

high percentage of CGI responders ("much" or "very much" improved) of 69%.

In more than 90% of the patients no adverse events occurred (57.4%) or were rated as subjectively not impairing (33.3%). The most frequent adverse events were somnolence, nausea, drowsiness, and weight gain.

Conclusion: Mirtazapine is a quick and effective antidepressant for the treatment of depression and symptoms of depression-related anxiety. Mirtazapine is very well tolerated by the patient.

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PSYCHIATRIC DISORDERS AND PSYCHIATRIC TREATMENT IN ECSTASY USERS COMPARED TO USERS OF OTHER ILLICIT DRUGS AND CONTROLS IN A REPRESENTATIVE SAMPLE OF YOUNG GERMANS

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The current study investigates patterns of ecstasy use, associated psychopathology, use of other substances, and self reported treatment seeking in a representative sample of a young population from metropolitan Munich.

Data were collected as part of the baseline and the two follow-up investigations of the Early Developmental stages of Psychopathology (EDSP) study. The EDSP is a research program funded by the German Ministry of Research and Technology, designed to collect data on the prevalence, risk factors, co-morbidity and course of mental and substance use disorders in a representative population sample, consisting of 3021 subjects aged 14 to 24 at baseline. The overall design of the study is prospective and longitudinal. Results indicate that the average ecstasy user consumes or abuses a number of other substances, e.g. OR for alcohol abuse or dependence among ecstasy users compared to non-users is 5.85 [95%CI: 4.05–8.45], compared to users of any other illicit substance is 1.70 [95%CI: 1.20–2.40]. Ecstasy users show an increased risk for the diagnosis of a number of psychiatric disorder (as measured by M-CIDI-interview). OR for any psychiatric disorder among ecstasy users compared to non-users is 3.38 [95%CI 2.38–4.81], compared to users of any other illicit substance 1.89 [95%CI 1.32–2.70]. Further analyses suggests that psychopathology precedes onset of ecstasy use. The presented results indicate that the average ecstasy consumer is a polydrug user with a number of associated psychiatric problems. Relevance for prevention, treatment and assessment of ecstasy associated cognitive deficits will be discussed.

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FAMILY STUDY OF SUICIDAL BEHAVIOUR IN BIPOLAR DISORDER

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Affective disorders are associated with a high risk of suicidal behaviour. Particularly in bipolar disorder (BD) the suicide rate has been reported as high as 20%. Suicide has been traditionally viewed as a behavioral manifestation of abnormal mood. However, several family studies suggested that it might be linked to a specific genetic susceptibility. It remains to be clarified whether the genetic factors in suicide are different from those underlying affective

disorders. To this end, we conducted a family study of patients with typical BD. We studied 77 kindreds that included a total of 539 subjects, 182 of these had a disorder in the bipolar spectrum. Thirty-six subjects had a history of suicidal behaviour (completed suicide or suicide attempt). For each subject, we determined his/her psychiatric diagnosis and a lifetime history of suicidal behaviour using semi-structured interviews and the family-history method. The risk of suicidal behaviour in affectively ill family members correlated with the number of other relatives in the same family affected with BD. The risk of suicide was not homogeneous, however. We identified three types of families, each associated with a different risk of suicidal behaviour (<0.1%, 20% and 87%). In conclusion, suicidal behaviour seems to aggregate in a subset of high-risk families; and this aggregation is not independent of the genetic risk for BD. Such finding might arise from two correlated genetic liability distributions. Alternatively, bipolar disorder associated with suicidal behaviour may represent a distinct disorder found at the extreme end of the genetic liability continuum.

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ARE CONVENTIONAL ANTIPSYCHOTICS THE ONLY OPTION FOR THE TREATMENT OF FIRST EPISODE SCHIZOPHRENIA?

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There are certain data that clozapine (atypical antipsychotic widely used for the treatment of chronic drug-resistant schizophrenia) is at least as effective as traditional neuroleptics for the treatment of non-resistant acutely psychotic patients. The studied sample included 30 in-patients (first admissions only) with acute episode of DSM-IV paranoid schizophrenia. Patients were randomly assigned to 3-week double-blind treatment with either clozapine (20 subjects) or standard conventional antipsychotic haloperidol (10 subjects) in increasing dosage. Psychopathology was assessed weekly with BPRS and CGI rating scales. Clinical response was defined as 30% decrease of BPRS total score plus rating of 2 or 1 on CGI-Improvement subscale. Adverse events were evaluated by patient query and by performing routine laboratory tests and vital signs. Data were analysed with χ^2 and t-test. It was found that clozapine produced significantly greater improvement on both BPRS and CGI scales ($P < .01$). Seventeen of the 20 patients (85%) responded to clozapine, while only 5 of the 10 subjects (50%) showed predefined response to haloperidol ($P < .05$). Integrating incidence of adverse events (total number of reports) did not significantly differ between groups but their severity was lower in clozapine-treated group ($P < .05$). No cases of agranulocytosis occurred during the study. Thus, our study demonstrated superior efficacy and tolerability of clozapine over haloperidol in subjects with the first lifetime diagnosis of schizophrenia. Since the risk of agranulocytosis is significantly decreased by relatively short exposure to clozapine, in our view, it may be worth using this atypical antipsychotic for the treatment of first episode acutely psychotic patients.

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THE IDEOLOGICAL DIMENSIONS OF THE BURNOUT SYNDROME IN PSYCHIATRIC INSTITUTIONS

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The burnout syndrome, "discovered" in mid-1970s, receives growing attention during recent years. The objective of the study was to make a crosscultural comparison and to explore the influence