

Discussion: Discordance in diagnostic and treatment choices within same hospital but different wards influenced significantly the course of hospitalization as well as outcome of clinical presentations.

P246

Impact of staffs smoking status on attitude changes following a smoking ban in a Swiss psychiatric hospital

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The implementation of non-smoking policies in psychiatric hospitals is often a more challenging and controversial issue than in other settings. This may be particularly true in Switzerland, a country with a still rather permissive general attitude regarding tobacco smoking. Only recently general hospitals, and subsequently psychiatric hospitals, have begun to implement smoking bans.

Method: Setting: Two 16-bed inpatient units. Mean length of stay for patients: 10 days. Twenty-four members of the staff responded twice to an interview on cigarettes role in the psychiatric setting, two months before smoking ban implementation, and 3 month after the implementation. Participants' attitudes with regard to the role of cigarettes in the psychiatric setting were investigated.

Results: GLM models with repeated measures revealed that a general progression towards more restrictive attitudes was observed for both smokers and non-smokers. Non-smokers and ex-smokers, who, as could be expected, had in general more prohibitive attitudes than smokers, showed also a larger progression for most items toward more negative attitudes regarding cigarettes role in the treatment setting.

Conclusion: The implementation of a smoking ban reinforced the negative attitudes of non-smoking staff towards cigarettes role in the psychiatric setting, while smokers maintained their attitudes until 3 month after the implementation.

Poster Session 1: PERSONALITY DISORDERS

P247

The predictive value of saliva cortisol for remission of major depressive disorder

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Background and aims: Elevation of serum cortisol is found in many patients with major depressive disorder (MDD) and may be due to a chronic dysfunction in the feedback regulation in the Hypothalamic-Pituitary-Adrenal axis. Saliva cortisol is a valid indicator of serum cortisol. The predictive value of saliva cortisol for remission of depressive symptomatology was investigated.

Methods: Saliva cortisol was measured in a sub-sample (N=19) with unipolar MDD according to DSM-IV. Mean score on the Montgomery Aasberg Depression Rating Scale (MADRS) was 26.8 (standard deviation 3.7, range 22–32). At follow-up, two years later, mean

MADRS was 13.6 (SD 10.7, range 0–37). In a linear regression model, saliva cortisol at baseline was entered as independent variable and MADRS-score at follow-up as dependent variable.

Results: A significant correlation between the level of saliva cortisol at baseline and MADRS-score at follow-up was found (R=0.33, P=0.036). After adjustment for MADRS at baseline, the level of saliva cortisol explained 21% of the variance in MADRS at follow-up (P=0.018). After further adjustment for age, gender, and use of antidepressant medication, the model still produced significant results (R²=0.50, P=0.026).

Conclusions: Higher level of saliva cortisol is predictive of less improvement in depressive symptomatology over time in unipolar MDD. This finding is in line with a model in which higher secretion of cortisol is associated with a more chronic course in depression. It underlines the importance of biological correlates as predictors of outcome in psychiatric disorders.

P248

Olanzapine for the treatment of borderline personality disorder: A flexible-dose 12-week randomized double-blind placebo-controlled study

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Objective: We examined the efficacy and safety of flexibly-dosed olanzapine for the treatment of borderline personality disorder (BPD).

Methods: In this 12-week double-blind trial, patients 18–65 years of age with a diagnosis of DSM-IV BPD received olanzapine (2.5–20mg/day; N=155) or placebo (N=159). The primary efficacy measure was the change from baseline to last-observation carried forward endpoint (LOCF) on the Zanarini Rating Scale for BPD (ZAN-BPD) total score. Rate of response and time to response were also examined, with response defined as a $\geq 50\%$ reduction in ZAN-BPD total score.

Results: Mean baseline ZAN-BPD total scores were indicative of moderate symptom severity (olanzapine 17.01 vs. placebo 17.70, $p=0.156$). Both treatment groups showed significant improvements in overall symptom severity, based on mean changes from baseline to LOCF endpoint in ZAN-BPD total score, but did not differ in the magnitude of improvement at endpoint (olanzapine -6.56 vs. placebo -6.25, $p=.661$). Response rates did not differ between treatment groups (olanzapine 64.7% vs. placebo 53.5%, $p=.062$); however, time to response was significantly shorter for the olanzapine treatment group ($p=.022$). Treatment-emergent adverse events reported significantly more frequently among olanzapine-treated patients included somnolence, sedation, increased appetite and weight increase. Mean weight change from baseline to endpoint was significantly different for olanzapine- relative to placebo-treated patients (2.86vs. -0.35kg, $p<.001$).

Conclusions: Both the olanzapine- and placebo-treated patients showed significant but not statistically different improvement on overall symptoms of borderline personality disorder. The types of adverse events observed with olanzapine treatment were similar to those seen previously in adult populations.

P249

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