Results: The operation result in children with bipolar disorder did not differ from that in controls. Severity of mood symptomatology was not associated with WCST performance in any bipolar subtype.

Conclusions: Findings suggest that executive function in children bipolar disorder are not similar to those seen in the adult form of the illness. Compares with the adult, the children bipolar disorder possibly may have different pathogenesis.

P113

Ziprasidone does not exacerbate mania or worsen depression during treatment of bipolar mania: An analysis of pooled clinical trial data

I. Lombardo, F. Rappard, A. Jina, F. Mandel. *Pfizer Inc., New York, NY, USA*

In case reports of patients with bipolar disorder, atypical antipsychotic drugs are often associated with an exacerbation of manic symptoms. To determine whether the atypical antipsychotic drug ziprasidone is associated with an exacerbation of manic symptoms or a worsening of depressive symptoms when used to treat bipolar mania, we analyzed data pooled from 2 similarly designed randomized, placebo-controlled trials of ziprasidone monotherapy in the treatment of bipolar mania (ziprasidone: n=268, placebo: n=131). Exacerbation of mania was defined as CGI-S $\geq$ 5 and HAM-D increase from baseline to endpoint $\leq$ 25%, and worsening of depression was defined as HAM-D at endpoint $\geq$ 15 and HAM-D change from baseline to endpoint $\geq$ 20%. A significantly smaller proportion of subjects experienced an exacerbation of mania in the ziprasidone group than in the placebo group (6.7% vs 17.6%, $P < 0.001$). An analysis of dysphoric/nondysphoric and psychotic/nonpsychotic subpopulations showed significantly smaller proportions of ziprasidone subjects with an exacerbation of mania than placebo subjects in all 4 subsets ($P < 0.05$). The proportion of subjects experiencing a worsening of depression was smaller in the ziprasidone group than in the placebo group (1.9% vs 4.6%, n.s.). These results strongly suggest that ziprasidone causes neither exacerbation of mania nor worsening of depression in patients with acute bipolar mania. Future research will address this issue in patients with bipolar depression.

P114

Is there a coleration between alexithymia and frontal lobe dysfunction?

D. Kountouris, A. Bougioukou. *Neurological Diagnostic Center, Athens, Greece*

Background and aims: According to Sifneos criteria alexithymia is the disability for one person to express and identify emotions. In this study we investigate the possibility of a cerebral localization for alexithymia.

Methods: We examined 12 patients, 6 men and 6 women, with characteristic alexithymia symptomatology by a complete neurological, neurophysiological (24-hours EEG registration) control and biochemical tests.

We recorded. Compared between them and estimated the results according to a healthy population.

Results: In all alexithymic patients there were certified significant pathological neurophysiological findings, mostly dysrhythmic epileptoform unloadings in frontal lobe ambilateral. In 9 of 12 patients there were increased amounts of prolactine and homocysteine. All of the patients with alexithymia had limitated REM stage during the hypnogram.

Conclusions: The results show clearly a cerebral dysfunction of frontal lobe in patients with alexithymia. This fact and the fact that prolactine and homocysteine were increased, can inform us that we have the possibility of an organic dysfunction with genetic disposition.

P115

ADHD bibliometric study over the last 25 years (i): Analysis of the production and dispersion of the scientific literature

F. Lopez-Munoz [1], F.J. Quintero-Gutierrez [2], P. Garcia-Garcia [1], C. Alamo [1]. [1] *Departamento de Farmacologia, Facultad de Medicina, Universidad de Alcala, Madrid, Spain* [2] *Servicio de Psiquiatria, Fundacion Jimenez Diaz, Universidad Autonoma de Madrid, Madrid, Spain*

In the last years, attention-deficit/hyperactivity disorder (ADHD) is considered an emergent pathological entity. For this reason, a bibliometric analysis regarding scientific publications related to ADHD and its pharmacological treatment has been considered out, as well as its evolution during 1980-2005 period.

Using the EMBASE and MEDLINE database, we selected those documents whose title included the descriptors attention deficit hyperactivity disorder, attention deficit disorder, ADHD y ADD.

