have been reported using different rating scales. The results are sensitive to the rating scales used. The research question is whether or not depressive symptoms are common during manic episodes or are confined to clinical subtypes. We propose here that the use of two instruments, well known in the European literature, may be useful in detecting the structure of manic episode.

Method: We investigated the pattern of symptoms in a group of 124 bipolar inpatients hospitalised for a manic episode. We conducted a factor analysis of the broad range of psychiatric symptoms covered by the Bech-Rafaelsen Mania Scale (BRMaS) and Melancholia Scale (BRMeS).

Results: Five Eigen values were greater than unity, which determined the number of factors computed. The five factors captured 66.7% of the total variance. Following rotation, 5 factors were clinically relevant.

Conclusion: A renewed interest in the phenomenology of mania prompted several factor analysis studies to examine the issue of possible psychopathological subtyping of the disorder. The use of two well-validated instruments in the assessment of mood disorders, like the BRMaS and BRMeS, is able to add further knowledge about the internal structure of manic episode presentation. Our study confirms that both euphoric-activation and depression are prominent in this sample and that the occurrence of 'depression during mania' is not confined to a minority of cases but it is relevant to the construct of mania itself.

P01.171

COMORBIDITY OF BIPOLAR MOOD DISORDERS AND UNIPOLAR MOOD DISORDERS WITH PERSONALITY DISORDERS

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Early studies about Axis I-Axis II comorbidity reported a significant association between Mood disorders and Cluster B Personality Disorders (PDs). Recent studies do not seem thoroughly confirm these findings especially when we separately explore pattern of comorbidity in Unipolar Mood Disorders and in Bipolar Mood Disorders. The aim of this study was to asses prevalence of PDs and their patterns of comorbidity with Axis I disorders in two clinical samples of inpatients with Unipolar Mood Disorders (N = 117) and with Bipolar Mood Disorders (N = 71). To asses DSM-III-R Axis II diagnoses, the italian version of the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II) was used. To determine Significant comorbidity between Axis I and Axis II disorders, the odds ratios were calculated. Among patients with Unipolar Mood disorders the most prevalent Axis II diagnoses were Avoidant PD (31.6%), Borderline PD (30.8%) and Obsessive-compulsive Pd (30.8%). We also found a significant association ($p < .01$) between Unipolar Mood Disorders and Avoidant PD (O:R: = 1.7, C.I. = 1.06–2.9). In Bipolar Mood Disorders group, patients showed more frequently Obsessive-compulsive PD (32.4%9, followed by Borderline PD (29.6%) and Avoidant PD (19.7%). Pattern of comorbidity between Mood Disorders and Personality Disorders is probably more complex than initially anticipated. further research is needed to better understand it and its clinical implications.

P01.172

BREATH CARBON MONOXIDE INCREASES DURING PSYCHIATRIC HOSPITALISATION

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Smoking is frequent in psychiatric patients and they are at especially high risk for tobacco-related disorders. Hospitalizations could be opportunities for preventive interventions. Tobacco consumption has, however, up to now, received only slight attention from European psychiatry and smoking is only rarely restricted in psychiatric hospitals. The objective of this study was to examine the impact of psychiatric hospitalization on smoking habits.

Thirty consecutively admitted patients were examined within two hours after their admission with the Fagerstrom test, the Michigan Alcohol Screening Test and a questionnaire assessing diagnosis, sociodemography and caffeine consumption. The concentration of expired air carbon monoxide was measured with a Micro Smokerlyzer® monitor. A second examination was performed after 3 to 7 days of hospitalization.

There was a general increase of CO concentrations during the first days of hospitalization, up to 75% in some smoking patients. This augmentation of CO seemed not correlated to an increased number of smoked cigarettes. The CO concentration increased also in nonsmokers.

These results indicate a significant exposure to environmental tobacco smoke of both smokers and nonsmokers during psychiatric hospitalization. Whereas hospitals are commonly intended to improve the patient's state of health, neglecting such an important aspect as smoking can considerably increase the health risks. The fact that not only smokers, who smoke deliberately, also nonsmokers increase their risk, is an even more important issue.

P01.173

OLANZAPINE IMPROVES SOCIAL DYSFUNCTION IN CLUSTER B PERSONALITY DISORDER

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Whereas neuroleptics are considered as useful components for the treatment approach to some subgroups of personality disorders, there is only few data on symptoms which may be preferentially responsive to these drugs. The objective of the present study was to examine the efficacy of olanzapine in cluster B personality disorder with special regards to aggression and social dysfunction.

The sample consisted of 12 patients with cluster B personality disorder (DSM-IV), who had been previously treated with different psychotropic drugs, including classic antipsychotics, without satisfying effects. Their medical history was reviewed for the period before the introduction of olanzapine, and the effect assessed with an adapted form of the SDAS (Social Dysfunction and Aggression Scale).

The main therapeutic effects observed were improvements of social dysfunction and impulsivity addictive behavior. The most disturbing side effect was weight gain.

Improving social dysfunction may be a pivotal objective in the management of these patients may especially help to integrate them into more comprehensive treatment programs including psychotherapeutic and sociotherapeutic interventions.

https://doi.org/10.1016/S0924-9338(00)94580-2 Published online by Cambridge University Press