

The selection of the participants was based on strict (clinical) criteria. A comparison was made between the 4 different age groups with respect to their verbal working memory capacity. The new standard computerized RST (Van den Noort et al., 2006a; 2008) was used.

Results: In this study, in line with previous aging studies, a significant decrease in verbal working memory capacity over time and a significant slowing down in mental processing were found. In addition, it was found that older adults made significantly more intrusion errors than young adults thereby confirming the inhibition theory (Hasher & Zacks, 1988). The analysis of the memory-pattern showed a clear recency-effect for the young-, but not for the old adults. Interestingly, the results of this study show that there are larger age-related effects in verbal working memory span than was expected on the basis of aging theories so far (Van den Noort et al., 2006b).

Conclusions: The new standard computerized RST (Van den Noort et al., 2006a; 2008) is a suitable complex verbal working memory test that could be used for clinical applications, for instance, for the early detection of dementia. This is important since most psychological tests so far are not sensitive enough to detect this early deterioration.

P0024

Alzheimer dementia associated cognitive and non-cognitive symptoms evolution during Donepezil treatment

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Background: Alzheimer Dementia (AD) is known as the most common cause of degenerative dementias that decrease patient life expectancy, quality of life and increase caregivers burden. **Objective:** To determine the evolution of cognitive and non-cognitive symptoms under donepezil treatment and to evaluate the impact of these symptoms evolution over the caregivers.

Methods: This prospective, open-label, trial included a group of 56 patients, 34 male and 22 female, mean age 72.4, diagnosed with AD according to DSM-IV-TR criteria. Patients received either donepezil (n= 30) or 1400 UI/day mean dose of vitamin E (n=26). We evaluated these patients monthly during 1 year using Mini-Mental State Examination (MMSE), AD Assessment Scale (ADAS), Hamilton Depression Rating Scale (HAMD)-17 items, Brief Psychiatric Rating Scale (BPRS)- 18 items, Global Assessment of Functioning Scale (GAF), Burden Interview (BI).

Results: Patients presented significant better evolution under donepezil on cognitive symptoms as scores evolution on ADAS-Cognitive behavior subscale (+1.5+/-0.2 vs. +10.4+/-0.8, $p<0.0001$) and MMSE (-0.8+/-0.2 vs. -7.7+/-0.4, $p<0.0001$) reflected. The non-cognitive symptoms evolution was also better under donepezil treatment, as the ADAS-Noncognitive behavior subscale (+2.6+/-0.4 vs. +8.2+/-0.7, $p<0.0001$), HAMD (increases of 4.5 vs. 8.2, $p<0.001$) and BPRS (increases of 6.7 vs. 14.2, $p<0.0001$) reflected. The evolution of GAF was better in the donepezil group (-10.5 vs. -27.5, $p<0.0001$) and the burden of caregivers was significant less in the same group (+10.2 vs. +30.8 on BI, $p<0.0001$).

Conclusion: Donepezil is efficient in controlling both cognitive and non-cognitive symptoms in mild to moderate AD and therefore it decreases also the caregivers burden.

Poster Session II: Antidepressants

P0025

Serotonin syndrome resulting from switching antidepressants in a patient with chronic pain. A case report

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Background: Serotonin syndrome is a disorder caused by drug induced excess of intra-synaptic 5-hydroxytryptamine (5-HT). Combination of drugs with different mechanisms of action is the most common cause of the reaction.

Aims: To report a case of serotonin syndrome in order to underline the interactions between antidepressant and pain relief medication.

Methods: Case study and description of a patient treated in out-patient clinic.

Results: A 48 year old gentleman was referred to a community mental health team for review of his depressive disorder and medication. The patient had a 15 year history of recurrent depressive disorder and a 10 year history of chronic back pain and migraine. The patient had been on medication for both conditions requiring frequent changes in drugs and doses. A recent episode of depression was managed by changing from sertraline to venlafaxine. His pain relief medication included sumatriptan and tramadol. He soon experienced agitation, confusion, restlessness, dry mouth, and sweatiness. The symptoms worsened for 10 days until the patient stopped venlafaxine and returned to sertraline.

Conclusions: In patients with chronic pain and depression a detailed drug history and awareness from clinicians to the risk of serotonin syndrome are vital due to potentially fatal complications.

P0026

The effect of acute and chronic Citalopram on response inhibition and contextual information processing in healthy males

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Background: Selective serotonin reuptake inhibitors (SSRIs) are thought to exert their therapeutic action through increased serotonergic neurotransmission and hippocampal neurogenesis. Both of these processes may also contribute to the disinhibiting effects of SSRIs currently considered to contribute to potential risk of suicide or self-harm.

