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

D.F. Zullino [1], R. Bilancioni [2], N. Kaufmann [2], D. Knoble [1], Y.A. Kaufmann [1], B. Broers [1], Y. Khazaal [2]. [1] *Division of Substance Abuse, Department of Psychiatry, University Hospital of Geneva, Geneva, Switzerland* [2] *Department of Psychiatry, University Hospital of Lausanne, Lausanne, Switzerland*

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

E. Biringer [1], J. Egeland [2], K.I. Stordal [3], A. Lund [4]. [1] *Division of Psychiatry, Helse Fonna HF, Norway, Haugesund, Norway* [2] *Vestfold Mental Health Care Trust, Tonsberg, Norway* [3] *Division of Psychiatry, Helse Bergen HF, Bergen, Norway* [4] *Section of Psychiatry, University of Bergen, Bergen, Norway*

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

S.C. Schulz [1], M.C. Zanarini [2], H.C. Detke [3], Q. Trzaskoma [3], D. Lin [3], W. DeBerdt [4], S. Corya [3]. [1] *Dept. of Psychiatry, University of Minnesota Medical School, Minnesota, USA* [2] *McLean Hospital, Harvard Medical School, Boston, MA, USA* [3] *Lilly Research Laboratories, Indianapolis, IN, USA* [4] *Lilly Research Laboratories, Belgium*

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 >=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

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

https://doi.org/10.1016/j.eurpsy.2007.01.565 Published online by Cambridge University Press

M.C. Zanarini [1], S.C. Schulz [2], H.C. Detke [3], Y. Tanaka [3], F. Zhao [3], D. Lin [3], W. DeBerdt [4], S. Corya [3]. [1] *McLean Hospital, Harvard Medical School, Boston, MA, USA* [2] *Department of Psychiatry, University of Minnesota Medical School, Minnesota, USA* [3] *Lilly Research Laboratories, Indianapolis, IN, USA* [4] *Lilly Research Laboratories, Belgium*

Objective: We examined the efficacy and safety of low vs. moderate olanzapine doses for the treatment of borderline personality disorder (BPD) in the largest controlled clinical trial ever conducted in this population.

Methods: This 12-week, double-blind trial involved patients 18-65 years with a diagnosis of DSM-IV BPD randomized to receive 2.5mg/day olanzapine (N=150), 5-10mg/day olanzapine (N=148), or placebo (N=153). The primary efficacy measure was the change from baseline-to-endpoint (last-observation-carried-forward) on the Zanarini Rating Scale for BPD (ZAN-BPD) total score. Rate of response and time-to-response were also examined (response defined as a >=50% reduction in ZAN-BPD total score).

Results: Mean baseline ZAN-BPD total scores ranged from 17.01 to 17.42, indicating moderate symptom severity. Treatment with OLZ5-10 was associated with significantly greater mean change from baseline-to-endpoint in ZAN-BPD total score than placebo (-8.50 vs. -6.79, p=.010). Response rates were significantly higher for OLZ5-10 (73.6%) than for OLZ2.5 (60.1%, p=.018) and placebo (57.8%, p=.006). Time-to-response was significantly shorter for OLZ5-10 than placebo (p=.028). Treatment-emergent adverse events seen more frequently in the olanzapine groups included somnolence, increased appetite, and weight gain. Mean weight change from baseline-to-endpoint was 2.09kg for OLZ 2.5, 3.17kg for OLZ5-10, and 0.02kg for placebo.

Conclusions: The results of this study suggest that moderate doses of olanzapine (5-10mg/day) are effective in the treatment of overall borderline psychopathology. Also, the types of adverse events observed with olanzapine treatment were similar to those seen previously in adult populations.

