

Results: The operation result in children with bipolar disorder did not differ from that in controls. Severity of mood symptomatology was not associated with WCST performance in any bipolar subtype.

Conclusions: Findings suggest that executive function in children bipolar disorder are not similar to those seen in the adult form of the illness. Compares with the adult, the children bipolar disorder possibly may have different pathogenesis.

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Ziprasidone does not exacerbate mania or worsen depression during treatment of bipolar mania: An analysis of pooled clinical trial data

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In case reports of patients with bipolar disorder, atypical antipsychotic drugs are often associated with an exacerbation of manic symptoms. To determine whether the atypical antipsychotic drug ziprasidone is associated with an exacerbation of manic symptoms or a worsening of depressive symptoms when used to treat bipolar mania, we analyzed data pooled from 2 similarly designed randomized, placebo-controlled trials of ziprasidone monotherapy in the treatment of bipolar mania (ziprasidone: n=268, placebo: n=131). Exacerbation of mania was defined as CGI-S ≥ 5 and HAM-D increase from baseline to endpoint $\leq 25\%$, and worsening of depression was defined as HAM-D at endpoint ≥ 15 and HAM-D change from baseline to endpoint $\geq 20\%$. A significantly smaller proportion of subjects experienced an exacerbation of mania in the ziprasidone group than in the placebo group (6.7% vs 17.6%, $P < 0.001$). An analysis of dysphoric/nondysphoric and psychotic/nonpsychotic subpopulations showed significantly smaller proportions of ziprasidone subjects with an exacerbation of mania than placebo subjects in all 4 subsets ($P < 0.05$). The proportion of subjects experiencing a worsening of depression was smaller in the ziprasidone group than in the placebo group (1.9% vs 4.6%, n.s.). These results strongly suggest that ziprasidone causes neither exacerbation of mania nor worsening of depression in patients with acute bipolar mania. Future research will address this issue in patients with bipolar depression.

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Is there a coleration between alexithymia and frontal lobe dysfunction?

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Background and aims: According to Sifneos criteria alexithymia is the disability for one person to express and identify emotions. In this study we investigate the possibility of a cerebral localization for alexithymia.

Methods: We examined 12 patients, 6 men and 6 women, with characteristic alexithymia symptomatology by a complete neurological, neurophysiological (24-hours EEG registration) control and biochemical tests.

We recorded. Compared between them and estimated the results according to a healthy population.

Results: In all alexithymic patients there were certified significant pathological neurophysiological findings, mostly dysrhythmic epileptiform unloadings in frontal lobe ambilateral. In 9 of 12 patients there were increased amounts of prolactine and homocysteine. All of the patients with alexithymia had limited REM stage during the hypnogram.

Conclusions: The results show clearly a cerebral dysfunction of frontal lobe in patients with alexithymia. This fact and the fact that prolactine and homocysteine were increased, can inform us that we have the possibility of an organic dysfunction with genetic disposition.

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ADHD bibliometric study over the last 25 years (i): Analysis of the production and dispersion of the scientific literature

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In the last years, attention-deficit/hyperactivity disorder (ADHD) is considered an emergent pathological entity. For this reason, a bibliometric analysis regarding scientific publications related to ADHD and its pharmacological treatment has been considered out, as well as its evolution during 1980-2005 period.

Using the EMBASE and MEDLINE database, we selected those documents whose title included the descriptors attention deficit hyperactivity disorder, attention deficit disorder, ADHD y ADD.

A total of 5269 original documents were obtained, and 2325 of these documents are corresponding to some aspects about drugs therapy. As bibliometric indicators of the production and dispersion, Pricés and Bradford's Laws, were applied, respectively. Our data confirm the Pricé Law since scientific production about ADHD have an exponential growth (correlation coefficient $r=0.9859$, vs. $r=0.9011$ after a linear adjustment), without to estimate a saturation point. The more studied drugs are methylphenidate (1251 documents), mixed amphetamine salts (250), atomoxetine (204) and dexamphetamine (143). The division into Bradford's areas shows a central nucleus occupied by Journal of the American Academy of Child and Adolescent Psychiatry (500 articles) exclusively. Other papers are distributed into 10 areas with a mean of 505.4 documents. A total of 886 different journals were used. The highest participation index (PaI) corresponds to Journal of Attention Disorders (PaI=64.96). The more frequently used support journals have a high impact factors (IF) (12 of the 20 first have a $IF > 2$)

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ADHD bibliometric study over the last 25 years (ii): correlation with social-health parameters

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Using the EMBASE and MEDLINE database, we selected those documents whose title included the descriptors attention deficit hyperactivity disorder, attention deficit disorder, ADHD y ADD, and that included the country of origin of the work. Altogether, 4423 original documents were obtained. In this social-health analysis, the