

assessment in most noncases. We reviewed papers that analyze screening instruments for PDs.

Method: Medline, PsycINFO, and Academic Search Premier were computer-searched for relevant studies. The key words used were screen* and personality disorder*. The references of the obtained journal articles were also examined. Inclusion criterion was providing the necessary information to calculate hit rates and kappas related to gold standards interviews.

Results: 26 studies met inclusion criteria. Considerable variation in predictive ability existed among studies Hit rates ranged from 0.53 to 0.94. Kappas ranged from 0.20 to 0.89. Performed analyses showed differences between questionnaires and interviews.

Discussion: We discuss different options according to the context of application, feasibility, number of items and psychometric properties.

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A case report: Medical helplessness in the treatment of histrionic personality

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Introduction: Frequently it is relatively easy to establish prevalent clinical syndrome in treated patients, yet influence of personality is frequently neglected. Professional approach towards personality pathology might help to avoid misunderstandings and achieve better treatment results. This case presents 35-year-old woman, treated in different psychiatric hospitals 9 times in 5 years. She was diagnosed with several disorders (moderate or severe depressive episode with or without psychotic symptoms; anxious or mixed personality disorder; schizotypal disorder; schizoaffective disorder; harmful use of alcohol etc) and treated by many psychiatrists, psychotherapists using both medication (typical and atypical antipsychotics, tricyclic and other antidepressant drugs, including SSRI, SNRI, NDRI, NARI, SARI, NaSSA, anxiolytics, antimanic drugs) and psychotherapy. Treatment was unsuccessful and provoked helplessness, frustration, rage, hopelessness for the staff. Patient's behavior was demonstrative, manipulative, focused on communication with young male inpatients. She exhibited dramatization, exaggerated expression, continuous seeking for attention (often by inappropriate sexually provocative behavior), overwhelming separation anxiety when abandoned by love objects.

Objective: Description of treatment peculiarities of histrionic personality

Method: Case analysis

Results: During last hospitalization, the patient received a diagnosis of histrionic personality disorder at borderline personality organization level (identity diffusion, sufficient reality testing, primitive defenses). Treatment results were better after discontinuing medication.

Conclusions: This case description:

1. Illustrates the powerful feelings of the staff during treatment of histrionic disorders.
2. Reveals the amount of health care resources demanded for treatment of this type of patients (both material and immaterial) because of frequent hospitalizations, frequent shifting of diagnoses and treatment.

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Psychological personality characteristics of children suffering from stomach pain

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Study object: This study was aimed to depict some psychological features characteristic for children suffering from stomach pain.

Methods: Two projective tests "House – Tree - Person" and "Kinetic Family Drawing" were used. 60 children suffering from stomach pain were tested. The control group consisted of 30 basically healthy children.

Results: Analysis of collected data has shown that unsociability, poverty of emotions, very high level of anxiety are characteristic for children suffering from stomach pain. Ill children show high level of insecurity, hostility and antagonism to the family. Also difficulties in communication, complicated family situation were characteristic for the group of sic children.

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Treatment with ect is associated with an increase of nitric oxide

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Background: Electroconvulsive treatment (ECT) is an effective treatment option for patients with a major depressive disorder. Despite a lot of research efforts the exact mechanism of action of ECT is still not clear.

Nitric oxide (NO) is a gaseous compound, synthesized out of arginine with citrulline as concomitant product. In the endothelium NO production leads to vasodilatation and in the central nervous system it acts as neuromodulating agent. NO is increasingly thought to be related to neuropsychiatric disorders.

Methods: In 20 severely depressed, medication free patients, we measured the ratio of citrulline to arginine (Cit-Arg ratio) in plasma, before and after treatment with ECT. This ratio could be regarded as a reflection of the synthesis of NO.

Results: The Cit-Arg ratio in the depressed patients was not different from healthy controls. After treatment a significant increase of the Cit-Arg ratio was found.

Conclusion: Treatment with ECT was associated with an increase of the synthesis of NO. The exact role of NO in the mechanism of action of ECT deserves further study.

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The future of depressive personality disorder in the diagnostic manuals

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In the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), Depressive Personality Disorder (DPD) was proposed as a formal diagnostic category for consideration in the diagnostic manual. Since its proposal, a body of research has been performed that evaluates the validity of the disorder and its distinctiveness from similar personality and mood disorders. Research has

supported both the validity and distinctiveness of the disorder when considered from biological, psychological, and interpersonal perspectives. However, the issue of its overlap with other disorders has led to differing conclusions about the fate of the category in future editions of the DSM. In part, these differences of opinion are the result of current debate surrounding categorical and dimensional approaches to the classification and description of personality disorders. In this paper, I will address the aforementioned issues and suggest that DPD merits consideration as a formal diagnostic category, and that the challenges facing the classification and description of personality disorders should not obfuscate the merits of including such a disorder in the diagnostic literature.

