

(PD) by gender in a sample of 684 students of the city of Barcelona (Spain).

Methods: It has been administrate the questionnaire Personality Diagnostic Questionnaire-4+ (PDQ-4+) Spanish version. That assessed the 12 PD following DSM-IV criteria (the 10 PD specifics of the axis II and the 2 PD of the appendix) (Huang and cols., 2007).

Results: The analysis obtained, there are the comparison of dimensional scores (t test of Student) and the prevalence's by gender (test χ^2).

Conclusions: In general, the totally scores of the PDQ-4+ show that the woman obtain higher scores of PD presence than the man. Related with the specific scales, the scores of the woman is significantly in the two analysis paranoide, avoidant, obsessive-compulsive and depressive; on the contrary the man in the antisocial.

P0042

Open-label treatment with olanzapine in patients with borderline personality disorder

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Background and Aims: To evaluate open-label treatment with olanzapine in patients with borderline personality disorder (BPD).

Methods: In two concurrent studies, patients received 12 weeks of open-label olanzapine after completing 12-weeks of double-blind treatment with either olanzapine or placebo. Open-label olanzapine dosing started at 2.5 or 5mg/day and could be increased up to 20mg/day (Study 1) or 15mg/day (Study 2).

Results: Mean ZAN-BPD total scores decreased from approximately 17 points to approximately 8-10 points during the acute phase. After 12 weeks of open-label olanzapine treatment, mean ZAN-BPD total scores were approximately 6-7 points. Patients treated with placebo during the acute phase and then open-label olanzapine showed changes in weight, prolactin, and other laboratory values similar in magnitude to those seen in acutely olanzapine-treated patients. Patients treated with olanzapine during the acute phase showed smaller changes in weight and laboratory values during the open-label extension.

Conclusions: Overall BPD symptom severity was low by the end of the open-label olanzapine treatment period. The types of treatment emergent adverse events appeared to be consistent with those seen previously in patients treated with olanzapine. The direction and magnitude of effects on safety measures depended on the treatment received during the prior double-blind period.

P0043

Personality factors and profile in variants of irritable bowel syndrome

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Background and Aims: To study the association between irritable bowel syndrome (IBS) variants (constipation, diarrhea or both) with personality traits in non-psychiatric patients.

Methods: IBS was diagnosed using the Rome II diagnostic criteria after exclusion of organic bowel pathology. The entry of each patient was confirmed following a psychiatric interview. Personality traits and score of each factor was evaluated using NEO five factor personality inventory.

Results: One hundred and fifty patients were studied. The mean age (\pm SD) was 33.4(\pm 11.0) years (62% female). They scored higher in Neuroticism, Openness and Conscientiousness compared to our general population. Our studied population consisted of 71 patients with D-IBS, 33 with C-IBS and 46 with A-IBS. Score of conscientiousness and Neuroticism was significantly higher in C-IBS compared to D-IBS and A-IBS. Conscientiousness was the higher dimension of personality in each of variants. Patients with C-IBS had almost similar personality profile, composed of higher scores of Neuroticism and Conscientiousness, a low level of Agreeableness with Openness and Extraversion close to general population.

Conclusions: Differences were observed between IBS patients and general population as well as between IBS subtypes in term of personality factors. Patients with constipation predominant IBS showed a similar personality profile. Patients with each subtype of IBS may benefit from psychological interventions, which can be more practical considering characteristics of each subtype.

P0044

Influence of topiramate in risk behaviors reduction with borderline personality disorder patients treated by DBT

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Background: Psychotherapy is considered the primary treatment for Borderline Personality Disorder (BPD) and Dialectical Behavior Therapy (DBT) is one of the most effective, based on empirical data (Lieb et al.,2004). Pharmacotherapy strategies have been successful in decreasing some core symptoms like impulsivity (Oldham,2005). Topiramate has been effective against BPD anger, considered as an expression of affective instability and a proxy measure of impulsivity (Nickel et al.,2004;2005).

Aim: To analyze the topiramate contribution in the aggressive impulsivity decrease with BPD patients treated by DBT.

Method: 23 BPD patients, treated with DBT, participated in the study. Patients were evaluated with SCID-I and SCID-II. Topiramate dosage was adapted to the frequency and severity of self-aggressive impulsive behaviors.

The influence of topiramate in behavior outcomes was analysed using step by step multivariate regression analysis.

Results: Topiramate didn't decrease suicidal attempts number, but had strong influence in parasuicidal behaviors (Standardized Beta=0.57;t=3.16,p<0.05) and in the reduction of emergencies visits (Standardized Beta=0.22;t=2.151, p<0.05). The medium topiramate dosage was 200 mg UID (100-500mg).

