not previously treated for CVI. In these cases, MRI showed frontal and left parietal subcortical white matter ischaemic lesions. All patients were ECT responsive and were administrated 5–7 sessions of bilateral ECT with a brief pulse device Thymatron. During the ECT course dose of antidepressive chemotherapy /SSRI/ was moderately reduced. HAMD score after the ECT course showed significant reduction of depressive symptoms. We indicated the continuation ECT continuing the same dose of antidepressants and patients did not relapse during the course of six months.

These cases show that chemotherapy resistant major depression in elderly people can be caused by SCI and point to ECT as to one of the possible treatment of choice.

P01.121

LATE-ONSET AGRANULOCYTOSIS DURING CLOZAPINE TREATMENT: A CASE REPORT

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Clozapine is an antipsychotic with main advantages. For patients on clozapine, the period of highest risk of agranulocytosis is during the first 12 to 18 weeks of treatment. In this case report, we would like to present a patient who developed agranulocytosis at 25th month of clozapine treatment.

Case Report: Mr. A was a 36-year-old man who had met DSM-IV diagnosis of chronic schizophrenia, paranoid type. He was on clozapine because of inadequate treatment response. The drug dosage was titrated gradually to 400 mg per day. All of his laboratory workup was unremarkable. The patient's baseline white blood cell (WBC) count was 7800/mm3. During his 20 month long follow ups, his WBC counts range between 6000 to 10.000/mm3. On 21st and 22nd month of treatment, his WBC count declined to an average of 4500, on 24th month to 3100/mm3. No specific reason for this decline could be identified. However on 25th month, the patient had high fever with a WBC count of 2400/mm3. Agranulocytosis was diagnosed, the clozapine was discontinued. After the cessation of clozapine, WBC count started to increase to normal limits one week after cessation confirming a drug related adverse effect.

Discussion: This case report emphasizes the importance of the stringent mandatory requirements for blood monitoring in patients given clozapine even after two years of clozapine treatment. Clinicians should always be aware of this adverse effect, record the WBC counts to avoid agranulocytosis and related conditions that could occur at any time of the clozapine treatment.

P01.122

PERSONALITY DISORDERS IN PATIENTS WITH BIPOLAR-I DISORDER

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Objective: The results of researches in recent years showed that the prevalence of personality disorders (PDs) among bipolar patients varied within range of 45% to 65%. The aim of this study were to determine the prevalence of PDs in patients with bipolar-I disorder in remission, and assess the effects of comorbidity.

Method: 43 bipolar-I outpatient were included in this study. Patients were evaluated with PDs versions of the Structured Clinical Interview for DSM-III-R. A data form inquiring sociodemographic features and variables associated with the disorder were also administered.

Results: 27 patients (62.8%) had at least one comorbid personality disorder (PD). 72% of all female cases, and 50% of male cases were found to have at least one comorbid PD.The prevalence of PDs as clusters in bipolar-I patients were as follows; 51.2% C cluster PDs, 25.6% A cluster PDs, 18.6% B cluster PDs. We determined that obsessive compulsive PD (39.5%) was the most

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common comorbid PD in bipolar-I patients. Presence of at least one PD were significantly associated with the number of previous episodes ($p < 0.05$). Statistical significance was also obtained in between previous suicide attempts and presence of at least one comorbid PD ($p < 0.05$)

Conclusions: Our results suggest that clinicians in practice treating bipolar patients should always be aware of the presence of comorbid PDs. Significantly higher rates of suicide attempts and previous episodes were found in patients with comorbid PD which possibly indicate poor prognosis in the course of the disease and poor compliance to the treatment.

P01.123

COMORBIDITY OF ANXIETY DISORDERS IN PATIENT WITH BIPOLAR-I DISORDER

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Objective: The results of researches in recent years strongly supported a higher comorbidity of anxiety disorders in patients with bipolar disorders than with normal population. The purpose of the present study was to investigate the anxiety disorder comorbidity in patients with bipolar-I disorder.

Method: 55 Bipolar-I outpatient have been included in this study. All patients were examined for the presence of a comorbid anxiety disorder by using Structured Clinical Interview for DSM-IV (SCID-I, Clinical version).

