

with some protective effects. Findings on the mediating neural correlates point to the 5-HT system, but remain inconclusive regarding LD. Potential benefits of endogenous lithium as a neurobiological trace element on neurobehavioral functioning especially in high-risk individuals would have public health implications.

P0331

Trends in mood stabilizers use in an acute psychiatric unit

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Background and Aims: In the last decades there has been a steady increase in the usage of mood stabilizers (MS); especially for prevention of affective disorders and those illnesses with important loss of impulse control. Our objective was to evaluate trends in the use of MS in our Unit.

Methods: 113 patients prescribed a MS when admitted, or discharged, from our acute unit, were selected between March 2007 and August 2007. Clinical and demographic relevant variables were taken into consideration. Diagnoses were divided into 10 different categories. Statistical methods were used when appropriated.

Results: 40.37% of all the admitted patients were taking MS (100% of all the patients with Borderline Personality Disorders, BPD; 80% of all the patients with Bipolar Disorders, BD). Topiramate (40.71%), Oxcarbamazepine (27.43%) and Lamotrigine (23.89%), were the most used MS. In BD, the use of lithium was common but usually in combination therapy. Topiramate was used for BPD and Lamotrigine for unipolar depression. The largest increase of prescription during admission was observed with oxcarbamazepine.

Conclusions: Nearly a third of the patients admitted received MS, which indicates a high prevalence of use. Lithium remains the first choice MS for the treatment of BD, usually used in association with another MS.

New MS are widely used, especially in disorders which include impulsivity, probably due to a better profile of adverse reactions/interactions than classic MS. However more solid evidence of their efficacy is needed.

Poster Session II: Memory and Cognitive Disorders

P0332

Activity of Acid Sphingomyelinase in relation to Hippocampal volume and memory function in young healthy females

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Background: Acid sphingomyelinase (A-SMase) is a glycoprotein that functions as a lysosomal hydrolase, catalysing the degradation of sphingomyelin to phosphorylcholine and ceramide. Several lines

of evidence suggest its central role in all three types of apoptosis. The activation of neuronal A-SMase has been shown to be important in the stress-induced apoptotic death of hippocampal neurons. The aim of the present study was to investigate the association between the activity of A-SMase, hippocampal volume and memories function in healthy young volunteers.

Materials and Methods: The activity of A-SMase was measured in peripheral blood mononuclear cells of 19 healthy female students of the University of Erlangen- Nuernberg ($26,32 \pm 3,95$ years old, Body mass: $22,29 \pm 2,63$ kgr/m²). The hippocampal formation was outlined in high-resolution anatomical magnetic resonance imaging data. The memory function was assessed with the Inventory for Memory diagnostics (Inventar zur Gedächtnisdiagnostik). Correlations between continuous variables were examined, using Spearman's rank correlation coefficient.

Results: The activity of A-SMase did not correlate with hippocampal volume and memory performance.

Conclusions: These findings indicate that the activity of the A-SMase influences neither the brain hippocampal volume of young healthy females, nor their memory performance.

P0333

Delirium in a consultation liaison psychiatry unit of a general hospital

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Background: Delirium is an organic mental disorder defined as a confusional state, attention deficit, and disorganised thinking, with a fluctuating course and acute development. It is a common disorder occurring in general hospital patients. Underlying causes are multiple: medical, surgical, and drug related.

Aims: Evaluation of one year requests in a Liaison Psychiatric Unit in a general Hospital due to Delirium/Agitation of inpatients.

Methods: Retrospective study of requests due to delirium/agitation (inpatients) to Liaison Psychiatric Unit, during the year of 2006. Requests were made to the Unit through a screening questionnaire previously elaborated to hospital services. It contained information about: social demographic, requiring services, medical diagnostic/information, referral psychiatric symptoms. Evaluation of mismatch of initial referral and final diagnosis was made.

Results: Delirium diagnoses accounted for 8,87% of the total patients attended in this Unit during 2006. The age average was 66,75 years. 56% were male. Majority of patients were referred by Medicine 3,94% and Surgery 4,93% (N=406) requests. In 75% of the cases of Delirium, the referral symptoms were psychomotor agitation. Psychopharmacologic procedures were made in 77,78% of cases; 55,56% used antipsychotic, 27,78% benzodiazepines. In 72,22% of all cases, there wasn't any previous psychiatric history.

Conclusions: The number of requests for delirium was inferior to most of described series. Most of cases were characterized by psychomotor agitation. Psychopharmacologic procedures were necessary for most of cases. When request was made, diagnostic accuracy of medical practitioners was high. Data supports the statement that delirium is more frequent in Surgical patients.

