(baseline), with subsequent titration up to 2 mg/day during 6 weeks. Than, drug treatment was stopped.

Results: With 6 weeks treatment on low-doses of risperidone, she started to gain weight during the next month, as well as to improve the attitudes toward eating. Moreover, normalization was evident in terms of body image alteration (BMI= 16.8); anxiety about meals was reduced; frequency of obsessive thoughts about body image decreased.

Conclusion: This case report suggests that the atypical antipsychotic risperidone is associated with significant improvement of AN simptomatology, We suggest that therapy with risperidone might be beneficial for severe AN. However, many questions could be raised: is it a therapy of choice, or it is a second, third or any other line of treatment; is it also beneficial considering further course of the illness; etc…

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Self-harming behavior, pain and body perception in patients with eating disorder

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Background and aims: Clinical reports indicate that 5-9% of adolescents injure themselves deliberately (2). Studies of self-injurious behavior point to higher rates in patients with personality disorders, mental retardation or eating disorder (deliberate self-harm /DSH/ is present by 30-40%). We are examining the relation between DSH and pain and body image perception (BIP) in ED patients. An elevated pain threshold is consistent finding in eating disorders (1).

Methods: Body image perception and dissatisfaction is measured by software Anamorphic Micro, Body attitude test (BAT) and Somatoform dissociation questionnaire (SDQ-20). We diagnosed the comorbidity with Mini International Neuropsychiatric Interview. Pain threshold latencies for thermal stimuli were measured using the Analgesia meter (IITC Life science USA-Model 33) under mental arithmetic stress and rest conditions.

Results: Our preliminary data include comparison of 3 groups (ED /n=20/, ED with DSH /10/, controls /20/) were age, BMI, illness duration and diagnoses matched. 10 patients from the total of 93 were displaying DSH in the past. The ED-DSH group didn't show any differences in pain threshold from the controls (contrary to ED), but we found that the stress analgesia of the ED-DSH group was significantly lower than controls (p=0,01) and ED (p=0,03). Dissatisfaction characteristics from Anamorphic Micro correlated with BAT (r=-0,82; p=0,007) but not significantly with SDQ-20.

Conclusions: We found lower stress analgesia in ED-DSH group and we suppose that further pain and body perception studies are promising for understanding neuropathophysiology in ED.

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Mental bulimia and paroxetine treatment - monitoring CYP2D6 activity (preliminary results)

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Goal of the study was to evaluate the efficacy of paroxetine treatment in female patients with mental bulimia (MB) while monitoring CYP2D6 activity.

The study included 17 patients diagnosed with bulimia, 2 of whom dropped out. To date, results have been available for the first ten patients. EM (extensive metabolizers) phenotype was identified in 8 out of the 10 patients prior to paroxetine therapy; the remaining 2 patients were UM (ultra-extensive metabolizers). After 6 weeks of paroxetine therapy both patients with the initial UM phenotype had converted to EM. Out of the 8 bulimic patients phenotyped as EM, 6 converted to PM (poor metabolizers) status while 2 patients retained the EM phenotype. The 6-week paroxetine therapy improved the eating behaviour of patients who showed phenotype change from EM to PM or from UM to EM measured on the EAT scale. The global EAT score decrease was 16 points at EM/PM patients and 6 points at UM/EM case. This phenomenon may partly be explained by the greater availability of the medication substance in slower metabolization. Another piece of evidence supporting the hypothesis is the fact that neither improvement nor worsening of eating behaviour on the same scale (EAT) was observed in bulimic patients whose phenotype remained unchanged.

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Personality disorders in eating disorders: Analisys of clinical, psycopatological and personality differences

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Aim: The Aims of the current study are threefold: 1) to analyze the prevalence of Personality disorders (PD) in Eating Disorders (ED); 2) to compare clinical, psychopathological and personality differences between ED with PD vs. ED without PD; 3) to compare the differential observed prevalence of PD in ED and their healthy sisters.

Methods: 101 ED individuals and 34 discordant healthy sisters participated in the study. All the patients were consecutively admitted to our Unit. All patients met DSM-IV criteria for ED and were female. Assessment measures included the Eating Disorders Inventory-2 (EDI-2), the Symptoms Check List (SCL-90-R) and the Temperament and Character Inventory-R (TCI-R), The International Personality Disorder Examination (IPDE) as well as a number of other clinical and psychopathological indexes.

Results: As the most prevalent PD in ED, we found Borderline (21,5%, specially in BN), and the Obsessive-Compulsive PD (12%; specially in AN). When compared ED+PD and ED-PD, the former showed higher general psychopathology and ED severity, but also some specific personality traits (higher harm Avoidance, $p<.001$; and lower self-directedness, $p<.001$). From, comparing the ED and their healthy sisters, PD was more prevalent in the former (32.3% vs. 9.4%; $X2 = 10{,}15$, $p<.001$).

Conclusions: the most common PD in ED are Borderline (especially in BN) and the Obsessive-Compulsive PD (especially in AN). Comorbid PD was associated in ED to greater general psychopathology and higher ED severity. These results were found to be differential when comparing ED and their healthy sisters.

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