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SELECTIVE DEPRESSANTS IN HYPERNORADRENERGIC DEPRESSION

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The study evaluated the efficacy of a selective noradrenergic antidepressant, maprotiline, and a selective serotonergic antidepressant, fluoxetine, in a population of unipolar patients with elevated central noradrenergic activity, determined by a blunted growth hormone response after clonidine. From a total of 24 patients diagnosed as melancholic subtype (DSM-III-R criteria), who have had a blunted growth hormone response to clonidine, 11 were treated with 200 mg a day of maprotiline, and 13 with 13 mg a day fluoxetine. The results showed a good global efficacy of both antidepressants, with no significant difference between them. However, the noradrenergic antidepressant was more effective in treating the symptoms related to noncognitive vegetative functioning (insomnia, loss of appetite) - whereas the serotonergic antidepressant was more effective in treating the symptoms which could be, at least partially, a result of the influence of altered cognitive processes (suicidal ideas, psychic anxiety, hypochondria). But, these differences in specific efficacy are not statistically significant, except in the case of treatment of insomnia with maprotiline, and the more effective reduction of psychic anxiety under treatment with fluoxetine.

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GRAPHIC REPRESENTATION OF ILLNESS A NOVEL METHOD OF ASSESSING PATIENTS' PERCEPTIONS OF THE IMPACT OF ILLNESS

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Background: In people with chronic illnesses, a measure of the overall importance of the illness to the person's life would be valuable to better understand individual responses to illness and develop focused psychosocial interventions. In an attempt to devise a summary measure of the importance of illness to the individual, a simple graphic task has been devised, and used in a pilot study of 24 people with rheumatoid arthritis.

Methods: Subjects were shown an A4-size sheet of paper, with a coloured disk, 4 cm in diameter, at one corner. Each subject was asked to imagine that the paper represented his/her life, and the disk represented to subject's core self. The subject was then given another disk, the same size as the fixed one. Subjects were asked to imagine that the second disk represented the illness, and instructed to place the disk where they considered most appropriate on the sheet of paper. The main outcome measure of task was the distance between the two disks representing "self" and "illness".

Results: The distance between "self" and "illness" showed no correlation with a measure of disease activity, but was significantly correlated with depression ($r = -0.64$), the General Health scale of the SF36 ($r = 0.42$), Antonovsky's Sense of Coherence scale ($r = 0.59$), and measures of pain.

Conclusions: This simple task appears to provide a summary measure of the importance of illness to the sufferer.

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THE PREVENTION OF BENZODIAZEPINE DEPENDENCE IN THE TREATMENT OF ANXIETY DISORDERS

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This paper will review comprehensive treatment for anxiety disorders which prevent benzodiazepine dependence. Long-term benzodiazepine treatment has a "fractional" character, i.e., they are prescribed in 5 to 7 day intervals between them. In this way benzodiazepine dependence can be reduced. However during withdrawal periods, relapses of symptoms can occur. We overcame this problem by using Cerebral Electroreflex Therapy (CERT) during this period. The method which we devised consists of exposing areas of ear helix and mastoids of patients to the action of a bipolar impulse electric current with a specially chosen frequency, current and impulse. A stable improvement of the mental and psychophysiological functions caused by CERT was registered after only 3 days and the effect remained at the same level. The use of tranquilizers over 5 to 7 days and the use of CERT during withdrawal periods at the same parameters helped us to keep clinical manifestations at this level. We have thus discovered an important regularity in the adjustive effect of CERT for the different stages of treatment of anxiety disorders.

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ASSOCIATION STUDY OF BIPOLAR DISORDER AND MSP1 RLFP AT THE DOPAMINE D3 RECEPTOR GENE

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Following previous studies of the Ball restriction enzyme site polymorphism (RLFP) at the Dopamine D3 Receptor Gene (D.D3R.G) in Bipolar Disorder (BD) (Persian et al, 1995, Shaikh et al, 1993, Mitchell et al, 1993, Rietschel et al, 1993), we tested the hypothesis of a possible association between manic-depressive condition and the Msp I RLFP at the D.D3R. To our knowledge this has not been done before.

Material and methods: After informed consent 60 in- and out-patients who fulfilled DSM IV criteria BD (type 1, Akiskal et al, 1987) were recruited. All were interviewed using the Schedule for Affective Disorders and Schizophrenia-Lifetime version and a pedigree were assessed by patient and informed family member. A comparison was made with 60 healthy volunteers with no positive family psychiatric history. DNA was extracted from leukocytes of peripheral blood sample after venous puncture. The Msp RLFP were genotyped by Polymerase Chain Reaction. χ^2 test was used to compare allele and genotype frequency. Results: Demographic and epidemiological characterization of the sample patients, and genotypes of patients vs controls are presented. We conclude that the combination of both Bal I and Msp I RLFP should be studied in a larger patient sample. Although no linkage study provided strong evidence of critical chromosomal regions in bipolar affective disorder, the "candidate gene" strategy remains useful in genetic psychiatry.