paranoid individuals will show normal or high self-esteem on overt measures, whereas covert measures will show hidden feelings of low self-esteem.

**Methods:** The present study used a new methodology that has been widely used in investigations of implicit attitudes, the Implicit Association Test (IAT), to assess covert self-esteem and to test the above prediction. Overt self-esteem was assessed using the Rosenberg Self-Esteem Scale and an adjective self-relevance ratings measure. These measures were administered to 10 patients with acute persecutory delusions, 10 patients with persecutory delusions in remission and 19 matched healthy control participants.

**Results:** Patients with acute persecutory delusions were found to have lower covert self-esteem (as assessed using the IAT) than healthy controls and patients with remitted persecutory delusions. On the two measures of overt self-esteem, however, the persecutory deluded group did not differ significantly from the other groups once the effects of comorbid depression had been taken into account.

**Conclusions:** The results of the present study are consistent with a model of persecutory delusions as serving a defensive function. As such, they are consistent with a psychotherapeutic approach to what are perhaps the most frequently observed symptoms of schizophrenia.

# Impaired psychosocial functioning in bipolar disorder: the relative contributions of inter-episodic symptoms and illness episodes

**P Mitchell[1,2], G Malhi[2,3,4], J Ball[1], A Johnston[1], D Hadzi-Pavlovic[1], J Corry[1]**

[1]School of Psychiatry, University of New South Wales; [2]The Black Dog Institute; [3]Academic Discipline of Psychological Medicine, Northern Clinical School, The University of Sydney; and [4]Prince of Wales Medical Research Institute, Sydney, Australia

**Background:** This study examines the relationship between the presence of inter-episodic symptomatology, the frequency of depressed and (hypo)manic episodes, and impairment across eight different domains of functioning.

**Method:** Patients ($n = 217$) attending a tertiary referral center for the assessment of bipolar disorder, who met DSM-IV criteria for BP I or BP II disorder, were included in the analysis. Data were collected on 10 common inter-episodic symptoms reflecting both mood and anxiety, and the frequency of depressive and (hypo)manic episodes. Impairment in the following functional domains was also determined: occupation, financial affairs, self-care, housekeeping, intimate and nonintimate relationships, and parenting. Logistic regression analyses were conducted to examine the

number of inter-episodic symptoms reported and the frequency of frank bipolar disorder episodes as predictors of impairment in eight domains of psychosocial functioning.

**Results:** Psychosocial functional impairment and inter-episodic symptoms were highly prevalent in the sample. The number of inter-episodic symptoms was significantly associated with relationship impairment and employment status, while the frequency of (hypo)manic episodes was associated with impairment in housekeeping and parenting roles. There was no apparent relationship between frequency of depressive episodes and functional capacity.

**Conclusions:** Both the 'dosage' of inter-episodic (subsyndromal) symptoms and the frequency of (hypo)manic episodes appear to be significant and independent determinants of psychosocial functioning. It is possible that certain aspects of bipolar disorder have a greater impact on some functional domains. Possible methodological reasons for the failure to show a relationship with the frequency of depressive episodes are discussed.

# A factor analytic study in bipolar depression, and response to lamotrigine

**P Mitchell[1,2], G Malhi[2,3,4], D Hadzi-Pavlovic[1]**

[1]School of Psychiatry, University of New South Wales; [2]The Black Dog Institute; [3]Academic Discipline of Psychological Medicine, Northern Clinical School, The University of Sydney; and [4]Prince of Wales Medical Research Institute, Sydney, Australia

**Background:** This study aimed to identify and compare factors of a 31-item version of the HDRS (HDRS-31) in large samples of patients with bipolar and unipolar depression, then examine for any responsiveness of such factors to the anticonvulsant agent lamotrigine in the bipolar depressed sample.

**Methods:** This multivariate analytical study was performed on two large depressed samples (one bipolar and the other unipolar) that had been recruited for separate double-blind placebo-controlled trials of lamotrigine. Both studies had very similar designs and assessment tools, the major measures being the MADRS and HDRS-31. To identify the constructs underlying the scale, exploratory factor analyses were applied to the HDRS-31. Treatment responsiveness in the bipolar depressed sample – as indicated by improvement in the total MADRS and HDRS-31, as well as any HDRS factors – was examined using both a mixed-effects analysis and individual time-point $t$-tests.

**Results:** Seven factors of the HDRS-31 were identified: I – 'depressive cognitions', II – 'psychomotor retardation', III – 'insomnia', IV – 'hypersomnia',