negative life events(P=.033);more maternal interfere and protection(P=.024).

Conclusions: Our retrospective findings indicate that a history of automutilation behavior and suicidal ideation is associated with a more negative life events and more negative parental rearing style. Greater attention to realizing those at high risks for self-injury behavior and suicidal thinking could have an impact on bipolar disorder among adolescents.

P139

Maniacal type of bipolar affective disorder and sexual dysfunction

N.F. Valeeva. *Department of Sexopathology, Moscow Research Institute of Psychiatry, Moscow, Russia*

Bipolar affective disorder (BAD) in 50% cases, begins after 40 years, when the sexual dysfunction number rises. In hypomaniacal condition patients don't apply to sexologists, as they percieve sexual sphere changes as positive. But psychotropic therapy influences on intimate patient's life, causing genital reactions weakness, libido decrease and orgasm disappearence. Psychotropic therapy effect on the sexual function depends on sensity of a patient. We've described a patient P, 49 years old, with BAD. His complains went into clinical picture of sexual failure expectation syndrom, that have appeared after erectil dysfunction episode in time of psychotropic therapy (risperidone 0.012 per day, contemnol 0.6 per day). Patient interrupted this therapy independently and in order to prevent erectil dysfunction, began to intake the next mixture before intimacy: methyltestosterone 0.005 per intake, impaza 1 tab, johimbine 2 tab. Today, taking this therapy in combination with clopixol-depot 0.2 per month, contemnol 0.3 per day, cyclodol 0.002 per day, patient evaluates his erections as sufficient. But existing anxiety was the reason to visit sexologist. At reception he appeared hypomaniacal features with safety on the sufficient level libido. So, the psychotropic therapy, have been prescribed without taking into account it's sexual function influence, leads patient independently change basic therapy. This causes unobservance therapy regime and it's low effect on the main psychiatry disorder, delaying remission appearance. This has to be remembered by the doctor, prescribing psychotropic therapy, especially upporting one, in patients, suffering from BAD.

P140

Oxcarbazepine as a mood stabiliser.

E.M. VanGent. *Department of Psychiatry, GGNet, Slingeland Hospital, Doetinchem, The Netherlands*

Carbamazepine as a mood stabiliser: A well-known mood stabiliser. Oxcarbazepine is a metabolite of carbamazepine and works as an anti-epileptic, but it has a more favourable pharmacological profile. Researchers have been studying its mood stabilising effect in bipolar disorders for decades. We have carried out a retrospective study of 7 patient charts.

Results: 7 women; average age: 44 years old; onset of bipolar disorder at the age of 32.

Continous use of oxcarbazepine: 26.1 months and continuous use of the previous mood stabiliser: 20.6 months. The percentage of time spent in euthymia improved from an average of 48% with the previous mood stabiliser to 62% with oxcarbazepine. The percentage of time spent ill both of (hypo)mania and of depression decreased respectively from 24% to 18% and from 25% to 19% with the use of oxcarbazepine. Improvement occurred with 4 of the 7 patients.

Conclusion: These results are in accordance with the literature. Oxcarbazepine has the advantage of fewer (drug-to drug) interactions than carbamazepine.

P141

Augmenting antidepressant psychopharmacological approach with cognitive-behavioural therapy in bipolar depression

D. Vasile, O. Vasiliu, D. Ojog, M. Vasile, M. Sarmache, M. Terpan. *Department of Psychiatry, Military Emergency Hospital, Bucharest, Romania*

Background: Cognitive- behavioural therapy (CBT) is an augmentation strategy used in bipolar depression because it improves compliance to treatment, patient's insight into specific areas of daily behavior, allows patient to recognize early signs of disease and to cope with stressfull events.

Objective: To analyse the efficacy and action onset of augmentation cognitive- behavioural specific techniques in patients diagnosed with bipolar depression that receive an antidepressant and anticonvulsant combination therapy.

Methods: A group of 18 patients, 6 male and 12 female, mean age 32.9, admitted in our clinic with bipolar disorder type I, major depressive episode (DSM-IV-TR) were distributed in two equally groups, one of them received only antidepressant drug plus anticonvulsant, the other combined psychopharmacological treatment with CBT. All patients received carbamazepine (flexible dose 400-600 mg/day) and selective serotonin reuptake inhibitor (SSRI): 7 patients fluoxetine 20-40 mg/day, 6 patients paroxetine 20-40 mg/day and 5 sertraline 150-200 mg/day. Inclusion criteria: Hamilton Depression Rating Scale 17 items (HAMD-17) over 17, Young Mania Rating Scale (YMRS) under 10. Exclusion criteria: axis I or II comorbidity. We used weekly for 4 weeks and monthly for 5 months HAMD, YMRS, Global Assessment of Functioning (GAF) and Clinical Global Impression (CGI).

Results: There was a significant better improvement in patients receiving CBT treatment (-12%HAMD, -14%GAF, -16%CGI). YMRS was stable in both groups. The onset of antidepressant action was observed earlier in CBT group (10.5 days compared to 17.5).

Conclusions: CBT stands as an efficacious augmentation strategy for patients who are treated with antidepressant and anticonvulsant therapy.

P142

Double-blind comparison of addition of acanthopanax senticosus versus fluoxetine to lithium for treatment of adolescent patients with bipolar depression

S.H. Weng, J.H. Tang, G.H. Wang, X.P. Wang. *Department of Psychiatry, Renmin Hospital of Wuhan University, Wuhan, Hubei, China*

Bachground: Adolescents with bipolar disorder are much more than people once thought. Although there have been multiple reports published regarding the treatment of manic symptoms in children and adolescents, albeit mostly open studies, the efficacy of agents to treat bipolar depression in this population has not been adequately studied. Treating with antidepressants such as tricyclic antidepressants and SSRI(selective serotonin reuptake inhibitors) should face the risk of mood switching and suicide. Acanthopanax senticosus has shown some antidepressant effect since the ancient china, and preliminary

https://doi.org/10.1016/j.eurpsy.2007.01.878 Published online by Cambridge University Press