M.C. Zanarini [1], S.C. Schulz [2], H.C. Detke [3], Y. Tanaka [3], F. Zhao [3], D. Lin [3], W. DeBerdt [4], S. Corya [3]. [1] *McLean Hospital, Harvard Medical School, Boston, MA, USA* [2] *Department of Psychiatry, University of Minnesota Medical School, Minnesota, USA* [3] *Lilly Research Laboratories, Indianapolis, IN, USA* [4] *Lilly Research Laboratories, Belgium*

Objective: We examined the efficacy and safety of low vs. moderate olanzapine doses for the treatment of borderline personality disorder (BPD) in the largest controlled clinical trial ever conducted in this population.

Methods: This 12-week, double-blind trial involved patients 18-65 years with a diagnosis of DSM-IV BPD randomized to receive 2.5mg/day olanzapine (N=150), 5-10mg/day olanzapine (N=148), or placebo (N=153). The primary efficacy measure was the change from baseline-to-endpoint (last-observation-carried-forward) on the Zanarini Rating Scale for BPD (ZAN-BPD) total score. Rate of response and time-to-response were also examined (response defined as a >=50% reduction in ZAN-BPD total score).

Results: Mean baseline ZAN-BPD total scores ranged from 17.01 to 17.42, indicating moderate symptom severity. Treatment with OLZ5-10 was associated with significantly greater mean change from baseline-to-endpoint in ZAN-BPD total score than placebo (-8.50 vs. -6.79, p=.010). Response rates were significantly higher for OLZ5-10 (73.6%) than for OLZ2.5 (60.1%, p=.018) and placebo (57.8%, p=.006). Time-to-response was significantly shorter for OLZ5-10 than placebo (p=.028). Treatment-emergent adverse events seen more frequently in the olanzapine groups included somnolence, increased appetite, and weight gain. Mean weight change from baseline-to-endpoint was 2.09kg for OLZ 2.5, 3.17kg for OLZ5-10, and 0.02kg for placebo.

Conclusions: The results of this study suggest that moderate doses of olanzapine (5-10mg/day) are effective in the treatment of overall borderline psychopathology. Also, the types of adverse events observed with olanzapine treatment were similar to those seen previously in adult populations.

P250

Personality disorders in a Tunisian psychiatric outpatient unit: A descriptive study

Y. El Kissi [1,2], M. Ayachi [1], S. Ben Nasr [1,2], A. Mansour [1], B. Ben Hadj Ali [1,2]. [1] *Department of Psychiatry, Fahat Hached University Hospital, Sousse, Tunisia* [2] *Ibn Jazzar Medical School, University of Sousse, Sousse, Tunisia*

Background and aims: Personality disorders are common among patients seeking psychiatric care and often coexist with axis I disorders.

This study aimed to determine personality disorders types and their sociodemographic and clinical features in a Tunisian psychiatric population.

Methods: A descriptive study in psychiatric outpatient unit of the university hospital Farhat Hached (Sousse, Tunisia). All five years (January 2000 to December 2004) first time attendances to the unit were retrospectively examined in order to identify those with diagnosis of personality disorder (DSM-IV criteria).

148 cases were selected and assessed: sociodemographic features, medical history, personality disorder type and axis I comorbidity. Assessment was based on patients files.

Results: Cluster B types were the most frequent (54,7%), followed by cluster C (21,6%) then cluster A (9,4%). 14,1% of patients had non specified type.

Mean age was 32,84 ± 10,87 years, with predominance of female gender (52,7%)and urban residency (47,7%. 40,5% of patients were married, 60,2% had high school education level or more and 59% had a regular job.

Family history of psychotic disorders was found in 15,5% and of depressive disorder in 10,8%. Personal suicide attempts were noticed in 13,5%.

85,1% of patients had at least one current axis I disorder. The most common were depressive disorders (42,3%), substances abuse (18,5%), anxiety disorders (11,5%) and somatoform disorder (4,6%).

