

Limitations: This study included suicide attempters who had presented self-poisoning, but not individuals with very high risk of fatality.

Conclusions: In suicide attempters there is a very high prevalence of DMX, especially among bipolar depressive suicide attempters. This study underlines the importance of detecting and appropriate treating DMX and especially depressive bipolar mixed subgroup in suicide behaviour prevention.

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Metabolic syndrome among patients with bipolar disorder: Current perspectives of European psychiatrists

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Background: Patients with bipolar disorder may be at elevated risk for metabolic syndrome or its components. Little is known about awareness of metabolic issues among European psychiatrists, or the impact on management of bipolar disorder.

Methods: In 2006, 718 psychiatrists in UK, France, Germany, Spain and Italy were recruited to complete an online survey. Eligibility criteria were: practicing 4-30 years, spending $\geq 50\%$ of time in direct patient care, and treating ≥ 10 bipolar patients in the last month. Aggregate data were weighted according to the number of psychiatrists in each country. Data comparing individual countries were not weighted due to possible biasing factors such as demographic differences.

Results: 22% of respondents were unfamiliar with metabolic syndrome. More than half (56%) had diagnosed it and 72% saw it as a significant health risk. Based on NCEP criteria, the estimated prevalence was $\sim 25\%$ in bipolar patients and $\sim 20\%$ in the general population. With bipolar medications, side effects of greatest concern to psychiatrists were weight gain, cognitive impairment, and glucose intolerance. Treatments associated with increased risk of metabolic syndrome were olanzapine (76%), risperidone (42%), and quetiapine (36%). Although 39% said metabolic concerns rarely or never lead them to stop or switch bipolar disorder therapies, 65% have changed their interviewing and monitoring habits in the past 3 years regarding metabolic health.

Conclusions: European psychiatrists view metabolic syndrome as prevalent and are concerned about the metabolic risks of bipolar medications. Two thirds say that metabolic health issues have prompted changes in patient care in recent years.

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Trends in psychopharmacological approach to bipolar disease in the last 20 years - A retrospective study-

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Introduction: Bipolar disease type I has an estimated prevalence of 1% in the general population. Approximately 50% of first episodes are of the manic type. In the last decades, there have been major advances in the understanding of the disease and its psychopharmacological treatment, namely through the usage of anti-psychotics (both typical and atypical), mood stabilizers and anxiolytics.

Objective: To study the pharmacological treatment of acute mania in Hospital Miguel Bombarda over the last 20 years.

Methods: Data retrieval from the clinical files of the patients admitted for bipolar disease, manic type, and its sociodemographic characterization. Study of the pharmacotherapy used in a sample of the first 30 clinical admissions due to the illness over 20 years, with intervals of 5 years. (1986, 1991, 1996, 2006)

Results: There has been an overall increasing rate of admissions due to bipolar disease, manic type over the last 20 years. This evolution is depicted graphically.

Conclusions: Anti-psychotics were the class of therapeutic agents most commonly used, especially haloperidol. In the last years, there has been a slow but steady increase in the usage of mood stabilizers; however, atypics lagged behind in the prescriptions habits for bipolar disease, manic type in the sample studied.

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The treatment of rapid cycling bipolar disorder (RCBD)

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Background: The objective of this study was to evaluate the efficacy, safety and tolerability of quetiapine and olanzapine in association with valproate in the treatment of RCBD.

Methods: 30 patients diagnosed with RCBD by DSM IV criteria were divided in 2 groups - group A included 15 patients treated with quetiapine (600-800mg/day) and group B included 15 patients treated with olanzapine (10-15 mg/day). Both groups received valproate 500mg/day.

At the beginning of the study 12 patients were manic, 8 in a mixed state, 7 depressed, 3 hypomaniac. Patients were assessed with Clinical Global Impression Scale for Bipolars, the Young Mania Rating Scale and the Hamilton Depression Rating Scale. We evaluated all groups at baseline, after 1 week, 2 week, and every month during the period of study (1 year).

Results: A similar and significant improvement was observed in both group for all the scale scores (CGI-BP, YMRS, HDRS). Doses of quetiapine and olanzapine were significantly reduced by the end of the study in compare with baseline. Doses of quetiapine and olanzapine differed according to the initial episode.

Conclusions: Quetiapine and olanzapine in association with valproate were an effective treatment for rapid cycling bipolar patients. Adequate doses for acute episodes could significantly differ according to the episode polarity and the length of treatment.

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Attribution style and social functioning of ADHD vs non-referred children

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Objectives: Attention Deficit Hyperactivity Disorder (ADHD) is common chronic mental health condition in children and adolescents and has severe impact on their social functioning. This study explores mutual relationship between children attributions (implied in M. Seligman terms) and school, familial and peer functioning in ADHD and non ADHD populations.

Method: The study cohort of children exclusively suffered for ADHD, in the age of 12 and 13, majority of boys, was pair-matched with non-referred children. Both groups were administered