Methods: Forty-seven bulimic women underwent a naturalistic treatment with SSRIs plus nutritional counselling. After 12 weeks, those patients presenting a reduction in the binge/purging frequency greater than 50% of the pretreatment value were defined as responder. Allelic variation in each subject was determined by using a PCR-based method.

Results: At the end of the observation period, 32 women were responder. Of the 10 SS subjects, 8 (80%) were nonresponder versus 6 (37.5%) of the 16 SL patients and 1 (0.4%) of the 21 LL subjects (c2 = 17.99, P =0.0001). When, we considered the S allele as dominant and compared subjects with either SS or SL genotype to those with LL genotype, the lack of response was significantly more frequent among those patients carrying at least one copy of the S allele as compared to LL subjects (Fisher exact P = 0.0003; Odd ratio: 23.33; 95% Confidence Intervals = 2.59 - 209.76).

Conclusion: Although these data must be considered cautiously because of the naturalistic nature of the study, they show for the first time that the S form of the 5HTTLPR seems to be associated with a poorer response to a combined treatment with SSRIs plus nutritional counselling

S-32-02

Biological background of the psychological effects of cognitive-behavioural therapy in anorexia nervosa

F. Brambilla, R. Dalle Grave, T. Todesco, D. Marazziti, P. Monteleone, S. Caluggi. *University of Naples SUN Dept. of Psychiatry, Naples, Italy*

Objective: Aim of the study is to see in anorexia nervosa patients whether or not neurotransmitter impairments, which have been suggested to represent the biological background of the disorder or of some of its specific symptoms, are modified by Cognitive-Behavioral Therapy (CBT) in parallel with anorexic symptomatology.

Methods: We examined BMI, psychological aspects (monitored by EDI-2, BITE, TCI, Yale Brown Cornell, Barrat, SCL-90, Hamilton for Depression, STAI Rating Scales), and we measured HVA (for DA), MHPG (for NE), paroxetine-binding (for 5-HT) blood concentrations before, after 1 and 3 ms of CBT.

Results: A significant increase of BMI and improvement of the anorexic psychopathology occurred after CBT in both hospitalized and outpatients anorexics, in parallel with changes of HVA, MHPG, and paroxetine-binding concentrations.

Conclusion: The pathogenetic significance of the neurotransmitter concentrations before and after CBT will be discussed.

S-32-03

Implications of biological research for our understanding and definition of anorexia nervosa

J. Hebebrand. *Marburg, Germany*

S-32-04

Guided self-help for bulimic anorexia nervosa to reduce time in intensive treatment: A controlled study

M. M. Fichter, M. Cebulla, N. Kränzlin, M. Fumi, S. Naab. *Klinik Roseneck aff. Uni MUC, Prien, Germany*

Objective: Anorexia nervosa (especially bulimic AN) has high rates of chronicity and mortality and there is a need for more effective treatments. In a controlled treatment study we assessed the efficacy of manualized therapist-guided self-help, administered via mail and weekly telephone sessions over 6 week before inpatient cognitive behavioral treatment.

Methods: 100 patients with anorexia nervosa of the binge-eating/purging type according DSM-IV criteria were assigned to the experimental group (guided self-help prior to intensive inpatient treatment) or to the control-group (intensive inpatient treatment only). Patients were assessed 8 weeks before admission, on admission, at discharge and at six-month follow-up. Data on general psychopathology and eating pathology was obtained using structured interviews (SIAB-EX, SCID I, SCID II) and standardized questionnaires (SIAB-S, EDI, TFEQ, BDI, SCL90 etc.). Main hypotheses of the study were: 1) symptoms of general psychopathology as well as eating pathology symptoms are more rapidly reduced in the experimental group compared to the control group, 2) this effect is detectable also at six-month follow-up and 3) guided self-help reduces the duration of the intensive treatment and still maintains treatment quality and effects.

Results: The guided self-help approach preceding inpatient treatment was well accepted by the patients. Data show 1) significant positive effects of the guided self-help intervention prior to inpatient treatment (as compared to the control group), 2) significant improvement during inpatient treatment in both groups and 3) fewer days in inpatient treatment for the intervention group as compared to the control group.

Conclusion: The self-help intervention had significant positive immediate effects and reduced the days of inpatient treatment.

Monday, April 4, 2005

S-38. Symposium: Psychotherapy and pharmacotherapy of obsessive-compulsive disorder: new findings

Chairperson(s): Ulrich Voderholzer (Freiburg, Germany),Damiaan Denys (Utrecht, Netherlands)
16.15 - 17.45, Gasteig - Room 0.131

S-38-01

Neuropsychological deficits in OCD as a correlate of a neurobiological dysfunction: Do these deficits change by successful cognitive behavioral treatment?