Conclusions: Topiramate can be helpful, as a symptom-targeted pharmacotherapy, for self-aggressive impulsive behavior with BPD patients treated by DBT.

References

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P0045

Disorganized attachment and genetics in the development of borderline personality disorder

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Borderline Personality Disorder (BPD) is a frequent disorder with a pronounced suicidal risk. BPD is characterized by affective instability, intense interpersonal relationships, lack of stable sense of the self, and impulsive behaviour. Early relationships with caregivers frequently include verbal, emotional and physical abuse or neglect. This can set up an approach-avoidance conflict in child.

Attachment is a cognitive and emotional development theory in the context of interpersonal relationships. In BPD, attachment is either unresolved in relation to their parents; fearful or preoccupied in close relationships.

Genetic factors might be implied in some of the main characteristics of BPD: impulsivity and affective instability. Impulsivity might represent a heritable endophenotype link to serotonergic activity. Affective instability seems to be related to cholinergic and noradrenergic systems. These traits constitute a vulnerability to dysfunctions in infancy relationships.

Disorganized attachment in BPD can come from the encounter between genetic factors and a social environment which is both threatening and comforting. Disorganized attachment can be considered as an adaptive strategy to protect against abuse and a disruption in affective communication without correcting. It could give rise to multiple, fragmented and incoherent Internal Working Models and to a deficit in mentalization. This could explain emotional instability, the mutable relational style, the identity disturbance and the self-damaging behaviours in BPD.

Finally, we propose that BPD should be considered as the result of interactions between attachment behavioural system and biological traits during the development of the child. Improved methods to measure fundamental genetic dimensions of BPD are needed.

P0046

Conduct disorder in former USSR immigrant adolescents and the role of parenting style and ego identity

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Objectives: This study assesses Conduct Disorder in Former USSR immigrant adolescents compared with native-born Israeli adolescents. Immigrant adolescents from the Former USSR face the complex task of forming their identity while having to adjust to a new culture. Meanwhile, studies have shown that their parents tend to use control and harsh punishment in their parenting methods. These adolescents are thus at greater risk of psychological distress and more prone to

identify with socially deviant peer-groups, resulting in the dramatic increase in crime level found among them.

Method: 97 adolescents living in residential children's home, including 47 Former USSR immigrants and 50 native Israelis, completed questionnaires assessing level of hostility and sense of guilt (BDHI), ego identity (EIS), and parenting style (GPBS). Objective assessments of Conduct Disorder were obtained by the instructors at the residential children's home using the Child Behavior Checklist (CBCL).

Results: Immigrant adolescents showed higher levels of fused ego identity, and reported more negative and punishing parenting styles (linked to Conduct Disorder), compared with native adolescents. Hierarchic regressions for predicting Conduct Disorder revealed that diffused ego identity has the greatest effect on behavioral disorders, while immigration variables and parenting style have an enhancing effect on levels of behavioral disorder among youths with diffused ego identity.

Conclusions: The high levels of identity fusion among immigrant adolescents, resulting in higher levels of Conduct Disorder, warrant ethnic-sensitive interventions.

P0047

Alopecia areata in female patient suffering from borderline personality disorder (with co-occurring mood disorder, present episode depressive)

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Case report of a 44 years old female patient, highly educated, suffering from Borderline personality disorder with co-occurring mood disorder, present episode depressive who suffered from acute emotional stress for a few months. She was in a process of divorce and losing her children by order of the court. In a two months period she has lost over a 90% of her hair and started treatment for alopecia areata. Dermatologist and psychiatrist treated her simultaneously; she also went on group psychotherapy. The influence of psychological factors in the development, evolution and therapeutic management of alopecia areata is documented in this case. Life events and intrapsychically generated stress played an important role in triggering of the disease. The role of treatment on concomitant psychopathological disorders is a vital one in this case because it positively affected how the patient adapted to her alopecia areata and social setting and led to a better dermatological evolution of the alopecia areata.

P0048

A new strategy for treatment of borderline personality disorder

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Objective: To demonstrate that borderline personality disorder can be predictably overcome through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experiences.

Method: Lifetrack therapy works with couples (the patient and his/her partner in life) bringing them far closer than ever before, guided by their own daily self-rating on 41 parameters that allow accurate graphic tracking via Internet of subtle changes in their personalities during each therapy session. Working in three-way teamwork, the therapist actively helps the couple to achieve closeness far greater than their previous maximum level, overcoming waves of symptom spikes (anxiety, anger, physical-symptoms, depression, and