

included somnolence (26%), accidental injury (25%), and rash (22%).

Conclusion: These data suggest that olanzapine is an effective, generally safe, and well-tolerated long-term treatment for psychotic symptoms and behavioral disturbances in elderly patients with Alzheimer's dementia.

P01.101

POSSIBLE MECHANISMS FOR THE EFFICACY OF OLANZAPINE IN PREVENTING RELAPSE IN SCHIZOPHRENIA

B. Jones*, C.C. Taylor. *Lilly Research Laboratories, Eli Lilly & Company, One Lilly Corporate Center, Indianapolis, IN 46219, USA*

Conventional antipsychotic agents clearly prevent relapse in schizophrenia compared to placebo. All conventional antipsychotic agents have equal efficacy in relapse prevention; however, the limitations of conventional antipsychotic agents in the prevention of relapse include limited efficacy (i.e., partial response, treatment-resistance), tolerance to the antipsychotic effect, and adverse events that may lead to non-compliance. The novel antipsychotic agent olanzapine is superior to haloperidol and risperidone in the maintenance treatment of schizophrenia, most likely owing to its unique pharmacological profile. Relapse in schizophrenia is multidetermined, such that it may be illness-related (dopamine receptor upregulation with breakthrough symptoms), pharmacological (development of tolerance, or resulting from unsuccessful antipsychotic switch), patient-related (non-compliance due to antipsychotic-induced adverse events or lack of insight), or psychosocial (susceptibility to environmental stressors). With respect to each of these parameters, we have examined historical data and present possible mechanisms that could explain the superior efficacy of olanzapine compared to conventional antipsychotic agents in preventing relapse. In addition, we explore the possibility that the effectiveness of olanzapine in preventing relapse may be generalizable to other disorders, such as mood stabilization in bipolar disorder.

P01.102

OLANZAPINE IN THE PREVENTION OF PSYCHOSIS AMONG NURSING HOME PATIENTS WITH BEHAVIORAL DISTURBANCES ASSOCIATED WITH ALZHEIMER'S DISEASE

W.S. Clark*, J.S. Street, T.M. Sanger, P.D. Feldman, A. Breier. *Lilly Research Laboratories, Eli Lilly & Company, One Lilly Corporate Center, Indianapolis, IN 46219, USA*

Introduction: A multicenter study was conducted to determine the efficacy and safety of olanzapine in treating psychotic symptoms and behavioral disturbances associated with Alzheimer's disease. This analysis was performed post hoc among nursing home patients who did not yet have delusions or hallucinations to assess the appearance of such psychotic symptoms.

Methods: Onset of psychotic symptoms was determined with the NPI/NH during treatment with either placebo or a fixed dose of 5, 10, or 15 mg/day of olanzapine for up to 6 weeks of therapy.

Results: Among patients entering the study with neither hallucinations nor delusions ($n = 76$), there was a significantly greater increase in development of these psychotic symptoms among placebo patients compared to olanzapine patients ($p = .006$). For the larger subset of patients without hallucinations at baseline ($n = 155$), significantly fewer olanzapine-treated patients (7.4%) developed hallucinations compared to placebo (21.9%, $p = .045$). Olanzapine had a favorable safety profile in each symptom-subgroup of

patients. Changes in extrapyramidal symptoms, labs, and vital signs were not statistically or clinically significantly different for patients treated with olanzapine compared to placebo.

Conclusion: These results suggest that olanzapine may be a safe and well-tolerated antipsychotic that may benefit patients with Alzheimer's dementia by reducing the appearance of psychotic symptoms.