A total of 5269 original documents were obtained, and 2325 of these documents are corresponding to some aspects about drugs therapy. As bibliometric indicators of the production and dispersion, Pricés and Bradordś Laws, were applied, respectively. Our data confirm the Pricé Law since scientific production about ADHD have an exponential growth (correlation coefficient r=0.9859, vs. r=0.9011 after a linear adjustment), without to estimate a saturation point. The more studied drugs are methylphenidate (1251 documents), mixed amphetamine salts (250), atomoxetine (204) and dexamphetamine (143). The division into Bradfordś areas shows a central nucleus occupied by Journal of the American Academy of Child and Adolescent Psychiatry (500 articles) exclusively. Other papers are distributed into 10 areas with a mean of 505.4 documents. A total of 886 different journals were used. The highest participation index (PaI) corresponds to Journal of Attention Disorders (PaI=64.96). The more frequently used support journals have a high impact factors (IF) (12 of the 20 first have a IF>2)

P116

ADHD bibliometric study over the last 25 years (ii): correlation with social-health parameters

F. Lopez-Munoz [1], F.J. Quintero-Gutierrez [2], P. Garcia-Garcia [1], C. Alamo [1]. [1] *Departamento de Farmacologia, Facultad de Medicina, Universidad de Alcala, Madrid, Spain* [2] *Servicio de Psiquiatria, Fundacion Jimenez Diaz, Universidad Autonoma de Madrid, Madrid, Spain*

In the last years, attention deficit hyperactivity disorder (ADHD) is considered an emergent pathological entity. For this reason, a bibliometric analysis regarding scientific publications related to ADHD and its pharmacological treatment has been considered out, as well as its evolution during 1980-2005 period.

Using the EMBASE and MEDLINE database, we selected those documents whose title included the descriptors attention deficit hyperactivity disorder, attention deficit disorder, ADHD y ADD, and that included the country of origin of the work. Altogether, 4423 original documents were obtained. In this social-health analysis, the

national participation index (PaI) into global scientific production about ADHD was calculated. We have correlated it with global PaI in Biomedicine and Health Sciences, with the PaI in the Psychiatry discipline and with Social-Health index of the main productive countries in this field, like per capita health expenditure, number of physicians or per capita gross domestic product.

United States is the most productive country (participation index, PaI=44.2), followed, at a long distance, by Canada (PaI=6.14), United Kingdom (PaI=5.07) and Germany (PaI=4.33). Of the most productive in Health Sciences, only 4 countries exceed their own PaI in the Psychiatry field (Brazil, China, Spain, and USA). Correlation between PaI and per capita health expenditure offers a similar distribution to productivity ranking, except to China, Brazil and Turkey. On the contrary, correlation between PaI and total number of physicians in each country finds in better position Canada, Australia, USA and Israel.

P117

Sub syndromal mood disorders in artists

F. Manoudi, Azouzi, F. Asri, I. Tazi. *Psychiatric University Unit, CHU Mohamed VI Faculty of Medicine and Pharmacy, University Cady Ayyad, Marrakech, Morocco*

With the possible cyclothymia in artists, there is a paucity of data in the lithérature on the hypomania and dysthymia disorders in artists

Objective: The aim of the study is to evaluate the frequency of subsyndromal mood disorder in artists.

Method: We have recruited 84 artists, 23 women, 61 men, mean age 33.6+ 12 years, 57.1% professional comedian artists ; Diagnosis of hypomania and dysthymia was accorded to Mini DSM IV criteria. The software Epi info 6 was used for data analysis

Results: 67.9% were single and 25% were married, About half of the sample have low level economic socio (150 $/ month),35.7% consumed alcohol and 11.9% consumed hachich.

Hypomania was diagnosed in 52.4% artists, hypomania passes was diagnosed in 28.8% artists, 2.7% have dysthymie and 44% have cyclothymia, 3.6% have no mood disorder past and no actual mood disorder,There was a correlation between the prevalence of the hypomania and the marital status (frequent at single), and with the age (frequent at young). As well as between the dystymia and the sex (frequent at men). No relationship was found between hypomania or dysthymia and level of study, social class, consumption of alcohol and hachich.

