of these subjects were studied as well to assess parental mental disorders and to collect data on the early development of their children. 5 Years follow-up data (up to 3 waves) are presented to examine whether offsprings of parents affected have an increased risk for depression and other mental disorders.

Results: Offsprings with 1 or 2 affected parents have an increased risk for onset of anxiety disorders (1.6–2.1), depression, (OR: 2.7–3.0) and substance use disorders (OR: 1.4). No difference with regard to whether 1 or 2 parents were affected. Parental depression was associated with an earlier onset and a more malignant course of depressive disorders in the offspring. Further offsprings affected reveal increased rates of a wide variety of other childhood and adolescent disorders.

Conclusion: Parental psychopathology is a powerful risk factor for depressive and other mental disorders in offsprings and influences the natural course in even early stages.

S40.5

Long-term outcome and prognosis of childhood-OCD

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Objectives: The aim of our catch-up follow-up study was to describe the long-term outcome of obsessive–compulsive disorder with onset in childhood or adolescence.

Methods: 55 patients with childhood OCD were reassessed personally using structured interviews. Mean age of onset of OCD was 12.5 years, and mean follow-up time was 11.2 years.

Results: At follow-up investigation 71% of the patients met the criteria for some form of psychiatric disorder, while 36% were still suffering from OCD. The most frequent clinical disorders diagnosed were anxiety and affective disorders and the most frequent personality disorders were obsessive–compulsive, avoidant and paranoid personality disorders. Inpatient treatment, terminating treatment against advice and tics in childhood or adolescence significantly correlated with more severe OC-symptoms in adulthood. Social adjustment and psychosexual functioning were more impaired than occupational functioning.

Conclusions: The prognosis of childhood OCD regarding the patients mental state is poor. However, the relatively good social adjustment of our sample indicates that most patients have found a way of managing their lives despite still suffering from mental disorders.

S41. Bipolar disorders: conceptual and clinical aspects

Chairs: A. Marneros (D), J. Angst (CH)

S41.1

Bipolar disorders – relation to personality and temperament

P. Brieger*, A. Marneros. *Martin-Luther-University Halle-Wittenberg, Department of Psychiatry & Psychotherapy, Germany*

The relation between personality, temperament and bipolar disorders is complex. The search for a "typus manicus" has come to inconclusive results. In the tradition of Kraepelin, Hagop Akiskal has a proposed a temperamental basis for bipolar disorders – with underlying "hyperthymic", "depressive", "cyclothymic" and "irritable" temperaments. Following DSM-IV or ICD-10, there is indication that the frequency of comorbid personality disorders is raised in subjects with bipolar disorders, especially for cluster B and C personality disorders. Nevertheless, the consequences of such comorbidity are not well understood. We review the literature and present results from our own ongoing studies concerning comorbid personality disorder and temperamental and personality features in bipolar patients. Although there is indication that personality is an important aspect in bipolar patients, the direction of the interaction between personality and affective disorder needs further clarification.

S41.2

Anxiety and bipolar disorder

G. Perugi*. *Department of Psychiatry, University of Pisa, Italy*

Evidence of comorbidity between anxiety and bipolar disorders has been recently reported in clinical and epidemiological samples. Underdiagnosis of bipolar II disorders and failure to use systematic interviews for the diagnosis of anxiety disorders in bipolar patients produced a relative neglect of this comorbidity in the past. The correct identification of anxious-bipolar comorbidity has relevant clinical implications for the diagnosis, treatment and outcome of social phobic, panic obsessive compulsive and bipolar II disorders. Different temporal relationships seem to characterize the occurrence of hypomania in individual anxiety disorder subtypes. We describe multiple anxiety comorbidity in the setting of unstable bipolar syndromes, associated with alcohol and substance abuse. We also describe panic attacks during mania, social phobia followed by hypo-mania, as well as bipolar disorder manifesting as episodic OCD. The identification of differential patterns of comorbidity may provide important information in distinguishing more homogeneous clinical subtypes of affective disorders from the genetic, temperamental and therapeutic point of view. The pattern of complex relationships among these disorders require better designed prospective observations. This is also true for putative temperamental (e.g., cyclothymia, interpersonal sensitivity) and personality (e.g., histrionic and borderline) factors, which might play a predisposing or pathoplastic role in several clinically comorbid syndromes.

S41.3

Genetic epidemiology of bipolar disorder

M. Preisig*. *Université de Lausanne, Département du Psychiatrie Adulte, Switzerland*

Objective: The presentation will provide a brief review of the twin, adoption, family and offspring studies on bipolar disorder, which generally supported familial aggregation and suggested the involvement of genetic factors. More recent research also focused on the mechanisms underlying the comorbidity between bipolar and other psychiatric disorder. The presentation will also provide results of an ongoing family study, which includes a follow-up of children.

Method: As part of a family study on mood and substance disorders, we recruited 121 probands with bipolar disorder and 112 medical controls, with their 404 adult first-degree relatives and 107 children aged between 7 and 17. Diagnostic assessment according to a best estimate procedure was based on direct interviews, family history information and medical records.