P0334

Long-term cognitive outcome of delirium in elderly hip-surgery patients

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Background and Aims: To study the long term effects of delirium in elderly hip-surgery patients on cognitive outcome.

Methods: Prospective matched controlled cohort study. Medical school-affiliated general hospital in Alkmaar, The Netherlands.

Hip-surgery patients (n=112) aged 70 and older who participated in a controlled clinical trial of haloperidol prophylaxis for delirium, were followed for an average of 30 months after discharge. Patients with a diagnosis of dementia or mild cognitive impairment (MCI) were identified based on psychiatric interviews. Proportions of patients with dementia or MCI were compared across patients who had postoperative delirium and selected control patients matched for preoperatively assessed risk factors who had not developed delirium during hospitalization. Other outcomes were mortality rate and rate of institutionalization.

Results: During follow-up 54.9% of delirium patients had died compared to 34.1% controls (relative risk = 1.5, 95% CI = 1.04-2.1). Dementia or MCI was diagnosed in 77.8% of the surviving patients with postoperative delirium and in 40.1% of control patients (relative risk = 2.7, 95% CI = 1.2-5.8). Group differences for rate of institutionalization were not significant.

Conclusion: The risk of dementia or MCI at follow-up is more than doubled in elderly hip-surgery patients with postoperative delirium compared with patients without delirium.

P0335

Effects of impairments in executive functions and semantics on speech disorganisation in schizophrenia

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Background and Aims: Semantic knowledge (long-established knowledge about objects, facts, and word meanings) is known to be impaired in schizophrenia. It has been hypothesized that language disorder in schizophrenia is linked both to executive and semantic dysfunctions.

Methods: To examine this hypothesis we assessed 32 patients with schizophrenia (with and without formal thought disorder) and 30 matched normal controls. We compared the performances obtained by the two groups on the tests that evaluate executive functions (WCST) and semantic knowledge (Pyramids and Palm Tree Test). Test of verbal fluency were also applied.

Results: Patients generally performed at a lower level than controls. Patient with thought disorder performed at a lower level on tests sensitive to executive dysfunction and semantic impairments.

Conclusion: The results provide support for a dysexecutive hypothesis of formal thought disorder in schizophrenia and semantic processing.

P0336

The management of delirium in the general hospital and the role of consultation-liaison psychiatrists

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Objective: Despite its high prevalence and association with increased morbidity, mortality and health services utilization, delirium is often under-recognized and under-treated in general hospitals.

Methods: We report our experience of consultation in the treatment of medical patients with delirium in a General Hospital.

Results: During the last 12 months our department has accepted 93 requests for consultation with patients diagnosed as having delirium, which represents a percentage of 9,59% of the total requests for psychiatric assessment. The mean duration of the symptoms was 2 days prior to the request for consultation. The main symptoms that were reported were agitation and delusions even when other important symptoms such as disorientation and insomnia co-existed. Medication had already been administered by the physicians in 63,44 % of cases (in 69,49% haloperidol and in 30,51% a benzodiazepine had been administered). No preventive interventions had been made even in patients at high risk. It is noteworthy that 9,67 % were physically restrained before consultation. Laboratory tests for the investigation of the disorder were performed only in 12,9 % . The duration of hospitalization was prolonged from 3 to 8 days because of the delirium.

Conclusions: Although delirium is a common condition in patients admitted to General Hospitals, preventive interventions are lacking, the diagnosis is often delayed and the treatment is inadequate. The role of Consultation-Liaison Psychiatrists is not only to treat the patients' delirium but also to inform and educate the physicians and the hospital staff of other disciplines about the management of the syndrome.

P0337

Mortality after delirium in elderly hip-surgery patients. A 2 years follow-up study

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Background and Aims: To study the long term effects of delirium in elderly hip-surgery patients on cognitive mortality.

Methods: This is a prospective study. Medical school-affiliated general hospital in Alkmaar, The Netherlands. Participants (n=603) from the €Haloperidol Prophylaxis for Elderly Hip-Surgery Patients at Risk for Delirium. A Randomized Placebo-Controlled Study (Kalisvaart et al., 2005). Patients with and without post-operative delirium were followed for 2 years. Mortality risk associated with delirium was estimated using a Cox proportional hazards regression model; the outcome was time to death.

Results: A total of 75/603 patients (12.4%) died during the study period (table 1). Incidence of delirium was higher in patients who died compared with those who survived (HR 2.16, CI 1.30-3.58). They were more often at risk for delirium as indicated by higher rates of cognitive impairment and visual impairment.

Conclusion: Delirium after hip-surgery and delirium risk factors are associated with long-term follow-up mortality.