

Poster Session 2: OBSESSIVE-COMPULSIVE DISORDERS

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Gambling and suicidal behaviours: A Swiss study in a treatment center in Switzerland

M. Andronicos¹, M. Rihs-Middel¹, S. Gougler¹, J. Battisti¹, C. Zumwald¹, L. Aufrere¹, O. Simon¹, J. Besson². ¹Center for Pathological Gambling, Community Psychiatry Services, Departement of Adult Psychiatry, Lausanne, Switzerland ²Community Psychiatry Services, Departement of Adult Psychiatry, Lausanne, Switzerland

Background and aim: Excessive gambling touch between 1 and 3% of the adult population (Shaffer et al. 1999).

Studies of treatment-seeking gamblers establish a relationship between gambling and suicide. We investigated clinical characteristics in excessive gamblers of a Swiss University Hospital(CHUV).

The aim of this study is to compare gamblers with prior suicide attempts (GPSA) with gamblers without prior suicide attempts (Non-GPSA) and with the international literature.

Hypothesis:

- GPSA are confronted with a higher problem load than Non-GPSA.
- GPSA lack social networks and family support as compared to Non-GPSA.

Method: Patients treated for gambling disorders typically show a high level of co-morbidity. Bourget, Data are based on medical files of our treatment center. Among our consecutively admitted patients (2002-2006), we identified pathological gamblers who reported prior suicide attempts directly or not directly linked with gambling.

Results and discussion:

- GPSA were more likely to be women, separated or divorced, referred by the forensic network.
- GPSA were more likely to be disabled and had a history of alcohol abuse. GPSA showed no difference with respect to age at intake or employment status as compared to NON-GPSA.

Discussion: Further research is needed to find out whether the higher proportion of women with prior suicide attempts is due to the fact that men are more likely to complete suicide.

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Young adults: What about gambling disorders?

J. Battisti¹, M. Rihs-Middel¹, M. Andronicos¹, S. Gougler¹, O. Simon¹, J. Besson². ¹Center for Pathological Gambling, Community Psychiatry Services, Departement of Adult Psychiatry, Lausanne, Switzerland ²Departement of Adult Psychiatry, Community Psychiatry Services, Lausanne, Switzerland

Background: Gambling was included in DSM III since 1980 as a psychiatric disorder. Compared to other forms of (compulsive) behavior for example substance abuse), the gambling problems have hardly solicited public and scientific concern. In particular a new generation of young adults raised in an environment of video and internet games has been neglected by researchers. Our knowledge of this population segment with respect to gambling disorders is wanting.

Aims: The present study aims to obtain a clearer description of gambling behavior in this segment of the Swiss population. The

present project should allow us to gain a better understanding of problem burden and will help to identify the different forms of games that are used by young adults age 18 to 25 in Switzerland.

Study design: In a first step we have been planning an explorational and descriptive pilot study. 120 men age 18 to 25 are recruited from Universities, Technical Colleges, Professional Training Schools, Occupational Centers, and newspaper ads as well as via the Internet.

Participants will be evaluated in terms of the following instruments: socio-demographic questionnaire, structured interviews and tools to identify types and characteristics of gambling behavior and concomitant problems, namely SOGS (South Oaks Gambling Survey), Internet Dependence (YOUNG), the Fagerström scale (tobacco), AUDIT (alcohol), Impulsive Behavior Scale (UPPS), BDI II (Beck), the Hamilton Scale for anxiety assessment.

Discussion: The present study serves as the basis for a large scale population based study.

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Long-term treatment of obsessive-compulsive disorder: A prospective follow-up study

F. Catapano, F. Perris, F. Rossano, L. Magliano, M. Maj. *Department of Psychiatry, University of Naples, Naples, Italy*

This study aimed to evaluate the long-term course of obsessive-compulsive disorder (OCD) in patients treated with serotonin reuptake inhibitors (SRIs) and to identify predictors of clinical outcome. Seventy-nine patients fulfilling DSM-IV criteria for OCD were followed prospectively for 3 years. Baseline information was collected on demographic and clinical characteristics, using standardized instruments. During the follow-up period, the clinical status of each patient was evaluated monthly in the first year and bimonthly thereafter by means of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Hamilton Rating Scale for Depression (HDRS). The cumulative probability of achieving an at least partial remission from obsessive-compulsive (OC) symptoms during the 3-year period was 65%. The probability of full remission was 38%. In subjects who achieved an at least partial remission, the probability of subsequent relapse was 60%. Significant predictors of poor outcome included a longer duration of illness, a greater severity of OC symptoms at intake, and the presence of comorbid schizotypal personality disorder. The findings confirm that the course of illness in OCD is usually continuous with fluctuations in the intensity of OC symptoms. Despite adequate SRI therapy, relatively few patients achieve a completely asymptomatic state and, of those who achieve at least a partial remission, a substantial proportion subsequently relapse. One third of OCD patients is treatment-resistant. Further studies with large samples are required to adequately identify predictors of long-term outcome of OCD in order to optimize the choice among the existing treatment modalities.

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Seeking out candidate endophenotypes for OCD. Neurocognitive findings in unaffected relatives.

S.R. Chamberlain, N. Fineberg, N. del Campo, L. Menzies, A.D. Blackwell, E.T. Bullmore, T.W. Robbins, B.J. Sahakian. *Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom*

Background: Obsessive compulsive disorder (OCD) is a highly heritable neuropsychiatric disorder. Attempts to elucidate contributing genes have met with limited success. Intermediate markers of brain