P01.103

ACTIVITY ASSESSMENTS OF SUPEROXIDE DISMUTASE, GLUTATHIONE REDUCTASE AND GLUTATHIONE PEROXIDASE IN THE RED BLOOD CELLS OF ALZHEIMER PATIENT'S

J. Leszek*, A. Kiejna, B. Janicka, E. Trypka, R. Górna. *Wroclaw University of Medicine Clinic of Psychiatry, Wroclaw, Poland*

The cause of pathological changes in Alzheimer's disease (AD) is a disturbance in the equilibrium between the reactive forms of oxygen and the antioxidative mechanisms. One of the possible explanations of this oxidative stress is a perturbation in antioxidant systems, especially enzymatic systems. The aim of our study was the assessment of basic antioxidant enzymes, activity in erythrocytes of AD as compared with non-Alzheimer dementia patients and to find out if there was a possible connection of it with the stage of the disease and the patients age. The study covered 40 AD patients in different stages of the disease, 20 patients with vascular dementia and 20 patients with mixed dementia. The control group was composed of 18 persons with normal cognitive functions. All the patients were subjected to tests on superoxide dismutase - SOD-1 (by Misra and Fridovich's method), on glutathione peroxidase (by Little and O'Brian's method) and on glutathione reductase by spectrophotometric method (after Ellman), for the first time prior to instituting therapy and then every four months during a year's treatment. In the treatment use was made of acetylcholinesterase inhibitors (Rivastigmine, Donepezil) as well as vasoactive drugs (eg. Vinpocetine). With a view of assessing the dynamics of the disease-apart from a routine psychiatric examination, psychometric tests were employed: MMSE, CGI (Clinical Global Impression) and Hachinski's scale. A statistically significant increase ($p < 0.05$) was noted in the activity of peroxidase and glutathione reductase while there was a reduction in the activity of SOD-1 ($p < 0.001$) in the early stages of AD and a reduction in the activity of all the enzymes in the advanced stage of the disease. No activity fluctuation was noted in non-Alzheimer dementia nor any connection of it with the patient's age. The obtained results may indicate that a substantial role is played by the disturbed pro-oxidation - anti-oxidation system in the development of AD and the progression of the clinical state.

P01.104

RELATION OF SUICIDAL BEHAVIOUR, CENTRAL SEROTONERGIC SYSTEM AND TEMPERAMENT AND CHARACTER INVENTORY

U. Itzlinger*, A. Heiden, J. Scharfetter, C. Gebhardt, P. Schüssler¹, K. Fuchs¹, W. Sieghart¹, S. Kasper, H. Aschauer. *Hospital, Department of General Psychiatry, Vienna; ¹University Hospital, Division of Biochemical Psychiatry, Vienna, Austria*

It is well established that reduced central serotonin has been implicated in suicidal behaviour and that suicidal behaviour has neurobiological determinants independent of the psychiatric illnesses with which it is associated.

The Temperament and Character Inventory (TCI) by C.R. Cloninger, a comprehensive inventory of personality was developed

to measure fundamental dimensions of personality suggested to correlate with specific neurotransmitter functions.

Supposed that suicidal behaviour is associated with changes in the central serotonergic system, there could be an association between genotypes related to the serotonergic transmission and predisposition to suicidal behaviour. Furthermore, there could be a relation between the temperament dimension harm avoidance (HA) of the TCI, which is suggested to correlate with the serotonergic system, and suicidal behaviour.

We studied candidate genes in a sample of unrelated patients with a lifetime history of suicide attempts and healthy controls searching for a possible association between polymorphic DNA markers of the serotonin transporter (SERT), the serotonin 2A receptor (5-HT_{2A}), and suicidal behaviour.

Fourty two unrelated patients (29 females, 13 males, mean age 37.5 yrs) suffering from bipolar affective disorder (n = 25), schizoaffective disorder (n = 9), and unipolar affective disorder (n = 8) (blind consensus diagnoses, DSMIV) with a lifetime history of suicide attempts and 84 healthy controls (57 females, 27 males, mean age 33 yrs) were examined. A self-report questionnaire was done by each participant, giving measures for four personality (harm avoidance, novelty seeking, reward dependence persistence) and three character dimensions.

Differences in genotype distribution in suicide attempters compared to controls concerning SERT as well as 5-HT_{2a} did not reach significance. Patients with a positive lifetime history of suicide scored significantly higher on HA (p < 0.000) and RD (p = 0.0049) in the TCI than controls. We could not find any association between two genes related to the serotonergic system and suicidal behaviour. Concerning the TCI, our results support the hypothesized association between Harm Avoidance and suicidal behaviour. The impact of the high scoring on RD in our patients, has to be further investigated.

