

adaptable from the outset compared with those of "normal" young people.

Key words: adolescents, MHLC, age, gender.

P07.03

Free will and diminished responsibility of adolescents

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Objective: 29 male and 2 female adolescents 14–18 years old with personality disorders, diagnosed by ICD-10 criteria, who made crimes, was examined. Most of crimes contained violent episodes. In two cases only dissociative personality disorder was diagnosed.

Methods: new own method – ranged scale for will disorders diagnostic was used. Psychopathological and pathopsychological methods had completed research.

Results: patients with personality disorders had severe will disorders include deficits of will actions, deficits of free locomotive and emotional regulation, active choice between motives, fixed locomotive and thinking strategies, free understanding of their free will disorder etc. Very often this patients had made serial crimes with one typed, universal, static strategy, with obligate violent components, for example: rapes, homicides. Patients with dissociative personality disorder had strongest will disorders from all examined group.

Conclusions: legal norms of diminished responsibility are included in Russian Criminal Code in 1997 (§ 22). There is no thoroughly formulated criteria for using § 22. Will disorders might be using as one criterion for § 22 in group of patients with personality disorder.

P07.04

Long-treatment outcomes of adolescent depression with associated anxiety

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Objective: Assess the efficacy of a new convenient formulation of ciproamil in maintaining antidepressant response in adolescent reporting right baseline levels of anxiety.

Methods: Depressed patients remitting after 12 weeks of treatment with ciproamil 20 mg/day were randomized to continuation treatment with a new weekly ciproamil formulation, ciproamil 20 mg/day, or placebo for up to 24 weeks. We studied 18 patients who met criteria for Major Depressive Disorder (single or recurrent) (DSM-IV) and inclusion criteria for HAMD₁₇=18, CGI – severity = 4. Using baseline HAMD Anxiety / Somatization factor score, patients were stratified into high (>7) or low anxiety (=7) sub-groups using a median split. Efficacy of weekly and daily ciproamil compared with placebo in maintaining response was assessed.

Results: Relapse rates for patients treated with daily or weekly ciproamil were significantly lower than those of placebo treated patients. Remission rates of highly anxious adolescents were very similar for the two active drug treatments over 24 weeks of treatment.

Conclusions: The new convenient weekly ciproamil formulation appears effective in maintaining remission in patient's high baseline levels of anxiety.

P07.05

An open-label study of olanzapine in the first episode of schizophrenia in adolescents

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Olanzapine is a recently introduced atypical neuroleptic agent for which little information is available on its use in children and adolescents. 19 children and adolescents (age: 12–19 years, mean age 17 years) with an onset of DSM IV schizophrenia were treated with olanzapine (Zyprexa). The dose was from 5 mg to 20 mg once daily. The patients receiving olanzapine were evaluated from 8 weeks to 24 months each month with 1) the PANSS (total scores and subscales) 2) The Calgary Depression Scale 3) adverse events 4) learning possibility.

Results: In each month the proportion of subjects noticed improvement in subscales and total PANSS. The most quickly improvement was observed in positive symptoms (33% improvement in the first month), the slowest in negative symptoms (15% improvement during the first month of treatment), but finished improvement (in 18 months) in positive and negative symptoms was nearly the same (66% and 61% respectively). The most patients experienced weight gain (37%), somnolence 10%, akathisia 10%. 84% of patients during treatment could to continue school, 16% of adolescents did not learn (from too protective family or unsociable-pathological families). In 42% of adolescents noticed 50% improvement in the Calgary Depression Scale at the end of trial. 47% of group had a 50% improvement in the item of attention in PANSS at the end of assessment. These data provide preliminary evidence of the efficacy of olanzapine for adolescents and children with the first episode of schizophrenia. Olanzapine may become the first-line treatment for children and adolescent schizophrenia.

P07.06

Effectiveness and tolerance of moclobemide in treatment of mood and anxiety disorders in adolescents

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Moclobemide is selective MAO-A inhibitor for which little information is available on its use in children and adolescents. 15 children and adolescents (age: 12–19 years, mean age 16 years) with mood and anxiety disorders: 5 patients with depressive syndrome, 5 patients with social phobia, 5 patients with separate anxious (school phobia) were treated with moclobemide. All were outpatients. The total dose was from 150 mg to 450 mg (twice daily). The patients receiving moclobemide were evaluated from 4 weeks to 6 months each month with: 1) CGI 2) adverse events 3) learning possibility.

Results: Risk factors for psychiatric disorders were: obstetric agents 1 person, genetic risks 7 persons, organic agents 1 person, abnormal family relationships 4 persons, alone mothers 3 persons. Very good and good efficacy was noticed in 75% of patients. Adverse events were observed in 13% of group. Good school function had 87% of adolescents. 13% of patients did not finish treatment because of adverse events. 1 patient during treatment with moclobemide had manic syndrome. The best efficacy noticed in patients with social phobia (100% of group). Moclobemide may become the first-line treatment for children and adolescent mood and anxiety disorders.