Conclusion: Our findings show sociodemographic and clinical profile of personality disorders in a Tunisian clinical population.

P251

Cluster B personality disorders: A comparative study in a Tunisian psychiatric outpatient unit

Y. El Kissi [1,2], S. Ben Nasr [1,2], N. Ben Salah [1], A. Mansour [1], B. Ben Hadj Ali [1,2]. [1] *Department of Psychiatry, Farhat Hached University Hospital, Sousse, Tunisia* [2] *Ibn Jazzar Medical School, University of Sousse, Sousse, Tunisia*

Background and aims: Cluster B personality disorders are common and often correlated with higher rates of axis I comorbidity, increased severity and impaired outcome.

This study aimed to compare sociodemographic and clinical features of patients with cluster B personality disorders to those with cluster A and C.

Methods: All five years (January 2000 to December 2004) first time attendances to an outpatient psychiatric unit were retrospectively examined. 127 cases with diagnosis of personality disorders (DSM-IV criteria)were selected: Cluster B (n=81), cluster C (n=32) and cluster A (n=14). Comparaisons were performed for sociodemographic features, medical history and axis I comorbidity.

Results: Patients with cluster B personality disorders were younger (p=0,001), had higher education level (p=0,01) and more regular jobs (p=0,01).

There was less family history of depressive (p=0,011) and anxiety disorders (p=0,021) and more personal history of alcohol abuse (p=0,001). No differences in axis I comorbidity rates were found. However, patients with cluster B personality types had more depressive disorders, addictive disorders and somatoform disorders than those with cluster C (p=0,017) and cluster A (p=0,001). Also, cluster B personality disorders were correlated to earlier onset of addictive disorders (p=0,037) and more frequent follow-up withdrawal (p=0,009).

Conclusion: Clusters B personality disorders were not correlated to higer axis I comorbity rate but to specific comorbid disorders and to follow-up withdrawal.

P252

Accuracy of personality disorder screening tools

M. Garriz, F. Gutierrez. *Neuroscience Institute, Hospital Clinic, Barcelona, Catalonia, Spain*

Introduction: The assessment and diagnosis of personality disorders (PDs) has been of great interest to researchers and clinicians. PDs are related with poorer therapy outcomes and increased health service costs. Interviews are quite lengthy and require specialized training, leading to a very high cost of administration. An initial screening with good properties would eliminate the need for detailed

assessment in most noncases. We reviewed papers that analyze screening instruments for PDs.

Method: Medline, PsycINFO, and Academic Search Premier were computer-searched for relevant studies. The key words used were screen* and personality disorder*. The references of the obtained journal articles were also examined. Inclusion criterion was providing the necessary information to calculate hit rates and kappas related to gold standards interviews.

Results: 26 studies met inclusion criteria. Considerable variation in predictive ability existed among studies Hit rates ranged from 0.53 to 0.94. Kappas ranged from 0.20 to 0.89. Performed analyses showed differences between questionnaires and interviews.

Discussion: We discuss different options according to the context of application, feasibility, number of items and psychometric properties.

P253

A case report: Medical helplessness in the treatment of histrionic personality

K. Gintalaite. *Blackberry Hill Hospital, Bristol, Avon, United Kingdom*

Introduction: Frequently it is relatively easy to establish prevalent clinical syndrome in treated patients, yet influence of personality is frequently neglected. Professional approach towards personality pathology might help to avoid misunderstandings and achieve better treatment results. This case presents 35-year-old woman, treated in different psychiatric hospitals 9 times in 5 years. She was diagnosed with several disorders (moderate or severe depressive episode with or without psychotic symptoms; anxious or mixed personality disorder; schizotypal disorder; schizoaffective disorder; harmful use of alcohol etc) and treated by many psychiatrists, psychotherapists using both medication (typical and atypical antipsychotics, tryciclic and other antidepressant drugs, including SSRI, SNRI, NDRI,NARI, SARI, NaSSA, anxiolytics, antimanic drugs) and psychotherapy. Treatment was unsuccessful and provoked helplessness, frustration, rage, hopelessness for the staff. Patient's behavior was demonstrative, manipulative, focused on communication with young male inpatients. She exhibited dramatization, exaggerated expression, continuous seeking for attention (often by inappropriate sexually provocative behavior), overwhelming separation anxiety when abandoned by love objects.

