

Results: Suicidal (n=31) and nonsuicidal subjects (n=51) were similar in baseline ratings of depressive symptom-severity (HDRS16), but were depressed longer and less likely to be married. Suicidality ratings improved by 36% during 6 weeks of treatment among initially suicidal patients, but other depressive symptoms (HDRS16) improved (13%) only half as much as in nonsuicidal subjects (25%), independent of diagnosis and treatment. Fewer than half as many suicidal subjects showed $\geq 20\%$ improvement in HDRS16 scores.

Limitations: Findings, based on diagnostically complex and relatively treatment-resistant subjects, may not generalize.

Conclusions: Being suicidal may limit response to treatment in depressed major affective disorder patients, independent of diagnosis or overall symptomatic severity.

P0143

Temperament in suicidal and non-suicidal psychiatric inpatients

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Suicide is a serious public health problem. In the international literature there is evidence to support the notion that certain temperaments and personality traits are often associated with suicidal behavior. In this study, 150 psychiatric inpatients were investigated using the TEMPS-A, the MMPI-2 and the Beck Hopelessness Scale (BHS) and evaluated for suicide risk through the critical items of the Mini International Neuropsychiatric Interview (MINI). Statistical analysis, including linear regression analysis and multiple regression analysis, showed that suicide risk contributed to the prediction of hopelessness. Among the temperaments, only the Hyperthymic temperament, as a protective factor, and the Dys/Cyc/Anx temperament contributed significantly to the prediction of hopelessness. Irritable temperament and Social Introversion were protective factors for suicidal risk. Hopelessness and depression were associated with higher suicidal behavior and ideation, but, unexpectedly, depression as measured by the MMPI did not contribute significant to the multiple regression. The present study indicated that, although suicidal psychiatric patients have MMPI-2's profiles in the pathologic range, they exhibit several differences from nonsuicidal patients. Patients at risk of suicide have specific temperaments as well as personality and defense mechanism profiles. They are more social introverted, depressed and psychasthenic, and use hysterical and schizoid mechanisms more often. Generalizability of the findings was limited by the small sample size, mix of BPD-I, BPD-II, MDD and psychotic disorder patients.

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The effect of repetitive transcranial magnetic stimulation on symptoms in obsessive compulsive disorder

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Background: Within a decade, the Repetitive Transcranial Magnetic Stimulation (rTMS) was being used to treat depression and schizophrenia. Antidepressant response has been reported in open and double-blind, sham-controlled studies of depression. Less is known about rTMS efficacy in the obsessive compulsive disorder.

Method: The aim of the randomized, double-blind, sham controlled study was to compare the 2 and 4 week efficacy of the 10 sessions rTMS with sham rTMS in serotonin reuptake inhibitor resistant OCD patient. Thirty seven right-handed patients were randomly assigned to either active rTMS or to sham. Active rTMS with the frequency of 1 Hz at 110% of motor threshold was administered over the left dorso-lateral prefrontal cortex. The same time schedule was used for sham administration. Thirty three patients finished the study, three patients' dropped out at the beginning. Psychopathology was assessed by CGI, HAMA, Y-BOCS and BAI before the treatment, immediately after the experimental treatment, and 2 weeks after by an independent reviewer.

Results: Both groups improved during the study period but the treatment effect did not differ between them in any of the instruments.

Conclusion: Low frequency rTMS administered over the left dorso-lateral prefrontal cortex during 10 daily sessions did not differ from sham rTMS in facilitating the effect of serotonin reuptake inhibitors in OCD patients.

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Alcohol and bipolar disorder: Multiple sides of a frequent Addi(C)Tion

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The comorbidity between bipolar disorder and alcoholism has been recognized since Kraepelin's work, in the beginning of the century.

Current epidemiological data refer to the Bipolar Disorder as the Axis I disorder most commonly associated with substance abuse, being alcohol the most frequent.

The aim of this work is to present a revision of the epidemiology, diagnostic issues, clinical course, physiology, genetics, prognostic and treatment options of comorbid bipolar disorder and alcoholism.

The method used consists of bibliographic research and medline related articles research.

After the research we can concluded that the comorbidity between alcoholism and bipolar disorder is a challenge as far as the diagnostic and treatment options are concerned.

The comorbidity between the two disorders has implications for diagnostic and treatment. On the one hand alcohol use worsens bipolar disorder and on the other hand this one can be a risk factor for alcoholism.

Although there are several hypotheses to explain the relationship between alcoholism and bipolarity, that relationship is complex, bidirectional and not well understood.

Treatment options range from psychopharmacological and psychotherapeutic interventions, adapted to the clinical context of each patient.

