Results: Suicidal (n=31) and nonsuicidal subjects (n=51) were similar in baseline ratings of depressive symptom-severity (HDRS16), but were depressed longer and less likely to be married. Suicidality ratings improved by 36% during 6 weeks of treatment among initially suicidal patients, but other depressive symptoms (HDRS16) improved (13%) only half as much as in nonsuicidal subjects (25%), independent of diagnosis and treatment. Fewer than half as many suicidal subjects showed ≥20% improvement in HDRS16 scores.

Limitations: Findings, based on diagnostically complex and relatively treatment-resistant subjects, may not generalize.

Conclusions: Being suicidal may limit response to treatment in depressed major affective disorder patients, independent of diagnosis or overall symptomatic severity.

P0143

Temperament in suicidal and non-suicidal psychiatric inpatients

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Suicide is a serious public health problem. In the international literature there is evidence to support the notion that certain temperaments and personality traits are often associated with suicidal behavior. In this study, 150 psychiatric inpatients were investigated using the TEMPS-A, the MMPI-2 and the Beck Hopelessness Scale (BHS) and evaluated for suicide risk through the critical items of the Mini International Neuropsychiatric Interview (MINI). Statistical analysis, including linear regression analysis and multiple regression analysis, showed that suicide risk contributed to the prediction of hopelessness. Among the temperaments, only the Hyperthymic temperament, as a protective factor, and the Dys/Cyc/Anx temperament contributed significantly to the prediction of hopelessness. Irritable temperament and Social Introversion were protective factors for suicidal risk. Hopelessness and depression were associated with higher suicidal behavior and ideation, but, unexpectedly, depression as measured by the MMPI did not contribute significant to the multiple regression.. The present study indicated that, although suicidal psychiatric patients have MMPI-2's profiles in the pathologic range, they exhibit several differences from nonsuicidal patients. Patients at risk of suicide have specific temperaments as well as personality and defense mechanism profiles. They are more social introverted, depressed and psychasthenic, and use hysterical and schizoid mechanisms more often. Generalizability of the findings was limited by the small sample size, mix of BPD-I, BPD-II, MDD and psychotic disorder patients.

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The effect of repetitive transcranial magnetic stimulation on symptoms in obsessive compulsive disorder

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Background: Within a decade, the Repetitive Transcranial Magnetic Stimulation (rTMS) was being used to treat depression and schizophrenia. Antidepressant response has been reported in open and double-blind, sham-controlled studies of depression. Less is known about rTMS efficacy in the obsessive compulsive disorder.

Method: The aim of the randomized, double-blind, sham controlled study was to compare the 2 and 4 week efficacy of the 10 sessions rTMS with sham rTMS in serotonin reuptake inhibitor resistant OCD patient. Thirty seven right-handed patients were randomly assigned to either active rTMS or to sham. Active rTMS with the frequency of 1 Hz at 110% of motor threshold was administered over the left dorso-lateral prefrontal cortex. The same time schedule was used for sham administration. Thirty three patients finished the study, three patients' dropped out at the beginning. Psychopathology was assessed by CGI, HAMA, Y-BOCS and BAI before the treatment, immediately after the experimental treatment, and 2 weeks after by an independent reviewer.

Results: Both groups improved during the study period but the treatment effect did not differ between them in any of the instruments.

Conclusion: Low frequency rTMS administered over the left dorso-lateral prefrontal cortex during 10 daily sessions did not differ from sham rTMS in facilitating the effect of serotonin reuptake inhibitors in OCD patients.

Supported by the project n. MŠMT ČR 1M0517

P0145

Alcohol and bipolar disorder: Multiple sides of a frequent Addi(C)Tion

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The comorbidity between bipolar disorder and alcoholism has been recognized since Kraeplińs work, in the beginning of the century.

Current epidemiological data refer to the Bipolar Disorder as the Axis I disorder most commonly associated with substance abuse, being alcohol the most frequent.

The aim of this work is to present a revision of the epidemiology, diagnostic issues, clinical course, physiology, genetics, prognostic and treatment options of comorbid bipolar disorder and alcoholism.

The method used consists of bibliographic research and medline related articles research.

After the research we can concluded that the comorbidity between alcoholism and bipolar disorder is a challenge as far as the diagnostic and treatment options are concerned.

The comorbidity between the two disorders has implications for diagnostic and treatment. On the one hand alcohol use worsens bipolar disorder and on the other hand this one can be a risk factor for alcoholism.

Although there are several hypotheses to explain the relationship between alcoholism and bipolarity, that relationship is complex, bidirectional and not well understood.

Treatment options range from psychopharmacological and psychotherapeutic interventions, adapted to the clinical context of each patient.

https://doi.org/10.1016/j.eurpsy.2008.01.434 Published online by Cambridge University Press