P250

Personality disorders in a Tunisian psychiatric outpatient unit: A descriptive study

Y. El Kissi [1,2], M. Ayachi [1], S. Ben Nasr [1,2], A. Mansour [1], B. Ben Hadj Ali [1,2]. [1] *Department of Psychiatry, Fahat Hached University Hospital, Sousse, Tunisia* [2] *Ibn Jazzar Medical School, University of Sousse, Sousse, Tunisia*

Background and aims: Personality disorders are common among patients seeking psychiatric care and often coexist with axis I disorders.

This study aimed to determine personality disorders types and their sociodemographic and clinical features in a Tunisian psychiatric population.

Methods: A descriptive study in psychiatric outpatient unit of the university hospital Farhat Hached (Sousse, Tunisia). All five years (January 2000 to December 2004) first time attendances to the unit were retrospectively examined in order to identify those with diagnosis of personality disorder (DSM-IV criteria).

148 cases were selected and assessed: sociodemographic features, medical history, personality disorder type and axis I comorbidity. Assessment was based on patients files.

Results: Cluster B types were the most frequent (54,7%), followed by cluster C (21,6%) then cluster A (9,4%). 14,1% of patients had non specified type.

Mean age was 32,84 ± 10,87 years, with predominance of female gender (52,7%)and urban residency (47,7%. 40,5% of patients were married, 60,2% had high school education level or more and 59% had a regular job.

Family history of psychotic disorders was found in 15,5% and of depressive disorder in 10,8%. Personal suicide attempts were noticed in 13,5%.

85,1% of patients had at least one current axis I disorder. The most common were depressive disorders (42,3%), substances abuse (18,5%), anxiety disorders (11,5%) and somatoform disorder (4,6%).

Conclusion: Our findings show sociodemographic and clinical profile of personality disorders in a Tunisian clinical population.

P251

Cluster B personality disorders: A comparative study in a Tunisian psychiatric outpatient unit

Y. El Kissi [1,2], S. Ben Nasr [1,2], N. Ben Salah [1], A. Mansour [1], B. Ben Hadj Ali [1,2]. [1] *Department of Psychiatry, Farhat Hached University Hospital, Sousse, Tunisia* [2] *Ibn Jazzar Medical School, University of Sousse, Sousse, Tunisia*

Background and aims: Cluster B personality disorders are common and often correlated with higher rates of axis I comorbidity, increased severity and impaired outcome.

This study aimed to compare sociodemographic and clinical features of patients with cluster B personality disorders to those with cluster A and C.

Methods: All five years (January 2000 to December 2004) first time attendances to an outpatient psychiatric unit were retrospectively examined. 127 cases with diagnosis of personality disorders (DSM-IV criteria)were selected: Cluster B (n=81), cluster C (n=32) and cluster A (n=14). Comparaisons were performed for sociodemographic features, medical history and axis I comorbidity.

Results: Patients with cluster B personality disorders were younger (p=0,001), had higher education level (p=0,01) and more regular jobs (p=0,01).

There was less family history of depressive (p=0,011) and anxiety disorders (p=0,021) and more personal history of alcohol abuse (p=0,001). No differences in axis I comorbidity rates were found. However, patients with cluster B personality types had more depressive disorders, addictive disorders and somatoform disorders than those with cluster C (p=0,017) and cluster A (p=0,001). Also, cluster B personality disorders were correlated to earlier onset of addictive disorders (p=0,037) and more frequent follow-up withdrawal (p=0,009).

Conclusion: Clusters B personality disorders were not correlated to higer axis I comorbity rate but to specific comorbid disorders and to follow-up withdrawal.

P252

Accuracy of personality disorder screening tools

M. Garriz, F. Gutierrez. *Neuroscience Institute, Hospital Clinic, Barcelona, Catalonia, Spain*

Introduction: The assessment and diagnosis of personality disorders (PDs) has been of great interest to researchers and clinicians. PDs are related with poorer therapy outcomes and increased health service costs. Interviews are quite lengthy and require specialized training, leading to a very high cost of administration. An initial screening with good properties would eliminate the need for detailed

https://doi.org/10.1016/j.eurpsy.2007.01.565 Published online by Cambridge University Press