P0146

Insulin resistance and hyperlipidemia in women with bipolar disorder

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Women treated for bipolar disorder (BP) exhibit higher rates of menstrual abnormalities and metabolic dysfunction, such as obesity or insulin resistance (IR). However, it is not clear whether these reported abnormalities are directly attributable to the disorder, are a consequence of pharmacotherapy, or are a result of some combination thereof. We previously reported data suggesting that BP women may exhibit obesity and IR prior to mood stabilizer (MS) exposure.

This study examined metabolic and reproductive markers in a sample of women with bipolar depression (type II), the majority of whom had not previously been treated with MS agents. Eleven BP reproductive-aged women underwent fasting morning blood sampling to assess metabolic and reproductive hormone levels.

Eight women were completely MS-naïve; 3 women had previously been treated with an MS. More than half of the women were obese/body mass index (BMI) >30. Five women exhibited symptoms of IR, as demonstrated by fasting insulin >20mU/mL and/or a homeostatic model assessment of insulin resistance (HOMA-IR) value >2.3. Nearly half of the women had blood lipids markers indicative of hyperlipidemia, which was observed in both obese and non-obese women. The 3 women who received MS treatment in the past demonstrated significant lipid abnormalities compared to those MS-naïve women, which remained even after controlling for BMI.

The results suggest that: (1) increased BMI, IR, and hyperlipidemia can be present in BP women even in the absence of MS treatment; (2) hyperlipidemia may also be an enduring side effect of treatment with mood stabilizing agents.

P0147

Screening for bipolar disorder in a Spanish sample of outpatients with current major depressive episode

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Objective: Bipolar spectrum disorders often go unrecognized and undiagnosed. One of the underlying reasons is the poor recognition of bipolar disorder among patients presenting depressive episodes. Our goal was to estimate the MDQ rate of positive screens for bipolar disorder in a Spanish sample of outpatients with a current major depressive episode and compare it with their psychiatric diagnosis.

Method: 971 consecutively outpatients with a current DSM-IV TR diagnosis of major depressive episode were included. Study measures included socio-demographic and clinical data, Clinical Global Impressions–Severity of Illness Scale (CGI-S), Hamilton Depression Scale (HAMD) and MDQ.

Results: 905 patients fulfilled criteria to be included in the analysis. All suffered a current depressive episode. 74.3% (n= 671) of the patients had received previously a diagnosis of unipolar depression and 25.7% (n= 232) of bipolar disorder by a psychiatrist. Using

a MDQ of 7-or-more-item threshold, the global positive screen rate for bipolar disorder was 41,3% (n=373). From the 671 patients with previous unipolar depression diagnosis, 161 (24%) screened positive for bipolar disorder with MDQ, whereas in 232 patients diagnosed of bipolar disorder, 212 (91.4%) screened positive.

Conclusions: MDQ showed a positive screen rate for bipolar disorder in 24% of patients with a previous diagnosis of unipolar disorder and a current depressive episode. Screening tools like MDQ could contribute to increased detection of bipolar disorder in patients with depression. Early diagnosis of bipolar disorder may have, therefore, important clinical and therapeutic implications in order to improve the illness course and the long-term functional prognosis.

P0148

Coping with bipolar affective disorders via internet? An analysis of online self-help forums

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Background and Aims: The study aimed to evaluate if and how online self-help forums are used by patients with bipolar affective disorders, their relatives and by professionals.

Methods: 2400 postings in two German language forums for patients with bipolar affective disorders, their relatives and professionals were qualitatively and quantitatively analysed. Interrater-reliability was 0,84 (Cohen's Kappa). Chi-squared tests with Bonferroni correction were performed and exploratory factor analyses were conducted.

Results: 94% of all postings were written by patients, 4% were written by relatives, and 2% by professionals. “Disclosure” (44% of all postings), “friendship” (23%), “online-group cohesion” (22%), “empathy and support” (18%), and “provision of information” (15%) were the main self-help mechanisms. The topics most discussed were the “social network” of the patients (27%), the “symptoms of the illness” (22%), “medication” (14%), “professionals” (12%), and “diagnoses” (11%). The item “provision of information” was significantly more often named by professionals ($\chi^2=32,30$; $p<0,001$), whereas the item “gratitude” was significantly more often named by relatives ($\chi^2=34,91$; $p<0,001$). Factor analysis revealed three factors according to self-help mechanisms: “group cohesion”, “emotional support”, and “exchange of information”. Also according to fields of interest factor analysis yielded three factors: “illness related aspects”, “social aspects”, and “financial and legal issues”.

Conclusions: We infer that the main interest in participating in online forums for patients with bipolar affective disorders and their relatives is to share emotions. Our study also reveals that the social network is very important for patients coping with bipolar affective disorders. Psychoeducative programmes should focus on those aspects.

P0149

Fulfillment, satisfaction and functioning in patients hospitalized with bipolar disorder and treatment with Depakine Crono

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Background: Depakine crono presents an immediate, longer absorption, with maximum plasmatic concentrations less high than the