dysfunction (cognitive endophenotypes) may help focus the search for genetic contributions. Such markers should be present in people at risk of developing OCD in the absence of clinical symptoms. In prior work, OCD patients showed impairment on tests of response inhibition and cognitive flexibility (Chamberlain et al., 2005, 2006).

Methods: First-degree relatives of OCD patients, patient probands, and matched healthy volunteers without a family history of OCD undertook neuropsychological assessment (n=20 per group).

Results: Compared to matched controls without a family history of OCD, unaffected first-degree relatives of OCD patients showed impaired response inhibition ($p<0.05$) and cognitive flexibility ($p<0.05$). These deficits were comparable to those in the patients themselves.

Conclusions: Brain-based cognitive markers of inhibitory functions may be of utility in the search for OCD endophenotypes. Examination of relationships between these abnormalities, genetics, and structural/functional brain changes, will help to elucidate aetiological contributions to OCD and putative spectrum disorders.

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Relapse prevention in patients with obsessive-compulsive disorder (OCD)

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Purpose: To compare the efficacy of escitalopram 10 or 20 mg/day with placebo in preventing relapse during 24 weeks in outpatients with obsessive-compulsive disorder (OCD) who had responded to an initial 16-week open-label treatment with escitalopram.

Methods: A multinational, randomised, double blind, placebo-controlled, flexible to fixed dose relapse prevention study with escitalopram in outpatients with OCD. The study consisted of a 16-week open-label period with 10 to 20 mg escitalopram followed by a 24 week double blind, placebo-controlled period, and a 1 week taper period. Patients who had responded to treatment (≥25% decrease in the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) total score) by the end of the 16-week open-label period were eligible for randomisation to either escitalopram or placebo for a further 24 weeks.

Results: 468 patients with OCD were treated with open-label escitalopram (10 mg or 20 mg) for 16 weeks. There were 320 responders (68%) who were randomised to change to placebo (n=157) or to continue with escitalopram (at the assigned dose) for further 24 weeks (n=163). The primary analysis (time to relapse) showed a clear beneficial effect of escitalopram relative to placebo (log-rank test, $p<0.001$). The proportion of patients who relapsed was statistically significantly higher in the placebo group (52%) than in the escitalopram group (23%) ($p<0.001$, chi-square test). The risk of relapse was 2.74 times higher for placebo- than for escitalopram-treated patients (chi-square test, $p<0.001$). Escitalopram was well tolerated.

Conclusion: Escitalopram was effective in preventing relapse of OCD and was well tolerated as continuation treatment.

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The treatment of obsessive-compulsive disorder with escitalopram

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Purpose: The efficacy and tolerability of escitalopram in obsessive-compulsive disorder (OCD) were investigated in a 24-week, randomised, placebo-controlled, active-referenced, double blind study.

Methods: 466 adults with OCD were randomised to escitalopram 10mg/day (N=116), escitalopram 20mg/day (N=116), paroxetine 40mg/day (N=119), or placebo (N=115) for 24 weeks. The prespecified primary efficacy endpoint was the mean change in the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) total score from baseline to Week 12 based on the intent-to-treat population and last observation carried forward (LOCF) using analysis of variance (ANCOVA).

Results: Escitalopram 20mg/day was superior to placebo on the primary endpoint. After 12 weeks, on the primary efficacy endpoint, there was a statistically significant difference from placebo for 20mg escitalopram and paroxetine. In the escitalopram 20mg/day group, the Y-BOCS total score was significantly lower than in the placebo group as early as Week 6. At Week 24, the proportion of remitters (Y-BOCS≤10, LOCF, pre-defined) was significantly greater ($p<0.05$) for 20mg escitalopram (41.2%) than placebo (27.4%), but not for 10mg escitalopram (36.6%) or paroxetine (37.9%). The response rate (≥25 decrease from baseline Y-BOCS, LOCF, pre-defined) was significantly greater than placebo (50.4%) for 20mg escitalopram (70.2%) and paroxetine (67.2%). Statistically significantly more patients withdrew from the placebo group (18%) due to lack of efficacy, than paroxetine (8%) or escitalopram 20mg/day groups (6%). More paroxetine-treated patients withdrew due to adverse events than escitalopram- or placebo-treated patients.

Conclusion: Escitalopram was efficacious and well tolerated in the treatment of OCD, with 20mg escitalopram showing statistically significant superiority at the primary efficacy endpoint.

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Amis subito: Assessment, measurement, intervention and studies for the prevention of suicidal behaviour in individuals, inclined to gamble excessively

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Background and aim: Actually, the suicidal risk in people with gambling problems is insufficiently evaluated; this risk is all the more hard to specify within a population which underreports gambling behaviour and associated co-morbidities. Estimations of suicidal behaviour vary between studies, suicide attempts were observed in 4% to 40% of gamblers studied. Suicidal thoughts were reported for 25% to 92% of people with gambling problems. 64% of gamblers that committed suicide did neither inform family or friends nor health professionals about their suicidal intents. In the context of a pilot study, we wish to study suicidal behaviour in people with gambling problems.

Method: The goal of the study consists in the early identification of gambling problems associated with suicidal behaviour. A short intervention, specifically targeted towards the prevention of suicide will be compared with the current treatment for gambling problems. Gambling and suicidal behaviour will be monitored over 6 meetings during 12 months.

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Results and discussion: On the basis of this study, we wish to develop a blended E-Learning tool for professionals in psychiatry and primary health care that help to detect and treat people with gambling and suicidal behaviour.

