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P4 SWITCHING ANTIPSYCHOTIC TREATMENT IN PATIENTS WITH BIPOLAR DISORDER: DATA FROM ROUTINE CLINIC PRACTICE IN GREECE


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Introduction: Conventional and atypical antipsychotics are widely used in the treatment of Bipolar disorder. Possible adverse events might be a reason for switching among antipsychotics, with atypicals preferred for their favorable tolerability profile.

Objective & Methods: We conducted a retrospective chart review in order to explore reasons for antipsychotic treatment changes in patients with Bipolar disorder, in private and state clinics across Greece. 300 patients, diagnosed as having Bipolar disorder whose antipsychotic medication had been switched to an atypical antipsychotic within the last 12 months, were assessed. Information was collected on demographics, diagnosis, comorbidities, medication, side effects, and clinical global impression (CGI), three months prior to, at the time and 3 following switching.

Results: Patient’s characteristics: 240 patients (80%) had a diagnosis of Bipolar I, 51 (17%) Bipolar II, 3 (1%) cycloidic and 6 (2%) NOS. 175 (58%) of the patients switched from conventional neuroleptics (mainly haloperidol), and 125 (42%) switched between atypicals (mainly from olanzapine). In both groups patients switched mainly to risperidone (75%) and clonazapine (16%). Main reasons for switching were adverse events (weight gain in the atypical group and EPS in the conventional) and ‘lack of efficacy’ for both groups. Scores on the CGI scale indicated improvement in 74.4% (93) of patients in the atypical group, and 68% in the conventional.

Conclusions: Insufficient tolerability and efficacy were demonstrated as the main reasons for switching to atypicals. Risperidone and olanzapine are the preferred choice atypicals. The vast majority of patients benefit from the switch to atypicals.

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P5 NEUROBIOLOGICAL AND PSYCHOLOGICAL CORRELATES OF SUICIDAL ATTEMPTS AND THOUGHTS OF DEATH IN PATIENTS WITH MAJOR DEPRESSION

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Introduction: Suicide is a major problem for psychiatry. Depression is the most common mental disorder related with suicidal behavior. The present study aimed to investigate the relationship of the symptomatology related to death, dying and suicide, with neurobiological factors in depressed patients.

Material: Fifty patients aged 21-60 years suffering from Major Depression.

Method: The SCAN v 2.0 and the IFDE were used to assist clinical diagnosis. The psychometric assessment included the Hamilton Depression Rating Scale (HDRS), the Hamilton Anxiety Scale (HAS), the 1965 and 1971 Newcastle Depression Diagnostic Scales, the Diagnostic Melancholia Scale (DMS), the General Assessment of Functioning Scale (GAF) and the Personality Deviance Scale (PDS). Psychophysiological Methods included Electro-oculogram (EOG), Flash-electro-retinogram (f-ERG) in photopic and scotopic conditions, and Pattern-Reversal Visual Evoked Potentials (PR-VEPs). Biological Markers included the 1 mg DST, the 30 mg Dexfenfluramine Challenge Test and brain HMPAO SPECT.

Statistical Analysis: It included 1, 2 and 3-way MANOVA and MANCOVA and the Scheffe test as post hoc test.

Results: Patients without thoughts of death had higher self confidence, and less overdependency on others and introversion. Suicidal patients had significantly prolonged PR-VEPs latency in comparison to the rest of patients.

Discussion: The findings of the current study were related to the status of the patient at interview but not to his/her history. They also provide neurobiological data to support the notion that a combined presence of self-directed aggression and higher arousal level or disinhibition of self-directed aggressive thoughts is necessary for a patient to become suicidal. Further study is needed to test whether psychophysiological methods, which are non-invasive and easy to perform, are of value in the therapeutic planning and monitoring of response.