ceptors have been suggested to be the primary target of alcohol.[1] We have demonstrated alcohol-like effects in healthy controls and blunted effects in recently detoxified alcoholics when challenged with 2.0 mg/kg Dextromethorphan a non-competitive NMDA antagonist. Induction of craving effect was recorded in patients only.[2]

Main Objective is to compare brain glucose metabolism profiles of alcohol dependent males and healthy controls induced by blocking NMDA receptors with dextromethorphan.

Methods: We compared regional metabolism using [18F] fluorodeoxyglucose (FDG) positron emission tomography (PET) in recently detoxified alcoholic patient and controls (double blind, double dummy, placebo controlled) after challenge with 2.0 mg/kg Dextromethorphan. Controls were additionally challenged with alcohol (0.6 g/kg). Subjects were being assessed with standard measurements.

Results: based on preliminary statistical analyses (so far 5 patients and 10 controls, aim 12/12) indicate:

1. Lower metabolism rate in all brain regions among recently detoxified alcohol dependent males under placebo condition. Alcohol globally reduces regional brain glucose metabolism in controls. (consistent with published findings)
2. In alcohol dependent males dextromethorphan challenge led to no changes, or small reduction in brain glucose metabolism, most pronounced in the cerebellum (-4.9%).
3. In controls dextrometorphan challenge was associated with a small, non-significant increases in metabolism, most pronounced in the frontal region (6.1%), and least pronounced in the cerebellum (2.2%). This finding of "hyperfrontality" is consistent with reported findings from ketamine challenge.[3]

Changes in regional metabolism seem to be different in alcohol dependent males and controls.

(1) Tsai G, Gastfried DR, Coyle JT. The glutamatergic basis of alcoholism. Am J Psychiatry. 1995.152:332–40.
(2) Schutz CG Soyka M. Dextromethorphan challenge in alcohol dependent patients and controls. Arch Gen Psych. 2000. 57:291–2.
(3) Vollenweider FX et al. Metabolic hyperfrontality and psychopathology in the ketamine model of psychosis using FDG-PET. J Eur Neuroharmacol. 1997 7:9–24.

YRP.17

Th1 and Th2 relationship in schizophrenia – immunological, immunogenetic and therapeutic investigations

M.J. Schwarz*, M. Riedel, H. Krönig, S. Sokullu, S. Chiang, N. Mueller, M. Ackenheil. *Psychiatric Hospital, University of Munich, Germany*

We have hypothesised immunological abnormalities characterised by a decreased Th1 and an increased Th2 immune response in a distinct group of schizophrenic patients. To prove this hypothesis we performed biochemical, immunogenetic, and clinical investigations: Cytokine production by in-vitro stimulated lymphocytes; Molecular genetics of candidate Th1/Th2-related genes: IFN-gamma, IL-4, IL-12, IL-13 (patients/controls n=170 each); Clinical study using a COX2 inhibitor added to an antipsychotic medication (n=50 patients).

Our results suggest a subgroup of schizophrenic patients with reduced IFN-gamma production and increased IL-4/IL-13 production. The IL-13 gene A1082G promotor polymorphism, accompanied with more pronounced Th2 response, was more frequent in patients. Patients receiving the COX2 inhibitor showed a markedly faster reduction of psychotic symptoms, than patients of the placebo group.

Our complex but systematic results may have great impact for the identification of a subgroup of schizophrenia with immune-related pathophysiology and for the development of an immune-mediated therapy strategy in schizophrenia.

YRP.18

The candidate gene approach in affective disorder: the European Collaborative Project on Affective Disorders

D. Souery. *Belgium*

No abstract was available at the time of printing.

YRP.19

Lithium augmentation in venlafaxine non-responders: an open study

G. Bertschy*. *HUG, Belle-Idee, Department of Psychiatry, Geneva, Switzerland*

Thirteen major depressive patients not responding (less than 50% decrease of their baseline MADRS score) to a four-week venlafaxine 300mg treatment were eligible for a four-week open trial of lithium addition. These patients were part of an initial group of 50 patients. If the patients had an insomnia resistant to the allowed sedatives (zopiclone, clorazepate), trazodone could be added to venlafaxine at bedtime during the prelithium phase: 7 of the 13 patients received trazodone. Lithium dose was individually determined according to 24 hrs single dose plasma level: the mean steady state plasma levels ranged between 0.75 and 0.81 mmol/L. Two patients had to stop lithium before the end of the study. Among the 11 other subjects, five patients became responders, including one patient with a dramatic response (dropping of the MADRS score from 40 to 14 in four days) and two patients had a semi-rapid response (within two weeks). The two patients who dropped out did so for similar reasons involving a mixed-manic switch, nausea and trembling. Retrospectively we believe that these may have been moderate cases of serotonin syndrome.

YRP.20

Childhood routines and obsessive–compulsive disorder in a community sample

Y. Yazgan[1]*, A. Cevikaslan[1], C. Dedeoglu[1], Şanda Çalý[2], D. Evans[3]. [1]*Department of Child Psychiatry and* [2]*Department of Public Health, Marmara University Faculty of Medicine, Istanbul, Turkey*
[3]*Bucknell University, Pensylvannia, USA*

Goals: Obsessive–compulsive behavior appears as a part of normal repertoire in young children, and it appears to fade out in a majority, while persisting into school age and further in some.

The study aimed to document the prevalence of compulsive behavior in young children's routines in a community sample, and establish its cross-sectional correlates in demographic, individual and parental behavior characteristics.

Method: 1169 families of children between 9–72 months from a community sample in Istanbul were interviewed about the child's behavior, using Childhood Routines Inventory-Turkish version by Evans et al. Age-specific average scores were calculated. The upper-, middle, and lower- 5-percentile were selected for further detailed interviews about OC behavior /disorder and related problems.

Results: OC behavior described as "childhood routines" is common in all age groups, however, the peak is at around 36–47

https://doi.org/10.1016/S0924-9338(02)80953-1 Published online by Cambridge University Press