The aim of this study is to test the hypothesis that coadjuvant treatment with SSRI and topiramate would improve the outcome of patients with comorbid OCD and impulsive behaviour disorders.

Methods: We will describe two clinical cases admitted to our Psychiatric Hospitalization Unit. Case 1 is a 39 years old female diagnosed with OCD, borderline personality disorder and alcohol dependence and case 2 is a 38 years old male with OCD, mixed personality disorder and cocaine abuse.

Results: Treatment with topiramate (range dosage: 250-400 mg/daily) as well as SSRI (paroxetine 40 mg/daily- case 1; sertraline 200 mg/daily-case 2) improved affective instability and impulsive symptoms in both patients. Topiramate was well tolerated without important side effects.

Conclusions: Topiramate could be an interesting alternative in the coadjuvant treatment of OCD with impulsive features.

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The prevention of gambling bahavior in switzerland

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Aims: The present study addresses the empirical basis for alerting health professionals to potential risk factors for excessive gambling. On the basis of international and Swiss literature on gambling, an explanatory model for the development of gambling problems is developed.

Hypotheses: This work is based on the hypothesis that the prediction rule for excessive gambling, based on a sample of the general population and for different types of frequent gambling preferences, differs from the prediction rule for disordered gambling in patients, seeking psychiatric treatment. The goal of this study is, therefore, to contribute to an early identification of disordered gambling behaviour in the general population, as well as in the target group of patients seeking psychiatric treatment.

Data: Various sources of information were analysed separately, in order to develop and test a prediction rule for excessive gambling, namely the 2002 Swiss Health Survey, which is a survey of the general population, involving 19'706 participants, as well as the data of psychiatric patients of Lausanne/Geneva, recruited consecutively from 1996 to 2004 at the Psychiatric Hospital of the University of Lausanne. This patient population comprised a total of 886 patients. Further data from the Centre for Excessive Gambling are presented, covering 105 patients.

Outcomes: Results show that indicators of depressive behaviour as well as smoking are good candidates for the early identification of gambling problems. On the basis of these data it is safe to assume that signs of depressive behaviour should encourage health professionals to enquire about gambling problems.

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White matter abnormalities in obsessive-compulsive disorder: A diffusion tensor imaging study

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Background and aims: The subdivisions of the corpus callosum (CC) were attempted to define corresponding areas of the cortex from which the fibers originate. Previous neuroanatomic studies of the CC provide impetus for investigating its role in obsessive-compulsive disorder (OCD).

Methods: In this study diffusion tensor imaging (DTI) was employed to microstructural abnormalities of white matter of the CC in OCD patients. Nine patients with OCD and matched control subjects underwent DTI. Fractional anisotropy (FA), an index of the integrity of white matter tracts, was determined in the seven subdivisions of the CC. We placed each reagions of interest (ROI) over the sagittal plane and all subdivisions were measured.

Results: Significant reduction in FA was found in the rostrum of the CC of patients with OCD compared with one of controls. FA of the other subdivisions except the rostrum in OCD patients did not differ significantly compared with control subjects. Higher FA in the rostrum correlated significantly with lower Y-BOCS scores (r = -0.803, p = 0.009).

Conclusions: The rostrum contains fibers from inferior premotor as well as medial and caudate/orbital prefrontal regions. These results supported the theory of dysfunction of prefrontal cortex and striatal circuits in OCD and suggested the implication of the orbitofrontal circuit for symptom severity in the OCD patients.

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Feasibility and acceptability of short message service (SMS) text messaging to support adherence in patients receiving quetiapine: A pilot study

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Aim: To investigate the feasibility, and patient/psychiatrist acceptability, of an SMS text messaging system reminding patients receiving quetiapine to take their medication.

Methods: 8-12(mean:9.4) week, non-interventional, psychiatrist assessed, pilot study of 27 outpatients receiving quetiapine (mean age[range]: 35.3[19-57] years). Patients were asked to reply to SMS messages sent twice daily to their cellular phone to remind them to take their medication (morning) and enquire about their well-being (evening). Patients' response (morning-yes/no; evening-positive/negative/neutral) was monitored by psychiatrists (n=7) via a website, and subsequently used to assess technical feasibility. Psychiatrists rated acceptability and feasibility of the system by completing case report forms (CRFs). Data are from the LOCF population.

Results: Patients responded to 77% (compliance) of the 5,000 SMS messages sent (84% correctly, 13% inaccurately, 3% responded late [eg, day after]). 7/27 patients withdrew prematurely. The most common benefits expressed by patients were that they felt cared for (n=11/21) and were reminded to take their medication (n=7/21). Psychiatrists' ratings of the system improved over time, with SMS compliance and increased patient contact seen as the most valuable aspects. At study end, CRF data showed psychiatrists felt the system

was valuable to 19/22 patients, 16/24 patients remained compliant with the system and 16/22 patients felt the frequency of SMS messages was acceptable. There was a strong correlation between patients giving positive well-being responses and SMS compliance (R Pearson=0.72, p<0.001).