Conclusion: In our data sub syndromal desorder in artist is frequent specially hypomania and cyclothymia that confirm that this population must have special managment.

P118

Bipolar depression comorbid with diabetes mellitus - a therapeutical challenge. Case report

G. Marian, I.A. Dan, B.E. Ionescu, D. Spinu. *Prof. Dr. Al. Obregia Psychiatric Clinical Hospital, Bucharest, Romania*

Background: Major depressive episodes are the main features of bipolar disorder (BD) and finding an efficient therapy represents a tough challenge especially when BD associates diabetes mellitus (DM). Atypical antipsychotics proved efficacy in monotherapy and more so in association with mood stabilizers, but choosing the atypical antipsychotic requires special cautions due to metabolic adverse effects.

Aim: To choose a therapeutic scheme that improves rapidly acute depressive symptoms and has a good endocrine-metabolic tolerability.

Method: Male BD patient, 49 years old, hospitalized for a major depressive episode while taking poly-pharmacological treatment. The patient also has DM for which he takes two oral anti-diabetics. When inpatient, he had persistent hyperglycemia (>250mg/dl). DM's complications (poly-neuropathy, myocardial and retinal angiopathy) and diabetic status oriented us choosing quetiapine (600mg/day) for both antidepressive effect and its safe metabolic profile. We used as adjuvant valproat (1000mg/day). Antidiabetic medication was adjusted following the clinical outcome. Instruments: depression (MADRS), mania (YMRS), CGI-BP, diabetes (glycemia, HbA1c, glycosuria, body weight, ECG), adverse events and relapse (follow-up 6 months). The evaluations were performed weekly during hospitalization (6 weeks) and then monthly.

Result: Quetiapine and valproat therapy led to depressive symptoms remission (MADRS <50% vs. baseline). At the same time, the metabolic effects were minimal. DM was compensated (glycemia <120mg/dl). These results maintained till the end of the follow-up period.

Conclusion: Acareful option for treatment and monitoring of BD associated with DM is necessary to obtain an optimal therapeutic response and to maintain remission for a longer period of time.

P119

Peripheral brain-derived neurotrophic factor (BDNF) in patients with unipolar depression or with bipolar I and II disorders

V. Martiadis, P. Monteleone, V. Iodice, C. Serritella, M. Fabrazzo, M. Maj. *Department of Psychiatry, University of Naples SUN, Naples, Italy*

Background and aims: Accumulating evidence proposes BDNF as a candidate molecule in the pathophysiology of affective disorders. Reduced levels of peripheral BDNF have been found in drug-free patients with major depressive disorder (MDD), in drug-treated depressed or manic patients with bipolar disorder type I (BD-I), but not in drug-treated euthymic BD-I individuals. No study explored BDNF serum levels in patients with bipolar disorder type II (BD-II). Our aims were to confirm previous findings on peripheral BDNF in MDD and BD-I patients; to explore circulating BDNF also in patients with BD-II; to exclude the influence of comorbid psychiatric disorders on BDNF levels in affective patients.

Methods: We measured serum BDNF concentrations in 85 subjects, including 24 euthymic patients with unipolar depression (UD), 17 euthymic patients with BD-I, 11 euthymic patients with BD-II, 11 UD patients with a current major depressive episode and 22 drug-free healthy controls. At the assessment time, 15 patients were drug-treated; the remaining ones were drug-free for at least 4 weeks.

Results: As compared to healthy controls, serum BDNF concentrations were significantly reduced in all the patient groups with no significant inter-group differences. Drug treatments and comorbid psychiatric disorders had no effect on lowered circulating BDNF levels in affective patients.

Conclusions: Present results confirm previous findings of reduced BDNF in patients with MDD and reveal, for the first time, that serum BDNF levels are decreased also in euthymic patients with UD, BD-I and BD-II, independently from drug treatment status and concomitant Axis I psychiatric disorders.