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Venlafaxine extended release as a treatment option after SSRI-s non-response and intolerance in obsessive-compulsive disorder:Case report

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Growing body of evidence suggests that serotonin-norepinephrine reuptake inhibitor (SNRI) (venlafaxine) may represent a valid alternative to the serotonin reuptake inhibitors (SSRIs), in a treatment of OCD patients, especially in the cases after SSRIs nonresponse and/or intolerance. Dosing strategies for venlafaxine is important, because, as a data from studies show, in «low» doses venlafaxine acts as a selective 5-HT reuptake inhibitor, whereas in higher doses (225 and 375 mg/d) acts as a dual 5-HT and NE reuptake inhibitor. We report the case of the patient diagnosed of severe OCD (DSM-IV-TR), who failed to respond on two SSRIs treatment trials (fluoxetine and sertraline) and showed a intolerance on one SSRI (fluvoxamine) treatment trial. As a augmentation for all previous SSRIs treatment trials in our case was used dopamine antagonist risperidone (mean dose=2 mg/d).After eight weeks of treatment with venlafaxine extended release, (150 mg/d) and risperidone (2 mg/d) as coadjuvant treatment, the patient had clinically significant improvement (measured by decrease in the score of the Yale-Brown Obsessive Compulsive (Y-BOCS) and the Clinical Global Impression (CGI) scales), with no clinically significant side-effects. Further improvement was subsequently maintained. In treatment- resistant OCD, or specific OCD patients with SSRIs intolerance,venlafaxine extended release may be the treatment of choice, but we emphasize the importance of venlafaxine dosing strategies.

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Atypical antipsychotics and obsessive compulsive symptoms in schizophenia: Literature review

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Background: Atypical antipsychotics are actually the first-line treatment in schizophrenia. Obsessive–compulsive symptoms (OCS) are common in patients suffering from schizophrenia and seem to worsen prognosis. Whilst atypical antipsychotics can be a useful augmentation strategy in refractory Obsessive Compulsive Disorder (OCD), their efficacy in case of comorbid obsessive compulsive symptoms in schizophrenia remains unclear.

Aims: The purpose of this literature review was to examine the relationships between atypical antipsychotics, Obsessive Compulsive Symptoms (OCS) in schizophrenia.

Method: A systematic MEDLINE database was run using the following key-words: atypical antipsychotics, obsessive compulsive symptoms and schizophrenia (27 articles).

Results: Clozapine, risperidone,olanzapine and quietiapine may induce or exacerbate OCS in patients with schizophrenia due to their anti-serotoninergic properties. There was no study with ziprazidone,aripiprazole nor amisulpiride. For schizophrenic patients with comorbid OCS, the first line strategy appears to be combination therapy with clomipramine or an Selective Serotoninergic Reuptake Inhibitors (SSRIs)(fluvoxamine, sertraline, fluoxétine) and an atypical antipsychotic. Moreover, in these cases, cognitive behavioural therapy should also be considered.

Conclusions: Obsessive Compulsive symptoms and schizophrenia are an ongoing matter of debate in terms of comorbidity or constitution of a specific "schizo-obsessive" subtype. Nevertheless, according to the worsening prognosis of this phenomenon, combination therapy (atypical antipsychotics and SSRIs) remains the most relevant therapeutic approach. Moreover, cognitive behavioural therapy studies in this area are required.

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Clinical characteristics and treatment response in obsessive-compulsive disorder (OCD) with poor insight: A 3-year prospective follow-up study

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The aim of this study was to evaluate the clinical characteristics of OCD patients with poor insight, and the predictive value of poor insight with respect to response to treatment with serotonin reuptake inhibitors (SRIs). One hundred ten patients fulfilling DSM-IV criteria for OCD were included in the study and assessed by standardized instruments. Seventy-nine patients were treated with SRIs and followed prospectively for 3 years. During the follow-up period, the clinical status of each patients was evaluated monthly during the first year and bimonthly thereafter by means of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Hamilton Rating Scale for Depression (HDRS). Twenty-one percent of the patients did not recognize obsessive-compulsive symptoms as unreasonable or senseless. Patients with poor insight had a earlier age at onset, a greater severity of obsessive-compulsive symptoms at intake, a higher rate of schizophrenia spectrum disorders in first-degree relatives and a higher comorbidity rate of schizotypal or obsessive-compulsive personality disorders. At the end of the study, 62% percent of the patients with normal insight responded to SRIs, whereas none of the patients with poor insight was found to be responder. The study provides evidence that poor insight is associated with specific clinical characteristics and treatment failure in OCD. Further studies should aim at identifying additional treatment strategies that are effective in OCD patients with poor insight.

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Topiramate in OCD comorbid with impulsive behaviour disorders

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Background and aims: Impulsive behaviours (impulse control deficit) and compulsive behaviours (over control) have been considered at the core of different disorders, but patients often present with mixed features of impulsive and compulsive behaviours (i.e. patients with OCD and borderline personality disorder). Therefore, a clinical spectrum from impulsivity to compulsivity could exist, in which obsessive compulsive disorder (OCD) and impulsive personality disorders (borderline personality disorder, antisocial personality disorder…) would be the endpoints.

Regarding treatment, SSRI have demonstrated high efficacy in the treatment of both impulsive and obsessive-compulsive symptoms. On the other hand, topiramate has been described as an effective agent in treating impulsive behavior.

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