Objective: Description of treatment peculiarities of histrionic personality

Method: Case analysis

Results: During last hospitalization, the patient received a diagnosis of histrionic personality disorder at borderline personality organization level (identity diffusion, sufficient reality testing, primitive defenses). Treatment results were better after discontinuing medication.

Conclusions: This case description:

1. Illustrates the powerful feelings of the staff during treatment of histrionic disorders.
2. Reveals the amount of health care resources demanded for treatment of this type of patients (both material and immaterial) because of frequent hospitalizations, frequent shifting of diagnoses and treatment.

P254

Psychological personality characteristics of children suffreing from stomach pain

V. Grigaliuniene, B. Burba, O. Jankuviene, A. Jaras, A. Stolygaite. *Department of Psychiatry, Kaunas University of Medicine, Kaunas, Lithuania*

Study object: This study was aimed to depict some psychological features characteristic for children suffering from stomach pain.

Methods: Two projective tests ''House − Tree - Person'' and ''Kinetic Family Drawing'' were used. 60 children suffering from stomach pain were tested. The control group consisted of 30 basically healthy children.

Results: Analysis of collected data has shown that unsociability, poverty of emotions, very high level of anxiety are characteristic for children suffering from stomach pain. Ill children show high level of insecurity, hostility and antagonism to the family. Also difficulties in communication, complicated family situation were characteristic for the group of sic children.

P255

Treatment with ect is associated with an increase of nitric oxide

R. Hoekstra [1], D. Fekkes [2], A.J. Loonen [1,3], S. Tuinier [4], W.M. Verhoeven [4,5]. [1] *Delta Psychiatric Centre, Poortugaal, The Netherlands* [2] *Department of Neuroscience, Erasmus MC, Rotterdam,The Netherlands* [3] *Delta Chair on Pharmacotherapy in Psychiatric Patients, Department of Pharmacotherapy and Pharmaceutical Care, University of Groningen, The Netherlands* [4] *GGZ Groep Noord- en Midden Limburg, Venray, The Netherlands* [5] *Department of Psychiatry, Erasmus MC, Rotterdam, the Netherlands*

Background: Electroconvulsive treatment (ECT) is an effective treatment option for patients with a major depressive disorder. Despite a lot of research efforts the exact mechanism of action of ECT is still not clear.

Nitric oxide (NO) is a gaseous compound, synthesized out of arginine with citrulline as concomitant product. In the endothelium NO production leads to vasodilatation and in the central nervous system it acts as neuromodulating agent. NO is increasingly thought to be related to neuropsychiatric disorders.

Methods: In 20 severely depressed, medication free patients, we measured the ratio of citrulline to arginine (Cit-Arg ratio) in plasma, before and after treatment with ECT. This ratio could be regarded as a reflection of the synthesis of NO.

Results: The Cit-Arg ratio in the depressed patients was not different from healthy controls. After treatment a significant increase of the Cit-Arg ratio was found.

Conclusion: Treatment with ECT was associated with an increase of the synthesis of NO. The exact role of NO in the mechanism of action of ECT deserves further study.

P256

The future of depressive personality disorder in the diagnostic manuals

S.K. Huprich. *Department of Psychology, Eastern Michigan University, Ypsilanti, MI, USA*

In the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), Depressive Personality Disorder (DPD) was proposed as a formal diagnostic category for consideration in the diagnostic manual. Since its proposal, a body of research has been performed that evaluates the validity of the disorder and its distinctiveness from similar personality and mood disorders. Research has