U. Voderholzer, A. K. Kuelz. *University of Freiburg, Freiburg, Germany*

Objective: There is evidence for neuropsychological deficits in OCD patients which are commonly interpreted as cognitive correlates of an underlying fronto-striatal dysfunction. Whereas recent neuroimaging studies suggest reversibility of observed functional brain abnormalities, it is less clear whether neuropsychological impairment can likewise be modified by successful cognitive behavioral treatment (CBT).

Methods: 21 unmedicated inpatients with OCD and 39 carefully matched healthy controls were assessed using a comprehensive neuropsychological test battery and psychometric questionnaires. All patients underwent CBT, 7 patients were

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additionally treated with selective serotonin reuptake inhibitors (SSRI). After the end of treatment, the test battery was applied again. Also the controls were tested again after an interval of 3 months.

Results: At baseline, patients showed significantly lower performance compared with controls on tasks of nonverbal memory and fluency as well as speed of information processing and flexible, self-guided behavior. After CBT, there were no differences between groups on any neuropsychological parameter. A significant group x time interaction was found for the organization score of the Rey Figure, for verbal creativity and for speed-related tasks of set shifting with patients improving to a significantly larger extent. There was no significant association between severity and duration of illness or additional medication intake during CBT and cognitive functioning.

Conclusion: Results suggest that certain neuropsychological deficits in OCD patients are state-related and can be improved by CBT.

S-38-02

Brain imaging findings in patients with obsessive-compulsive disorder and their impact on cognitive behavioral therapy

A. Kordon, F. Hohagen. *Lübeck, Germany*

S-38-03

Pharmacotherapy of treatment resistant OCD: A summary of recent findings

D. Denys, *UMC Utrecht Dept. of Psychiatry, Utrecht, Netherlands*

Objective: Obsessive-compulsive disorder (OCD) is a common and severe, but still under-recognized psychiatric disorder. Although serotonin reuptake inhibitors (SRIs) currently are the most effective pharmacological treatment for OCD, up to 40 to 60% of OCD patients do not respond to treatment. Even after a switch to a second SRI-treatment, 30 to 40% of OCD patients fail to respond. In case of refractoriness to SRIs, addition with antipsychotics might lead to symptom improvement. It is intriguing why antipsychotics in monotherapy lack efficacy in OCD, while they are capable to induce de novo OCD symptoms in psychotic disorders, and are efficacious in addition to SRIs in some subtypes of OCD.

Methods: Results of efficacy of addition trials will be reviewed, and the possible neurobiological mechanisms of action of antipsychotic addition to SRIs will be discussed.

Results: Risperidone, olanzapine, and quetiapine were shown to be effective as add-on to SRIs in a number of studies. Changes in extracellular dopamine levels may account for the clinical efficacy of addition strategies with atypical antipsychotics in treatment-refractory OCD.

Conclusion: Addition of antipsychotics to SRIs is a safe and effective treatment option for patients with SRI-refractory OCD.

S-38-04

Cognitive treatment of OCD: Current developments

P. Salkovskis. *London, United Kingdom*

Tuesday, April 5, 2005

S-50. Symposium: Resolving the heterogeneity of obsessive-compulsive disorder

Chairperson(s): Michael Wagner (Bonn, Germany), Hans Jörgen Grabe (Stralsund, Germany)
08.30 - 10.00, Holiday Inn - Room 8

S-50-01

Disentangling the OCD phenotype

R. Delorme, M. Leboyer. *Paris, France*

Improvement in the phenotypic definition of obsessive compulsive disorder (OCD) is of crucial importance to identify genetics susceptibility factors. Identifying homogeneous forms of OCD through "candidate symptom" approach among affected subjects might yield better results (Leboyer et al, 2003). For example, clinical, neurobiological and genetic differences have been reported with respect to AAO of OCD. However, none of the various thresholds of AAO used in previous studies has been validated, and the notion that AAO is a marker for different subtypes of OCD, remains to be proven. Using an admixture analysis, we show that the observed distribution of AAO in 161 OCD patients is a mixture of two Gaussian distributions, defined by different clinical characteristics. These results validate the distinction between early- and late-onset OCD and provide an objective threshold for subdividing these two subgroups (Delorme et al, 2004). The endophenotype approach, i.e the identification of sub-clinical traits among non affected relatives, is also one of the strategies used to isolate genetic vulnerability factors in OCD. For example, peripheral serotonergic disturbances are frequently observed in OCD patients and could be used as endophenotypes. In OCD probands (n = 48) and their unaffected parents (n = 65) as compared to controls (n = 113), we observed lower whole blood 5-HT concentration, fewer platelet 5-HT transporter binding sites, and higher platelet inositol trisphosphate content (Delorme et al, 2004). Whole blood 5-HT concentration showed a strong correlation within families. Thus, the presence of peripheral serotonergic abnormalities in OCD patients and their unaffected parents supports a familial origin of these disturbances.

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S-50-02

Patterns of co-morbidity associated with OCD

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