

neuroleptic treatment. In case 2 (woman with disorganized syndrome beating her 74-year-old mother) 84.6% supported hospitalization, 78.8% neuroleptics. In case 3 (relapsed multi-episode patient, increasingly neglected, delusional and socially withdrawn) 56.3% supported hospitalization, 52.7% neuroleptics. Generally, decisions of psychiatrists were very similar to those of nurses and lays, while psychologists and social workers more often rejected involuntary treatment ( $p < .05$  in all cases). Besides professional status, multivariate analyses revealed older age as most significant variable for support of involuntary treatment ( $p < .001$  in case 1 and 3). Counterintuitively, frequency of experience with mentally ill persons, mental illness in the own family and having self been mentally ill were only weak predictors or not significant. Gender only played a role in case two with a stronger support of treatment by women ( $p < .05$ ).

**Conclusions:** In ethic decisions on involuntary treatment, clinicians should be aware that there is no general agreement among professionals and among lays. A considerable minority rejects measures of coercion. Comparisons with other countries would be interesting.

### P01.13

#### CLINICAL AND EEG PREDICTORS OF THE THERAPEUTIC OUTCOME OF ELECTROCONVULSIVE THERAPY

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**Background:** The empirical nature of electroconvulsive therapy (ECT) has led many investigators to seek specific predictors of clinical response.

**Methods:** Bilateral ECT with brief-stimulus technique was performed in the sample of 52 patients (10 men, 42 women) with average age  $44.6 \pm 14.3$  years. The therapeutic response was assessed using the first item of the CGI scale. For the data analysis multiple regression analysis was used.

**Results:** In the subgroup of patients with an affective disorder ( $n = 22$ ) two significant predictors of better therapeutic outcome were identified: higher baseline CGI score ( $p < 0.01$ ) and smaller total number of electroconvulsions which were needed ( $p = 0.01$ ). In the subgroup of patients with schizoaffective or schizophrenic disorder ( $n = 30$ ) only one significant predictor was found: shorter cumulative duration of electroconvulsions on EEG before the first clinical improvement of the patient ( $p < 0.05$ ). In both subgroups age, number of electroconvulsions before the first improvement, and total cumulative duration of electroconvulsions on EEG turned out as nonsignificant.

**Conclusions:** The difference between predictors in affective and schizophrenic disorders seems to be an original finding of our study. This difference could be relevant to different mechanisms of action of ECT in both diagnoses.

### P01.14

#### OLANZAPINE: EFFECTS ON NEUROPSYCHOLOGICAL TEST PERFORMANCES IN THE SCHIZOPHRENIC SPECTRUM

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**Objective:** Deficits evident in patients with schizophrenia are to some extent believed to resolve with the new generation of

antipsychotic medications. The present study compared the effects of olanzapine on neurocognitive changes in schizophrenic patients before (pre-treatment) and after 8 weeks of therapy.

**Method:** Measures included global functioning, memory, concentration, attention, problem solving, verbal fluency, visuo-spatial perception, visual scanning and abstraction.

**Results:** A significant percentage of patients who received olanzapine (range 5–20 mg/day) demonstrated, improvement in performance in a large number of neuropsychological tests of the battery.

**Conclusions:** The results suggest that olanzapine treatment may have beneficial effects on a considerable amount of cognitive functions. The findings also suggest that neuropsychological tests may be used in the prospective of individualized therapeutic programs.

### P01.15

#### NEUROCOGNITIVE CHANGES IN ADJUSTMENT DISORDER WITH DEPRESSED MOOD: USE OF PAROXETINE

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**Objective:** Neurocognitive changes (forgetfulness, inattention, indecisiveness, decreased vigilance, diminished ability to think or concentrate, reduced motivation to perform) characterize adjustment disorders with depressive mood. Impairments are believed to resolve with treatment. This study compared clinical and neuropsychological characteristics of patients with adjustment disorder with depressive mood before and after antidepressant therapy.

**Method:** Neuropsychological measures of executive attention, vigilance, visuospatial perception, concentration and verbal fluency function were administered to young patients with adjustment disorder at baseline and after 8 weeks of SSRI paroxetine (20 mg/day). Symptoms and function ratings were obtained at the same time points.

**Results:** After treatment a significant percentage of patients were able to perform tests at a relatively high level. Improvements in the ability to attend and perform tasks were related to symptom changes. Changes in selected neuropsychological measures were significantly correlated with improvement in quality of life.

**Conclusions:** The results suggest that paroxetine treatment may have beneficial effects (that tend to occur later in treatment) on a broad range of cognitive functions and in enhancing neuropsychological test performances.

### P01.16

#### GABAPENTIN IN ANTIPSYCHOTIC-INDUCED MOVEMENTS

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**Objective:** Gabapentin (GBP) has been reported to effective in the treatment of psychiatric disorders. The beneficial effect of GBP in 14 cases with previous antipsychotic-induced blepharospasm and involuntary mandibulo-oral movements was serendipitously observed during an open-label trial to further investigate the potential clinical spectrum of this drug in affective disorders. The aim of the study was to investigate the efficacy and tolerability of GBP in patients with tardive dyskinesia.

**Method:** Fifteen patients with antipsychotic-induced movement disorders underwent a 16-week open trial treatment with adjunctive