

sociodemographic and school achievements specification along with the Children's Attribution Style Questionnaire and Achenbach Youth Self Report Questionnaire (YSR). Parents completed The Children's Global Assessment Scale (CGAS) and Child Behavior Checklist (CBCL). In this preliminary report we evaluate data concern 40 participants as well as their parents (all study group is 4 times folded).

Results: Substantial differences were observed between the ADHD and non ADHD groups on child attributions measures. Children with ADHD had additional difficulties in all domains of social functioning. The pessimistic styles of attribution in ADHD children interfere with the correlation of the severity of the disorder and the degree of social deterioration.

Conclusions: Several important cognitive motivational issues emerged. ADHD children's repeated negative experiences arised from ADHD phenomenology failed in creating the optimistic thinking. The certain attribution styles of children with ADHD may place them at risk for poor self esteem and/or depression in future. When ADHD is present, there is an additional burden on peer, school, and family functioning.

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Bipolar disorder-mixed episode: adding mood stabilizer to antipsychotics

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Background: One of the partial solved issues in the treatment of Bipolar Disorders is mixed episode. Often, antidepressant monotherapy increases the risk of switching into mania/hypomania. Also, discontinuation of mood stabilizers leads to relapses. In long term treatment, adding mood stabilizers may help to avoid the disease burdens.

The aim: to estimate the clinical efficacy and acceptability, in mixed episodes, of valproate-VPA vs. carbamazepine-CBZ, associated or not with olanzapine (OLZ).

Methods: clinical open study including 51 patients (28-56 years), both sexes, with Bipolar Disorder-Mixed Episode (DSM-IV), mean scores YMRS=21,3 and MADRS=17,5 at baseline. Instruments: depression (MADRS), mania (YMRS), CGI-S, CGI-I, side effects, somatic conditions and relapse (follow-up: 6 month). We divided those patients in 3 groups: Group A: OLZ (17,5mg/day), N=17, Group B: OLZ+ CBZ (1250mg/day) N=17 and Group C OLZ+VPA (1350mg/day), N=17. After 4 weeks: 42 patients were responders (MADRS and YMRS < 50% vs. baseline), 9 drop-outs. Responders Group A: 11pts, Group B: 7pts, Group C: 16pts. The 6 month follow-up period we evaluated the relapses in all groups.

Results: After 4 weeks, VPA and CBZ associated with OLZ were similarly effective, with an advantage in the OLZ+VPA group. The follow-up period demonstrate fewer relapses in the OLZ alone Group and OLZ+VPA Group versus OLZ+CBZ Group.

Conclusions: 1.For the treatment of mixed episodes in Bipolar Disorder, OLZ monotherapy and OLZ+VPA seemed to be more effective and best tolerated. 2. In long term treatment, considering the different adverse events of VPA and CBZ, VPA may be more effective than CBZ.

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Mania following stroke. A case report

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Background: Post-stroke depression is common. In contrast, mania after stroke is rare.

Methods: case report.

Results: Mr A., a 55 years old, right handed man, presented sudden non fluent aphasia during 10 minutes, investigated in an emergency department. Computed tomography (CT) revealed focal atrophy in the right temporal cortex. According to the general practitioner and the emergency department, the patient developed mania within 24 hours, characterized by psychomotor agitation, insomnia, distractibility, irritable affect, disorganised thought, and flight of ideas. He was admitted in our psychiatric department without consent 9 days later. He fulfilled DSM-IV criteria of manic episode. The patient was correctly orientated. Cognitively, the patient was able to score 28 out of 30 on the Mini-Mental State Examination. He was being treated for hypertension and diabetes by his general practitioner for 10 years. There was no family history of psychiatric disorder. His treatment included amlodipine 10 mg/day, trinitrine 5 mg/day, and glibenclamide 5 mg/day. A second CT scan showed ischemic focal change in the right temporal pole. B12 and folates levels were within the normal range. The patient tested negative for the syphilis serology. He received valproic acid 900 mg/day and had a good response. Over a 15-day period, his elevated mood settled to an euthymic level. His daily medication included valproic acid, risperidone 2 mg and hydroxyzine 200mg.

Conclusions: Mania could be associated with right-hemisphere lesions, particularly in limbic areas that have strong connections with the frontal lobe (Starkstein & Robinson, 1997).

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Changes in cortical activation during sad facial affect recognition with lamotrigine monotherapy in patients with bipolar disorder

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Background: Bipolar Disorder (BD) is associated with structural and functional abnormalities in prefrontal and limbic areas implicated in emotional processing. Lamotrigine (LTG) has been shown to improve depressive features in BD although its mechanism of therapeutic action is not known. The current study examined the possibility that LTG may improve functional activation within the neural circuitry involved in emotional processing.

Methods: We used functional Magnetic Resonance Imaging to examine changes in patterns of brain activation in 12 stable BD patients (a) compared to healthy controls when medication free and (b) after 12 weeks of Lamotrigine monotherapy whilst performing a sad facial affect recognition task on both occasions.

Results: At baseline, compared to controls, BD patients showed overactivity in response to sad facial affect recognition in temporal lobe regions and under-activity in dorsal medial and right ventrolateral PFC and the dorsal cingulate gyrus. After 4 weeks of LTG monotherapy, patients showed reduced activation in temporal regions and increased neural response in dorsomedial and ventrolateral prefrontal regions.

Conclusions: This preliminary evidence suggests the possibility that LTG may enhance functional activation within prefrontal regions responsible for emotional self-regulation.

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