Results: In 34 cases (61.8%), there was at least one comorbid anxiety disorder present. The prevalence of obsessive compulsive disorder in bipolar disorder was 36.4%, whereas the prevalence of specific phobia was 23.6%. The prevalence of other anxiety disorders among bipolar patients were for social phobia 18.2%; for post-traumatic stress disorder 14.5%; for generalized anxiety disorder 12%; for panic disorder 5.5%. 14.7% of the bipolar patients with comorbid anxiety disorder had suicide attempts whereas 20.6% of them had alcohol use disorder. There was significant difference in obsessive compulsive disorder prevalence among male (12.5%) and female (54.8%) bipolar-I patients ($p = 0.001$).

Conclusion: The prevalence of anxiety disorder in patients with bipolar-I disorder is much higher than the prevalence among normal population. The presence of a comorbid anxiety disorders in bipolar patients have been observed as a substantial contributing factor during the course of disorder and in compliance to the treatment. It would be useful to evaluate these patients from this view during the course of the disease.

P01.124

DEPRESSIVE EPISODE TREATMENT WITH CITALOPRAM IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION: A DOUBLE BLIND CLINICAL STUDY

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Background: During HIV infection, the use of antidepressive drugs may lead to several problems, such as their bad tolerability or the arising of notorious adverse effects.

Method: 30 persons with HIV infection meeting DSM-IV criteria for major depression were randomly divided into two treatment groups: an experimental one, that received 20–40 mg of citalopram and a control one that were given 100–200 mg of sertraline.

Results: At 8 weeks, a 40% reduction of the basal values of the Hamilton depression scale scores was achieved in both groups. In the group that received citalopram, the most frequent adverse effects were mild drowsiness and sweating, and in the group that received sertraline, insomnia, diarrhoea and sexual disfunction ($p < 0.05$). Any effect was observed in immune parameters.

Conclusions: Due to his efficacy and tolerability profile, citalopram could be appropriate for the treatment of depressive episodes within this population.

P01.125

METACHROMATIC LEUKODYSTROPHY VS. SCHIZOPHRENIA: A CASE REPORT

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Metachromatic Leukodystrophy (MLD) is a rare, inherited neurodegenerative disease, associated with a defect in the catabolism of sulphatide (galactocerebroside-sulphate) which accumulates in the nervous system. MLD is diagnosed biochemically by demonstrating deficiency in the activity of the enzyme aryl-sulphatase A and an excess of sulphatide in urine and tissues. Clinically adult MLD may present as a schizophrenia-like psychosis, which develops years before the onset of neurological signs. The neuroimaging studies show an accentuated demyelination in frontal area mainly.

We present a patient male, 34 years old, who suffers psychotic symptoms since 1994; predominant negative psychopathology, he has also periodic bouts of catatonia-like syndrome together with physical complaints (high fever, sweating and increased heart rate and blood level). Neurolepticmalignant syndrome was discarted. Sometimes, sudden changes of the mood or the behavior are the clinical features. Although antipsychotic drug therapy is closely supervised we found no response until we tried with clozapine (200 mg/day) as maintenance dosage. The studies with SPECT and MNI show appearance of MLD, although neurological explorations did not confirm it.

P01.126

SUBTHRESHOLD PSYCHIATRIC DISORDERS INFLUENCE THE SUBJECTIVE WELL-BEING OF THE ELDERLY

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Subthreshold psychiatric disorders are prevalent among elderly community residents. The present study examines whether subthreshold anxiety and depression reduce subjective well-being and whether well-being measurements can be used as screening instruments for the detection of these disorders in the elderly. The study was performed in an epidemiological sample of community-dwelling elderly individuals. The total sample comprised 274 subjects over 60 years of age, 57 subjects suffered from acute subthreshold depression, 26 subjects suffered from acute subthreshold anxiety, 173 subjects were defined as being healthy (i.e. no acute or lifetime major psychiatric disorder, no acute subthreshold disorder). The Well-Being scales (WHO) were used for quantification of psychological well-being. Subjects with subthreshold disorders had low subjective well-being as indicated by the low scores on the Well-Being scales. Low cognitive performance and living with family members (not spouses) also resulted in reduced well-being. ROC analysis revealed that the ability of the Well-Being scales to detect subthreshold anxiety or subthreshold depression was moderate. This is the first study showing that subthreshold psychiatric disorders (i.e. anxiety and depression) are associated with quantifiable reduction of subjective well-being and that the use of the WHO Well-Being scales could help when screening for such disorders in the community.

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