

acupuncture as an adjunct treatment for substance use than previously realized by some physicians. Reported side-effects from acupuncture were minimal and overall patient satisfaction was high.

Conclusions: Auricular acupuncture, as an adjunct therapy to a comprehensive psychoeducational treatment program for women with addictions can be an effective method to reduce cravings, improve overall health and general functioning, and be a potentially safer, more viable treatment alternative to anxiolytics. Suggestions for future research will be presented.

P0104

Improvement of neuronal energy metabolism and stabilization of mitochondrial function by ginkgo biloba Extract

A. Eckert¹, S. Hauptmann², U. Lipka², R. Abdel-Kader², I. Scherping², K. Leuner², W.E. Mueller². ¹*Neurobiology Laboratory, Psychiatric University Clinics, Basel, Switzerland* ²*Department of Pharmacology, Biocenter, University of Frankfurt, Frankfurt, Germany*

Background: Ginkgo biloba extract (EGb761) has been used for many years to treat age-related cognitive disorders. Recent studies also indicate a therapeutic potential of EGb761 in Alzheimer disease (AD). Bolstered evidence indicates that mitochondrial abnormalities might be part of the spectrum of chronic oxidative stress occurring in aging and AD finally contributing to synaptic failure and neuronal degeneration.

Objective: We investigated the protective effects of EGb761 on mitochondrial function and ATP production.

Methods: As cellular models, PC12 cells and acutely dissociated brain cells from young and aged mice were investigated under a variety of conditions, e.g. oxidative and nitrosative stress, associated with impaired mitochondrial function and decreased membrane potential.

Results: EGb761 alleviated mitochondrial functions in vitro at concentrations as low as 0.01mg/ml. The effect of EGb761 was specific, since protective effects were mainly seen after specifically impairing respiratory chain complexes II, IV, and V. Comparable findings were made with dissociated brain cells from young and aged mice where usually aged brain cells were more sensitive for the protective effects of EGb761. In addition, PC12 cells bearing an AD-related mutation in the amyloid precursor protein, that leads to enhanced beta-amyloid production, showed a greater benefit from treatment with EGb761 than control cells.

Conclusions: Taking together, our finding clearly show stabilization and protection of mitochondrial function as a specific and very sensitive property of EGb761 at rather low concentrations. This mechanism can explain many of the until now rather unrelated observations of EGb761 in brain aging and neurodegeneration.

P0105

Increased Use of Benzodiazepine-like hypnotics is associated with fewer hospital treatment episodes for psychiatric disorders caused by sedatives / hypnotics

S. Henriksson. *Department of Clinical Neuroscience, Karolinska Institute, Karolinska University Hospital, Stockholm, Sweden*

Background and Aims: To test the association between the use of sedative/hypnotic medication and in-patient episodes of psychiatric disorders caused by sedatives/hypnotics.

Method: Annual sales statistics of sedatives/hypnotics in Sweden between 1998 – 2004 were retrieved from the Swedish Corporation of Pharmacies and information about misuse defined as episodes of in-patient treatment of psychiatric disorders caused by sedatives/hypnotics was retrieved from the Swedish Hospital Discharge Register.

Results: The use of sedatives/hypnotics increased by 31 %. Of the sedatives/hypnotics, benzodiazepines decreased by 49% and benzodiazepine-like hypnotics increased by 100%. These changes were each significantly ($p < 0.01$) associated with a decrease (33%) of episodes for in-patient treatment of psychiatric disorders caused by sedatives/hypnotics. There was no significant association between the increased use of sedatives/hypnotics and the decrease (2.8 %) of episodes of psychiatric care caused by other psychiatric disorders.

Conclusion: The benzodiazepine-like hypnotics successively replaced the benzodiazepines for hypnotic use. The associated reduction of psychiatric treatment episodes for misuse provides support for the benzodiazepine-like hypnotics to be less liable to misuse than the benzodiazepines.

P0106

Buspiron like anxiolytic or panicogenic factor at patients suffering from agoraphobia with panic disorder

M. Ignjatovic, D. Ignjatovic, M. Kniskova. *Psychiatric Out Department, Banska Bystrica, Slovak Republic*

Buspiron is non-benzodiazepine anxiolytic and it was the first alternative for benzodiazepines (Sramek, 2002).

It was mostly used for the treatment of generalized anxiety disorders (GAD), but the efficacy was 7,5% in clinical trials. The most frequent reason for no-efficacy were psychosocial and environmental factors (Haller, 2004, 1).

The biological basis of panic attacks is hypersensitivity of autonomic nerve system (Tanay, 2001), as a precipitating factor is hyperventilation (Eric, 1991, 1996) or using the stimulating factors (like cigarettes, coffee, alcohol, drugs).

It is supposed, that anxiety disorders are caused by stress. We have more and more patients by years and incorrect diagnostic process and treatment can lead to chronification. We used hydroxyzin from non-benzodiazepine anxiolytics alone or in combination with short-time dynamic psychotherapy (Ignjatovic, 1998) or with cognitive-behavioral psychotherapy with control breathing during acute phase (Ignjatovicova, 2003) for the treatment of anxiety disorders.

We selected 8 patients suffering from agoraphobia with panic disorder from our out-patient practice. These patients were treated by buspiron, but treatment was non-effective. We used Hamilton scale for anxiety at beginning and every patient had HAMA more than 18 points. The goal of our study was decreasing HAMA score more than 50% and reduction of panic attacks more than 50% after finishing treatment by buspiron, and using control breathing.

7 patients from 8 patients have no panic attack during acute phase of treatment. They stopped use buspiron and starting with control breathing.

From our casuistics we supposed, that incorrect treatment by buspiron like common anxiolytics can increase anxiety, precipitate panic attacks and increase depressive symptoms at patients suffering from agoraphobia with panic disorder.

P0107

Clinical-dynamic, immunological and pharmacokinetic characteristics of Benzodiazepines

I.E. Kupriyanova. *Preventive Psychiatry Department, Mental Health Research Institute, Tomsk, Russia*

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 phagocytosing neutrophils 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 ($0,13 \pm 0,031 \text{ min}^{-1}$ и $0,12 \pm 0,061 \text{ min}^{-1}$), for lexilium this characteristic has lower values $0,075 \pm 0,017 \text{ min}^{-1}$ ($P < 0,05$). 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

C.F. Slattery², M. Agius¹, R. Zaman¹. ¹ *Department of Psychiatry, University of Cambridge, Bedford, UK* ² *Saint John's College, University of Cambridge, Bedford, UK*

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

M. Agius¹, C.L. Murphy², G. Tavormina³, R. Zaman¹. ¹ *Department of Psychiatry, University of Cambridge, Bedford, UK* ² *Bedfordshire Centre for Mental Health Research in Association With The University of Cambridge, Bedford, UK* ³ *Centro Studi Psichiatrici, Provaglio d'Iseo, Italy*

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 assessed 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 re-diagnosis 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.