S26.05
NORHARMAN IN MENTALLY RETARDED PATIENTS

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Self-injurious behaviour (SIB) and stereotyped behaviour (SB) are major challenges in patients with mental retardation. In the present study, including a group of 64 mentally retarded subjects with SIB and/or SB, basal levels of stress hormonal and serotonergic parameters were measured as well as those of the β-carboline norharman. The latter compound may have anxiogenic properties and was demonstrated to be correlated with harm avoidance tendencies.

Analysis of the data revealed no differences in norharman levels between the patient groups with predominantly SIB of SB nor in comparison with an age and sex matched mentally retarded control group. By contrasting the group of mentally retarded subjects with a non-retarded control group, however, levels of norharman showed a marked reduction in the mentally retarded subjects. This finding may be an indication that mental retardation as such is linked to an increased vulnerability to behavioural states characterized by hyperarousal, irritability and overresponsiveness to external stimuli.

(1) Verhoeven, W.M.A., Tuinier, S., Van den Berg, Y.W.M.M., Coppus, A.M.W., Fekkes, D., Pepplinkhuizen, L., Thijssen, J.H.H. (1999). Stress and self-injurious behaviour; hormonal and serotonergic parameters in mentally retarded subjects. Pharmacopsychiatry, 32, 13–20.

S27. Long-term aspects of bipolar disorders: focus on premorbide, interepisodic and persistent dysregulations

Chairs: E.G. Hantouche (F), J. Angst (CH)

S27.01
LONGTERM COURSE OF BIPOLAR DISORDER

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Introduction: Ever since Falret created the concept of bipolar disorder (BP) in 1851, it has been considered to be highly recurrent and to have a poor prognosis. Modern naturalistic studies confirm this conclusion.

Study: New results were computed from the Zurich follow-up study of 406 consecutive hospital admissions (1959 to 1963) for depression (N = 186) or bipolar disorder (N = 220). Clinical follow-ups were carried out until 1985; mortality data were collected in 1991 and 1997.76% of patients had died. Survival analyses for repeated measures were applied for all changes from health to sickness and from sickness to health.

Results: 50% of bipolar episodes lasted between 2 and 7 months (median 3 months). The patients spent about 20% or their lifetime from the onset of their disorder in episodes. The long-term course was characterised by a shortening of the first few episodes; later the episodes remain highly recurrent right up into old age with some risk of chronicity. Survival analyses demonstrate no noticeable change in either the length of episodes or the length of intervals (recurrence risk) over the decades. There is no gender difference.

Conclusion: Antidepressant treatment during the episodes cannot stop the underlying depressive process and has to be given as long as the latter lasts. The survival analyses suggest long-term recurrence; long-term prophylaxis should be given into old age in order to reduce the severity of future episodes, their recurrence and above all suicide mortality.

S27.02
PERSISTENT DYSREGULATIONS IN PURE BP-I DISORDER VERSUS MIXED STATES

G. Perugi

No abstract was available at the time of printing.

S27.03
POLARITY CONGRUENCY BETWEEN AFFECTIVE TEMPERAMENTS AND MAJOR EPISODES IN MOOD DISORDERS

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Since Kraepelin, personality variants were identified as the basic rudiments or underlying elements that are stable and essential for the development of Mood Disorders. These personality variants (or temperamental traits) are persistent in the interval between episodes. The concept of "*Polarity Congruency*" between major episodes of mood disorders and affective temperaments have been introcuded by Kraepelin et recently developed by Akiskal. During the presentation, data deriving from two national french studies (EPIMAN and EPIDEP which were dedicated to assess the whole bipolar spectrum) will be used to document the usefulness of temperamental measures in predicting the phenotypal expression of major episodes. The presence of Cyclothymic traits associated to recurrent major episodes (EPIDEP) seemed to be a robust marker of BP-II Disorder. In BP-I disorder (EPIMAN), the presence of Depressive or Cyclothymic traits (opposite polarity to mania) are highly characteristic of mixed dysphoric mania. So, matching temperament and episodes is of help to understand the formation of different phenotypes of Mood Disorders. Other recent clinical research (Cloninger, 1998) showed the utility of temperamental measures in clinical evaluation of suicidal risk and in predicting the differential response to treatment.

Temperament	Episode	
	Depressive	Manic/Hypomanic
Hyperthymic	Pseudo-UP	Pure Mania
	Mixed Depression	Unipolar Mania
Depressive	UP Disorder	Mixed Dysphoric Mania
	(Double Depression)	
Cyclothymic	BP-II Disorder	Mixed Dysphoric Mania
	Atypical Depression	Rapid-Cycling

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