P01.105

ALPHA-1-ACID GLYCOPROTEIN AND SUICIDALITY IN MAJOR DEPRESSIVE DISORDER

E. Nieto*, E. Vieta, L. Alvarez, M. Torra, C. Gastó. *Department of Psychiatry, Hospital General de Manresa, S/N La Culla, Manresa, 08240 Barcelona, Spain*

a) Background: Diurnal concordance of human platelet serotonin content and plasma alpha-1-acid glycoprotein (AGP) levels was found. A negative relationship between platelet serotonin concentration and suicidal behavior was described in major depression. Therefore, studies focusing on the possible role of AGP as a putative marker of suicidal behavior are warranted.

b) Methods: Plasma AGP levels were measured in 36 subjects with major depressive disorder. Comparative analysis between 6 depressives who made suicide attempt in current episode, 18 depressives who had suicidal thoughts and 12 non-suicidal depressives was performed.

c) Results: Depressed patients attempting suicide during the current episode had significantly (P < 0.04) lower plasma levels of AGP than non-suicidal depressed patients.

d) Conclusions: Acute suicidality in major depressed patients is associated with low AGP plasma levels.

P01.106

ERECTILE DYSFUNCTION SECONDARY TO PARTNERS VAGINISMUS: CULTURAL PERSPECTIVE: CASE REPORTS

M.L. Soyulu¹*, S. Uguz². ¹*University of Baskent-Adana;* ²*University of Cukurova-Adana, Turkey*

The study of human sexuality seems to be under the influence of many cultural and social factors like the heavy emphasis on male's erectile and penetration capability.

This paper presents three cases admitted to a university psychiatric clinic in Turkey who had erectile difficulty, developed secondary to their partners vaginismus. All cases were evaluated by a data sheet that was adapted and modified from the classification of psychological causes of sexual dysfunction by K. Hawton. The modified Zilbergeld's myths form was used to screen the false beliefs about sexuality.

All cases and their partners, thought that it was male-responsibility to have a satisfactory erection and penetration although they were all aware of vaginismus. They defined vaginismus late in the course of therapy.

Cultural and social factors must be considered during the evaluation of sexual dysfunctions

P01.107

PROXIMITY TO THE COMMUNITY OR SPECIALISATION OF PSYCHIATRIC IN-PATIENT CARE (PART 2)

M. Wölfle*, R.-P. Gebhardt, P.-O. Schmidt-Michel. *Zentrum für Psychiatrie, Sektorpsychiatrie, 2 Weingartshoferstr., 88214 Ravensburg, Germany*

Objective: Which effects do the transfer of an acute psychiatric ward to a general hospital have as the patients see it?

Method: The present study was realised at the Centre for Psychiatry Weissenau/Ravensburg. In May 1999 the ward serving the rural region of Allgäu was transferred to the general hospital in Wangen, which is situated within this area. Patients with psychotic disorders, affective disorders, alcohol abusos and gerontopsychiatric patients residing in the Allgäu were investigated from November 1998 until the End of April 2000. The patients with residence in the region of Bodensee West served as control group.

Results: Subjective data according patient satisfaction, community treatment, and specialisation of treatment, were obtained by interview. We will present group comparisons both before and after the transfer and between study and control group.

Discussion: The advantages of specialised psychiatric hospitals versus psychiatric wards at general hospitals are often ideologically discussed. Specialisation on the one hand faces higher proximity to the community on the other. Part 2 of our study will supply subjective data from the patients' view that will contribute to clarify this debate.

P01.108

CHANGES OF QUALITY OF LIFE OF HIV/AIDS PATIENTS IN COMPARISON WITH A CONTROL GROUP

J. Potrbná¹*, E. Dragomirecká². ¹*Department of Psychiatry, Teaching Hospital in Ostrava;* ²*Prague Psychiatric Centre, Czech Republic*

Background: The aim of this study is to explore whether HIV patients have a lower general quality of life in comparison with a control group, and which domains of their lives are affected the most.