## P0107

Clinical-dynamic, immunological and pharmacokinetic characteristics of Benzodiazepines

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**Objective:** On model of neurotic states properties of tranquilizers with benzodiazepine structure: alprozalam, lexilium, tranxen were studied.

**Methods:** Rating of anxiety (HARS), state of cellular immunity, pharmacokinetic (antipirine test).

**Results:** At baseline total level of anxiety according to HARS constituted $17,3 \pm 0,8$ scores with anxious disorders assessed as $12,06 \pm 0,6$ scores, somatic manifestations $- 4,41 \pm 0,8$ and neurovegetative reactions $- 3,4 \pm 0,35$. During therapy with alprozalam, positive reverse dynamic of clinical symptoms was registered, leveling of neurovegetative manifestations. Peculiarity of lexilium is activation of factors of non-specific resistance, increase of percent of phagocyting neutrophiles both as compared with control and with indices at admission. Pharmacological action of tranxen was associated with normothymic, sedative action, presence of vegetostabilizing effect. Immunological dynamic during therapy with tranxen manifested itself in insignificant trend to normalization of cellular immunity. Pharmacokinetic of these preparations is as follows: constant of elimination of cassadan and tranxen has similar values ($0,13 \pm 0,031$ min-1 и $0,12 \pm 0,061$ min-1), for lexilium this characteristic has lower values $0,075 \pm 0,017$ min-1 (P<0,05). Basic characteristics were permanent for all preparations and did not change in the course of the therapy.

**Conclusion:** Of most efficacy in mental anxiety is alprozalam; action of tranxen is more delicate. Somatic anxiety is better removed by lexilium. Alprozalam and tranxen are preparations of quick elimination; lexilium has a lower tempo of elimination. Alprozalam possesses an immunomodulating property, especially on indices of cellular immunity, lexilium activates phagocytosis, and tranxen is intact regarding immunity.

# Poster Session II: Bipolar Disorders

## P0108

Bipolar disorder associated with paraneoplastic cerebellar degeneration

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**Background:** Paraneoplastic cerebellar degeneration (PCD) is a rare disorder, presenting with severe cerebellar dysfunction. In addition to motor deficits, cognitive and behavioural changes can be associated with cerebellar damage. The cerebellar cognitive affective syndrome (CCAS) describes affective disturbances and impairments in executive function, spatial cognition and language.

**Method:** We describe, using a timeline, a patient who developed a psychiatric disorder following PCD.

**Results:** A 19-year-old female presented with subacute ataxia, dysarthria and nystagmus. She was diagnosed with Hodgkin's lymphoma and achieved complete remission following chemotherapy. Over the next seven years she experienced recurrent episodes of altered mood. Her depressive symptoms included low mood, crying spells, irritability, apathy, lack of energy and early waking. There were periods when she felt "high", harboured unrealistic optimism, had reduced attention, increased her alcohol intake and was described as being "reckless" by her family. She was diagnosed with bipolar affective disorder and eventually stabilised on imipramine and lithium.

**Conclusion:** This presentation appears to describe a case of CCAS, in which the affective component is bipolar affective disorder, type II. The psychiatric findings are a direct result of the neuropathology, emphasizing the role of the cerebellum in affective illness. While depression, mood instability and psychosis are the possible psychiatric consequences of CCAS, bipolar disorder appears to be a more unusual variant.

This presentation adds to the existing literature suggesting a cerebellar role in the modulation of emotion, and emphasizes the importance of addressing psychiatric sequelae in the treatment and rehabilitation of patients with paraneoplastic cerebellar degeneration.

## P0109

Under diagnosis of bipolar affective disorder in an English community mental health team

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**Background and Aims:** Bipolar disorder is frequently misdiagnosed or diagnosed late.

We aimed to improve the diagnosis of bipolar disorder in our team.

**Methods:** Using an excel database, an audit of the diagnoses of all patients in a CMHT in Bedford was carried out.

It was noted that few patients were diagnosed as having bipolar II disorder, while there was a large number of Bipolar I patients, and a larger number of patients with recurrent depressive disorder, mixed anxiety and depression, unipolar depression, and psychotic depression.

All patients with recurrent depressive disorder, anxiety and depression, unipolar depression and psychotic depression are being reassessed in the outpatient clinic, using a longitudinal history, a family history, and, when these tests are positive, the 'mood disorder questionnaire'.

The new diagnoses are recorded in the Database.

**Results:** This poster represents work in progress. Increased awareness of bipolar disorder is leading to a more frequent diagnosis or rediagnosis of Bipolar II disorder, as well as a consequent change in the proportions of each diagnosis in the sample.

**Conclusions:** The frequent misdiagnosis of Bipolar II disorder frequently leads to the treatment of these patients with anti-depressants only.

This leads to the possibility of patients becoming elated , or going into mixed states, with increased suicidality.

Appropriate diagnosis of bipolar II disorder requires skills at present found in secondary care. Such patients should therefore be referred to secondary care. Both Primary and Secondary care should be more aware of this diagnosis and its consequences.