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Bordeline personality disorder in primary care: Characteristics and patterns of comorbidity

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Background and aims: Borderline personality disorder (BPD) seems to be a prevalent condition in Primary Care (PC) with high rates of comorbidity and health care use. The aim of this study is to describe the characteristics and patterns of comorbidity in patients with suspected BPD.

Methods: 192 consecutive primary health care patients completed the IPDE screening questionnaire, CAGE and the Prime-MD patient questionnaire, and were interviewed by a general practitioner (GP) using the Prime-MD. Number of visits to the GP (last year), medical illnesses and treatments were also collected. "High Risk" of BPD group (RBPDg) was defined by scoring 4 or higher in the IPDE, and it was compared to patients without psychiatric morbidity and patients with any psychiatric disorder but not BPD's risk.

Results: 39 (20.3%) patients fulfilled the condition of RBPDg. Compared to the group of patients without psychiatry pathology (n=110) RBPDg had a higher number of visits to their GP (last year) ($p < 0,001$), more somatic complaints ($p < 0,001$), a worse health perception ($p < 0,001$) and higher rates of alcohol abuse or dependence ($p = 0,016$).

In the RBPDg we found a high rate of axis I disorders, mainly major depressive disorder (MDD) (40,0%) and generalized anxiety disorder (33,3%). Furthermore, they had a lower level of education ($p = 0,03$) and a higher rate of MDD ($p = 0,026$) than patients with psychiatric pathology but without risk of BPD (n=43).

Conclusions: Borderline personality traits or disorder could be present in many depressive patients seen in PC. GP's knowledge about personality disorders needs to be improved

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The Trebol study. Quetiapine in the bordeline personality disorder: Patient's attitude and compliance

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Introduction: Nowadays the Borderline Personality Disorder (BPD) lacks any treatment with administrative approval. International prestige guidelines accept the generalized use of atypical antipsychotics by clinicians for this disorder, including quetiapine.

Objective: To evaluate the clinical effect of Quetiapine in the treatment of BPD and the patient's perception of this treatment.

Method: Multi-center, naturalistic, retrospective study. Patients over 18 with BPD diagnoses (DSM-IV-TR) in treatment with quetiapine for the previous 6 months were included. Assessments: CGI-C (Clinical Global Impression of Change), DAI-10 (Drug Attitude Inventory, 10 item) and a likert scale measuring the patient's subjective compliance.

Results: 105 patients were included. Mean age was 35.25 ± 9.68 years old. 53.3% were male. Mean dose of Quetiapine was 422.06 mg/day (SD:171.42). The CGI-C results showed that 94.3% of the patients improved along the previous 6 months in treatment with quetiapine; 5,7% had no changes and 0% impaired. According to the DAI-10 results most of the patients thought good things about medication outweighed the bad (82,9%), took medication of their own free choice (72,4%) and associated treatment with breakdowns prevention (75.2%). Regarding to the perception of quetiapine most of the patients felt more relaxed (89.5%), with clearer thoughts (62.9%) and didn't associate treatment with sluggishness (62.9%) or strangeness and doping-up (74.3%). 96.1% of the patients reported compliance over 70%.

Conclusions: Clinicians found quetiapine effective for treating BPD and most of the patients perceived it positively and showed high levels of compliance

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Personality disorders-neurotic disorders and somatic illnesses

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Objectives: The purpose of this study was to confirm or not that there exists a difference between the two above groups of patients in relation with a commorbidity of somatic illnesses.

Methods: 71 patients took part in this study.

37 of them had a personality disorder (AXIS II) and 34 a neurotic disorder (AXIS I).

The sample was chosen at random and came from a department of psychotherapy.

Several variables were examined such as: sex, age, marital status and diagnosis.

Results: From the results what is worth noting, is that:

From the first group of personality disorders 5 men and 12 women (Total number 17, 46%) had somatic illnesses, while 10 men and 10 women (Total number 20, 54%) didn't.

From the second group of neurotic disorders no men but 8 women (Total number 8, 23,5%) had somatic illnesses, while 7 men and 19 women (Total number: 26, 76,5%) didn't.

Conclusions: From the results, it seems that the patients with personality disorders present a commorbidity of somatic problems in a significantly larger number in relation with the neurotic patients.

Additionally it seems that, from the total number of patients with personality disorders who present somatic problems, women predominate.

The results seem to agree with what the bibliography declares: that the patients with personality disorders present a somatic commorbidity in a clinical significant way.