Results: Adult relatives of bipolars were found to be at an increased risk of bipolar disorder and recurrent major depression. Their offspring already revealed increased lifetime prevalence rates

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of major depression, social phobia and ADHD in childhood and adolescence.

Conclusion: Our results confirm 1) the familial aggregation of bipolar disorder; 2) the high risk of childhood psychopathology in the offspring of bipolars.

S41.4

Mixed affective and schizoaffective disorders: a challenge for research

A. Marneros*, S. Röttig, P. Brieger. *Martin-Luther University Halle-Wittenberg, Department of Psychiatry and Psychotherapy, Germany*

The pharmacological revolution and it's consequences caused also a renaissance of mixed affective disorders, which are now included in DSM-IV and ICD-10. Mixed affective disorders are characterized by relevant differences in comparison to other bipolar affective disorders: gender, family history, length of episodes, response to pharmacological treatment of the acute episode, response to mood stabilizer, course and longterm outcome. The above mentioned differences will be discussed from a data oriented and a theoretical point of view. We will present data from a prospective longitudinal study. The mixed bipolar schizoaffective disorders are only sparely investigated. But the existent research data suggested that mixed schizoaffective episodes: are longitudinally common, have many similarities with mixed affective episodes, and they are also a challenge regarding treatment and prophylaxis. They will also be discussed under data oriented and theoretical considerations.

S41.5

The treatment of bipolar disorder

E. Vieta*. *University of Barcelona, Department of Psychiatry, Hospital Clinic, Barcelona, Spain*

Bipolar disorder is a long-lasting condition with highly recurrent episodes which is associated to high levels of suffering, occupational dysfunction, and disruption of social life and relationships. The length of remission, when the individual is well, is reduced in many cases both with age and the number of previous episodes. More than acute episodes, the real challenge are long-term prophylactic strategies which aim to reduce the risks of relapse and improve interepisode function.

For many years lithium has been considered the first-line treatment of bipolar disorder. However, most of the pioneering studies with this drug used enriched designs and did not take in account of the withdrawal effects of lithium, thus overestimating its efficacy. The anticonvulsants valproate and carbamazepine are widely used in the prophylaxis of bipolar disorder as well, although prospective placebo-controlled studies to establish efficacy are scarce. Actually, there is only one good placebo-controlled prophylaxis trial assessing the long-term efficacy of valproate compared to lithium and placebo, which unfortunately could only show numerical (not statistical) superiority of both drugs against placebo in the prevention of mania, although valproate was better than lithium and placebo for the prevention of depression. For carbamazepine, there are only comparative trials which generally point to less efficacy than lithium in maintenance treatment. In recent years, atypical antipsychotics and novel anticonvulsants emerge as potentially effective alternatives, some of which, as long as controlled trials confirm the preliminary findings from open studies, may become first-line treatments for the treatment of acute episodes and the prevention of relapse in bipolar disorder. All these pharmacological tools should be used in combination with psychoeducational approaches directed to enhance treatment-compliance and early recognition of symptoms, which have been proved to improve the effectiveness of the treatment in two recent, randomized controlled studies.

S43. Recent research in suicidology

Chairs: L. Träskman-Bendz (S), C. Van Heeringen (B)

S43.1

Genetics and suicidal behaviour

M. Åsberg*, G. Rylander. *Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden*

Although a familial aggregation of suicide has been observed by many psychiatrists, the reason for this has until recently been thought to reside in the shared socio-cultural and psychological environment, rather than in a shared genetic endowment. Even Franz Kallman, one of the major proponents of the idea of a genetic background of psychiatric disorder, considered a genetic background to suicide unlikely. Accummulating evidence for an association between low serotonin function and an increased risk of suicidal behaviour has, however, made a genetic background for suicide more plausible. Family and twin studies using modern techniqes and controlling for psychiatric illness support the idea that vulnerability to suicidal behaviour is to some extent under genetic control. Several genetic polymorphisms involved in serotonin transmission have been studied for a possible association with suicide. Among them, an modest excess of the tryptophan hydroxylase 17779C allele has repeatedly demonstrated in association with suicide, most recently in a study of surviving cotwins whose monozygotic twin had committed suicide. These, and some studies involving other genetic markers will be briefly reviewed in the presentation.

S43.2

Serotonergic disturbances in the prefrontal cortex of suicidal patients: implications for treatment and prevention

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Among the many potential approaches to the study of suicidal behaviour, research in biological and cognitive psychological domains has been particularly fruitful in identifying individual characteristics that may increase or decrease the probability of occurrence of suicidal behaviour. Biological research has mainly focused on two aspects, i.e. a hyper-reactivity of the stress-system and an impaired function of the serotonine neurotransmission system. These characteristics appear to be inter-related, as the stress hormone cortisol has been shown to have cytotoxic effects on the serotonergic system. Studies in the cognitive psychological area have identified three core characteristics, which distinguish depressed suicidal from depressed non-suicidal individuals. These psychological characteristics include tendencies to perceive oneself as a loser when confronted with psychosocial adversity, to perceive no escape from this situation (related to deficient problem solving), and to perceive no rescue (related to developing feelings of hopelessness). Recent psychobiological research suggests that the results from biological and psychological approaches converge to a considerable extent. For example, the extent of activation of the

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