

(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  $\chi^2$ ).

**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

[1] Lieb K, Zanarini MC, Schmahl C, Linehan MM, Bohus M. Borderline personality disorder. *Lancet* (2004) 364:453-61