

psychobiological model assessed by the temperament and character inventory (TCI). We aimed to determine how individuals with bipolar disorder differ from individuals with major depression (MDD) and unaffected relatives of patients with bipolar disorder using the TCI.

Methods: Data were collected from 277 adults recruited in Christchurch, New Zealand, as part of the South Island Bipolar Study. The 240-item TCI questionnaire was used to determine personality profile, and the diagnostic interview for genetic studies was used to establish four groupings, bipolar disorder type-1 (BP1), bipolar disorder type-2 (BP2), MDD and nonaffected relatives. Differences identified with an ANOVA were corrected for current mood state by the inclusion of the Beck Depression Inventory as a covariate in a univariate ANOVA.

Results: Total harm avoidance was higher and self-directedness was lower than controls in all mood disorder groups but not different between them. Total self-transcendence was higher in BP1 than MDD and unaffected relatives. Correction for current mood influenced the significance of the differences between groups.

Conclusions: The TCI has identified commonalities and differences between bipolar disorder and MDD. Higher harm avoidance and lower self-directedness may reflect personality markers of mood disorders, whereas high self-transcendence appears to be specific to bipolar disorder. Self-transcendence may prove to be a useful measure for the investigation of the genetic basis of bipolar disorder.

Orosomucoid influences both antidepressant tolerance and response

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Background: Orosomucoid, an acute-phase reactant (APR), carries basic drugs including antidepressants. Elevated levels have been reported in depressed patients. It has yet to be established whether concentration influences antidepressant response. Its gene, *ORM1*, is polymorphic and has three common codominant alleles *ORM1**F1, *F2 and *S. The variants have differing pharmacokinetic properties that potentially alter plasma profile and blood-brain barrier transport of antidepressants influencing tolerance and efficacy.

Methods: A total of 157 out-patients in a trial of fluoxetine vs. nortriptyline were genotyped for the *ORM1* variants. Plasma concentrations of APRs were also measured. Outcomes were tolerance and response.

Tolerance was defined as the completion of a 6-week trial and response as an improvement of greater than 60% on the Montgomery-Asperg Depression Rating Scale at 6 weeks. Groups were compared using one-way ANOVA and chi-squared tests. Outcome predictions were performed using binomial logistic regression.

Results: Individuals with an *ORM1**F allele were more likely to tolerate antidepressants [odds ratio (OR) = 4.707, 95% confidence interval (CI) 1.769–12.527, $P = 0.002$]. Higher orosomucoid concentrations were found in antidepressant nonresponders (91.4% vs. 79.1%, F -stat 6.071, $P = 0.015$). For every 1% increase in orosomucoid, the odds of response were decreased (OR = 0.984, 95% CI 0.971–0.997, $P = 0.018$).

Conclusions: The two effects of orosomucoid – polymorphism affecting tolerability and concentration affecting efficacy – emphasize its importance in the handling of antidepressants.

Development of an antenatal intervention package for women with serious mental illness

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Background: Women with a serious mental illness (SMI) are at high risk for pregnancy and birth complications that increase childhood neurodevelopmental risks (Jablensky et al. 2005). Lifestyle hazards, such as smoking, use of street drugs and poor nutrition, as well as failure to access antenatal care, have been implicated in this increased risk. However, evidence from the relevant literature suggests that during pregnancy, many women with SMI continue their contact with mental health services.

Purpose: With a primary prevention focus, the purpose of this project was to develop an antenatal intervention package for community mental health clinicians as a strategy to reduce risks and improve the reproductive health outcomes for women with SMI.

Methods: A qualitative exploratory study involved consultation with key stakeholders, an environmental scan to determine current service delivery issues and a review of the literature. Individual and focus group interviews were undertaken with community mental health clinicians, consumers and midwives.

Results: An antenatal programme of care, including clinical guidelines and information regarding antenatal care and support services to facilitate the role of