

with mixed mania have more frequently obsessive-compulsive disorder comorbidity and psychoticism. These findings indicate that mixed mania and pure mania differ in some characteristics but have many similarities.

- (1) Cassano GB, Pini S, Sacttoni M, Rucci P, Dell'Osso L (1998) Occurrence and clinical correlates of psychiatric comorbidity in patients with psychotic disorders. *Journal of Clinical Psychiatry* 59, 60–68.

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GENETIC STUDY OF BIPOLAR DISORDER: TAKING SERIOUSLY THE PROBLEM OF CONTROLS SELECTION

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A genetic liability in the aetiology of the manic-depressive illness is, now, a very well accepted feature but the kind of this contribution remains till now unknown. "What is hereditary? A diagnosis or something else?" With Akiskal, the temperaments could be defined, a priori, as permanent affective sub-syndromes with a precocious outset and so represent a clinical susceptibility factor.

We investigated first 140 healthy (at present) volunteers for: a diagnostic interview for genetic studies (2), a self-assessment of affective temperaments (1), a detailed record of pedigree. Then, 30 relatives of bipolar patients were investigated in the same way. All the items of each temperament are processed by factorial analysis.

We present here: the demographic and epidemiologic variables of our population; the results of the controls as a whole; and the comparison of controls vs bipolar relatives.

Our results clearly evidence the difficult problem of the controls selection in regard with the presence/absence of varied psychopathological features in relatives of the selected volunteers. So, the research in phenotype-genotype relations needs to select carefully not only the patients but also the controls.

- (1) Hantouche et al. Outils d'évaluation cliniques des tempéraments affectifs. *L'Encéphale* XXIII, sp 1, 27–34.
- (2) Nurnberger J.I. et al. Diagnostic interview for genetic studies. Rationale, unique features and training. *Arch Gen Psychiatry* 1994, 51, 849–859.

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STRUCTURE OF PERSONALITY AND DEPRESSIVE DISORDER

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Objective: To reveal the role of the structure of personality in psychopathology of depressive disorder.

Methods: Psychopathological, pathopsychological. The analysis is carried out of experience of depression on cognitive and somatic level and personality traits.

Results: Three groups of personality were marked out in depressive patients. (N30) was characterized Somatic level of emotional experience, weakness of its cognitive categorization and dependent traits ($P < 0.01$) were characterized for the first group. Biological symptoms, "vagueness" of cognitive triad have been related to bipolar affective disorder, cyclothymia. The second group (N25) was mostly presented by high level cognitive functioning, avoidant and dependent traits ($P < 0.05$). Stability of cognitive triad have

tuned up specific psychopathology of recurrent depressive disorder and dysthymia. The specific features of patients of the third group (N25) were dissociation of cognitive-affective interaction and combination of narcissistic, borderline, paranoid traits ($P < 0.01$). Depersonalization symptoms, persistent somatization, hypochondrial ideations were more common in subjects of this group. (The diagnosis is dysthymia, bipolar disorder, borderline personality disorder).

Conclusion: The structure of personality should be taken into account in the assessment of depression psychopathology.

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PERSONALITY TRAITS IN MOOD DISORDERS: ASSOCIATION WITH POLYMORPHISMS OF THE DOPAMINE D3 RECEPTOR GENE?

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Defined personality constellations may be predisposing for the development of affective disorders. Specific personality traits might be related to genetic variation of neurotransmitter receptor genes. The Temperament and Character Inventory (TCI) by Cloninger was designed to measure four temperament and three character dimensions. Several reports postulated an association of the temperament dimension novelty seeking (NS) with the Dopamine (DA)-neurotransmission system. We tested a Dopamine D3 receptor gene polymorphism for association with novelty seeking (NS) in patients with affective disorders.

The Ser-9-Gly polymorphism of the D3-receptor (DRD3) gene was tested for association with the temperament dimension novelty seeking in patients with unipolar or bipolar affective disorder. Diagnostic process included structured interviews (SADS-LA) and information from medical records. Blind consensus diagnosis according to DSM-IV was made by two independent psychiatrists. TCIs were individually administered to patients. Genotyping for the Ser-9-Gly polymorphism was performed by restriction enzyme digestion and PCR. Statistical analysis was performed by Kruskal-Wallis-H-test.

A preliminary analysis of 25 patients with regard to an association of DRD3 with the temperament dimension novelty seeking in unipolar or bipolar patients did not show significant results (Kruskal-Wallis-H-Test, $p > 0.5$).

According to our results, D3-receptor gene polymorphisms are not associated with the TCI-dimension novelty seeking in patients with affective disorders. According to the small sample size, this result should be considered preliminary. By the time, the study is still in progress and the number of patients will be enlarged.

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A FORENSIC CASE OF DISSOCIATIVE IDENTITY DISORDER (DID) AND THE RECENTLY INCREASED REPORTS OF DID IN JAPAN

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At the age of 26, the defendant murdered 4 little girls during the period from 1988 to 1989. The forensic-psychiatric examination showed that after the unexpected sudden death of his deeply