Methods: This study examined the acute (3 hours) and chronic (28 days) effects of citalopram administration on response inhibition and contextual processing (a hippocampal related function). Twenty healthy male volunteers were randomised to either placebo or 20 mg of oral citalopram for 28 days in a double blind design. Response inhibition was measured with the degraded symbol continuous

performance test (DS-CPT) and contextual processing with a visual delayed non-matched to sample task (DNMS).

Results: Citalopram treatment did not produce measurable changes to reaction time, hit rate and false alarms in the DS-CPT at any time point. The citalopram treated group underperformed in the DNMTS after acute treatment and this decrement appeared to persist at 28 days.

Conclusions: Our results suggest that SSRI treatment may lead to small but measurable decrements in contextual processing, which require further confirmation, and evaluation in clinical populations.

P0027

Case of Successful treatment of voyeurism

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Patient 27 years old received at clinic in upset state, potentially destructive and suicidal. After thorough anamnesis, in absence of his wife, he presents with symptoms of voyeurism in comorbidity with fetishism. Disorder starts unexpectedly several years ago. His neighborhood knows nothing of that. We started treatment with antidepressants and antipsychotic on which he reacted well. Several days later he presents completely free of symptoms. He becomes able to admit his wife of his disorder and readies to work it out together. Few days later he is dismissed from the treatment.

P0028

Are life events prior to first episode of major depression a predictor of medical treatment outcome?

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Background and Aims: The association between stressful life events and onset of major depression has been verified in various studies, but more dubious are results concerning the association between life events and treatment outcome.

This study is part of a multicenter investigation evaluating genetic and psychosocial factors influence on outcome after pharmacological treatment of depression.

Methods: All cases of admittance or outpatient contact to a psychiatric department in Denmark are covered by the Danish Psychiatric Central Research Register. In this study we obtain personal data on all patients in a defined region of Denmark (Zealand) recently discharged with an ICD-10 diagnosis of a single depressive episode. These patients are invited to an interview including structural interviews and questionnaires to evaluate the presence of previous or recent life events (IRLE), personality traits (EPQ) or disorders (SCID), a family history of affective disorder, and the outcome of pharmacological treatment of their depression (TRAQ). The clinical diagnosis of depression is confirmed by the SCAN semistructured interview. The study is scheduled to include approximately 400 patients.

Results: Data collection continues until January 2008 and statistical evaluation will be completed subsequently. Results are ready for presentation in April 2008.

Conclusions: Compared with a prospective randomized study the drawback of the present study may be less validity of response to

antidepressive treatment, on the other hand the present design enables an investigation of a large and representative sample of patients to reveal the influence of life events on the outcome of pharmacological treatment of depression.

P0029

Genetic Polymorphisms and the outcome of antidepressant Treatment

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Background and Aims: The genetic contribution to individual differences in drug response is probably polygenetic with a number of susceptibility genes and gene interactions. The non-genetic factors are likewise comprehensive, interacting and might even be under genetic influence themselves. Thus, antidepressant response is a complex and multifactorial phenomenon.

This study sought to examine the effects of various genetic variations on the outcome of antidepressant treatment taking into account the possible interactions with environment and personality.

Methods: Patients discharged from a psychiatric clinic in a region of Denmark with the diagnosis of single depressive episode are identified via the Danish Psychiatric Central Research Register and invited to participate in interviews regarding present psychiatric illness, treatment response, recent life events, and personality disorder. Further, blood test for genetic analyses are taken and the participants complete questionnaires regarding present symptoms, personality traits, coping, and side effects.

The study will include approximately 400 patients.

Results: Data collection will proceed until January 2008, and the presentation will therefore include new and unpublished results.

Associations between genetic polymorphisms (including the genes encoding the serotonin transporter, catechol-O-methyl-transferase, 5-HT₂ receptors, dopamin beta-hydroxylase, cytochrome P450 and brain derived growth factor) and outcome of antidepressant treatment will be presented.

Conclusion: The systematic recruitment of a relatively large, unselected and ethnic as well as phenotypic homogeneous sample of patients and the inclusion of genetic as well as non-genetic predictors of treatment response will make it possible throw new light on the role of genetic variation in the treatment of depression.

P0030

Treatment of melancholy with Duloxetine

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We have administered a dosage of 120 mg a day of duloxetine to 11 patients diagnosed with melancholy. On these patients, we studied sociodemographical and clinical variables, previous episodes and records, former response to treatment and adherence. They were evaluated at the beginning and then 15, 30, 60, 90 and 120 days after commencing the treatment. The therapeutic response was measured using the Hamilton scale for depression (HDRS). Other items observed were the side-effects and adherence. As an additional