## P0110

Efficacy of Ziprasidone in hospitalized patients with severe mania

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**Background:** Ziprasidone is effective and well tolerated in patients with bipolar mania, as demonstrated by 2 pivotal, placebo-controlled trials.

**Methods:** We evaluated pooled data for subjects with baseline Mania Rating Scale (MRS) scores in the highest 10% of the severity distribution at study baseline. All subjects in this post hoc analysis had an MRS score $\geq 36$, indicating marked severity of mania. Changes in MRS scores from baseline to days 2, 4, 7, 14, and 21 were analyzed using a Cochran-Mantel-Haenszel test to determine response, defined as a decrease in MRS score of $\geq 50\%$ from baseline, and remission, defined as an MRS score $\leq 10$.

**Results:** The proportion of subjects achieving response was significantly greater for subjects receiving ziprasidone compared with placebo from day 7 ($p = 0.03$) through to study end point ($p < 0.001$). The proportion of subjects achieving remission was significantly greater than placebo ($p = 0.01$) at study end point. Few subjects who received placebo achieved response, and none achieved remission at any timepoint during the study.

**Conclusions:** Ziprasidone is effective in the treatment of patients with severe manic symptoms. This conclusion is underscored by the relatively large drug-placebo differences observed in this patient subsample.

## P0111

Meta-analysis of magnetic resonance imaging studies of the corpus callosum in bipolar disorder

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**Objective:** The corpus callosum plays a pivotal role in inter-hemispheric transfer and integration of information and is a relatively understudied structure in bipolar disorder. Magnetic resonance studies have reported callosal abnormalities in this condition but findings have been inconsistent. Structural changes affecting the CC may underlie functional abnormalities in bipolar disorder and could contribute to, or explain the pathophysiology of the condition.

**Method:** A systematic review was carried out to identify, appraise and summarise magnetic resonance studies which compared callosal areas in bipolar disorder with an unrelated control group. The findings were then synthesised using random effects meta-analysis. Consideration was given to a number of variables to explain heterogeneity.

**Results:** Five case-control studies were identified. Bipolar patients showed reduced callosal areas and the effect size revealed a statistically significant effect: (- 0.52, 95% CI = -0.82, - 0.21). Bipolar patients showed reduced callosal areas in comparison to healthy volunteers. There was no statistically significant heterogeneity in the studies included ($I^2 = 0.15$, $P = 0.3$) and no evidence of publication bias was detected (Egger test P value = 0.5). No significant effects were noted in meta-regression analysis with reference to age ($P = 0.9$), gender expressed as percentage of male subjects ($P = 0.6$), and year of publication ($P = 0.4$).

**Conclusions:** Findings from this study indicate that callosal areas are reduced in bipolar disorder and suggest that a failure to integrate information across the hemispheres may contribute to the pathophysiology of the disorder.

## P0112

Association between G72/30 haplotypes and bipolar disorder in a Swedish sample

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**Introduction:** Bipolar Disorder type 1 (BP-1) is a severe and common psychiatric disorder with a strong genetic contribution to increased disease risk. Heritability is around 60% and at least a dozen different genes seems to be involved in the etiology. The DAOA-G72/G30) locus on chromosome 13p22-34 has been associated with BP-1 in at least six independent datasets, although there are different SNPs and haplotypes associated with increased disease risk in these studies.

**Methods:** 276 Swedish patients with BP-1, diagnosed according to DSM-IV, and 940 controls were analyzed with 36 SNPs from eight previously reported candidate genes for bipolar disorder (DAOA-G72/G30, P2RX7, COMT, BDNF, CAMKK2, GRK3, SLC6A4 and S100A10). Genotyping was carried out with Applied Biosystems TaqMan® using ABI PRISM® 7900HT Sequence Detecting System. Statistical analysis was performed with the Unphased program.

**Results:** None of the SNPs showed a significant association by itself. However, three SNPs in different haplotype blocks in the DAOA-G72/G30 genes were together associated to bipolar disorder ($p=0.0009$). The association remained when different SNPs in each haplotype block were analyzed.

**Conclusions:** This is the first study of the G72/30 gene in a homogeneous Swedish BP-1 sample. We found a strong association, which required SNPs from three different haplotype blocks. Thus, the association between the DAOA-G72/G30 genes and Swedish patients with BP-1 disorder was more complex than previous findings.

## P0113

Relationship between psychological well-being and general health

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**Aim:** Traditionally, health researcher has focused on negative states, their determinants and consequences.Until relatively recently, few studies have been conducted on subjective moods or feelings of well-being and their determinants. The purpose of the present study was to examine the relationship between general health and psychological well-being.

**Method:** Participants were 145 undergraduate students of Islamic Azad university of Azadshahr. The mean age of the participants was 24.7 years (SD = 4.52) and ages ranged from 18 to 40 years old. They were 49 men and 96 women.

**Measures:** All participants completed a questionnaire booklet containing two self- report measures: The Scales of Psychological Well-Being (Ryff, 1995) and General Health Questionnaire (GHQ-28).

**Results:** The results of the present study demonstrate that: Correlation between psychological well-being and student's general health is meaningful and positive.