Conclusion: The high levels of SMS compliance and benefits expressed by patients and psychiatrists support a larger-scale assessment of this system.

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The Cape Town consensus statement regarding the diagnosis and treatment of obsessive-compulsive disorder

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Background: Despite the achievements made in the treatment of obsessive-compulsive disorder (OCD), there still remains a high non-response rate to SSRIs. Furthermore, response is often delayed, increasing non-compliance. Even among responders, many do not reach remission and although symptoms are alleviated, functional impairment is still significant for some patients. These unmet needs would benefit from the development of strategies and treatment algorithms, including data on the role of antipsychotics and the potential therapeutic effects of new pharmacological agents. A better understanding of neurotransmitter involvement in the pathogenesis of the disorder, and the neurobiology of OCD might also pave the way for new treatments.

Methods: Twelve international experts in the field of obsessive-compulsive related disorders produced a consensus statement with the goal of updating the data, and discussing controversies, following a two-day consensus meeting. The statement is divided into chapters discussing: dimensions and diagnosis, the neurobiology of OCD, current and emerging treatments, and populations of special concern.

Results: With the suggested changes to the diagnosis of OCD in the upcoming DSM-V, and the broader view now taken towards disorders to be included in under this heading, the biology of impulsivity and uncontrollable urges takes on an additional meaning and opens up a variety of potential new treatments. The specific outcome of the statement will be discussed briefly in view of the limitations of a poster.

Conclusions: There is emerging evidence from basic science and imaging that can be potentially harnessed for improving diagnosis, and consequently treatment interventions, in OC-related disorders.

Poster Session 2: ORGANIC MENTAL DISORDERS AND MEMORY AND COGNITIVE DYSFUNCTIONS

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Multiple presenting neuropsychiatric symptoms confound diagnosis of sporadic Creutzfeldt-Jakob disease

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Here we report the case of Ms. H, a 46-year-old Caucasian woman with no past medical or psychiatric history who presented with complaints of slow speech, word-finding difficulties, and decreased concentration. Initial work-up including MRI and MRA, lumbar puncture, complete blood count, and basic metabolic panel were unremarkable with the exception of significantly elevated TSH levels. Symptoms were subsequently attributed to hypothyroidism. Despite treatment with levothyroxine and TSH levels that indicated a euthyroid state, Ms. H continued to experience cognitive difficulties resulting in repeat admission to the neurology floor. A psychiatric consultation was called to evaluate Ms. H for possible conversion disorder. Psychiatric evaluation revealed multiple psychosocial stressors in Ms. H's life; nonetheless, it was not believed that Ms. H's symptoms were due to conversion disorder but more likely psychological factors complicating hypothyroidism, and she was discharged home with this diagnosis. Ms. H presented to the Emergency Department several days later with delusions and paranoia in addition to continued slow speech and word-finding difficulty. She was subsequently admitted to the psychiatry floor to rule out a psychotic disorder. An EEG during her admission revealed abnormalities, and Ms. H was transferred to the neurology unit. Unfortunately, Ms. H's condition continued to decline without a known etiology despite aggressive work-up; eventually a repeat MRI showed new hyperintensities and a brain biopsy was performed, revealing changes consistent with spongiform encephalopathy. A diagnosis of sporadic Creutzfeldt-Jakob disease (sCJD) was later confirmed by Western blot analysis.

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Validation of the modified mini- mental state examination (3ms) in a German population

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Background: The Modified Mini- Mental State Examination (3MS) is a brief cognitive testbattery designed to detect cognitive impairment.

Objective: To adapt the 3MS in German and to assess the effectiveness of the 3MS in identifying Alzheimer's disease (AD) in comparison with the conventional Mini- Mental State Examination (MMSE) in a German population.

Subjects: A clinical group composed of 31 patients with early AD and 5 patients with moderate dementia of AD etiology was compared with 46 cognitively normal participants matched for gender and age. The 3MS scores were adjusted for educational attainment.

Method: The 3MS and MMSE were validated against an expert diagnosis based on a comprehensive diagnostic work- up. Statistical analysis was performed using the Receiver Operating Characteristics (ROC)

Results: ROC curves demonstrated the superiority of the 3MS over the MMSE in identifying AD. The optimal cut- off score for the 3MS for detecting dementia was 88, which had a sensitivity of 98% and a specificity of 94%.

Conclusion: The German version of the 3MS is a short and practical but accurate test battery for the identification of AD.

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Variability among physicians on diagnosis and therapeutic approach of patients with Alzheimer disease plus cerebrovascular disease (ad+cvd)