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

T. Jans*, C. Wewetzer. *Department of Child and Adolescent Psychiatry, University of Würzburg, Germany*

**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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