

58%, Reference: self-reference 28.5%, Compliance: positive 58%, drop outs 42%.

**Conclusions:** All suicide attempters were adolescents. Prior suicidal behavior is the most common finding among the oilier risk factors examined. The significant existence of factors that indicate childhood adversity, social disadvantage and psychiatric morbidity seems to add significantly to an adolescent's suicide attempt. Most of the cases were referred by other medical and judicial services. None of them asked for any kind of help before. This is in accordance with the poor compliance to psychiatric management and also indicates a negative attitude towards asking and using psychiatric help. There is a need for community based suicide prevention programs using appropriate interventions in order to overcome these difficulties and approach the high risk population effectively.

### P02.216

#### ACUTE ADMISSIONS OF FOREIGN BORN PEOPLE IN A CLOSED PSYCHIATRIC WARD

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(a) In studying the ecology of psychiatric disorders, it is important to consider major demographic developments: In Costa del Sol Area (Health Area #II. Málaga. Spain) from the mid-sixties until now the main demographic change has been the increase of foreign residents.

(b) The Psychiatric Unit of the University Hospital is the only referral inpatients ward of the Health Area #II, and, in this study, we examined all the foreign inpatients admitted for a period of three years (1997–1999).

(c) 115 foreign patients were hospitalized: 28% were from United Kingdom, 18% from Germany, 12% from France (76% Europeans, 8% Africans). We evaluate sociodemographic characteristics, DSM-IV diagnostics, and precipitating factors of crisis.

(d) As we can see, main part of our patients comes from more developed countries than Spain, with high educational levels (67% High School or University): This is not the immigrant sample with negative social situations and maladaptation to the new living conditions that is usually described in literature about foreign patients in psychiatric units around the world. Results are discussed.

### P02.217

#### CLINICAL COURSE OF DEPRESSION AND PLATELET SEROTONIN UPTAKE

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It is obvious that adaptive response of expression of serotonin transporter (5-HTT) to long-term treatment with antidepressants performs a significant function in therapeutic action of antidepressant drugs. Relation between serotonin (5-HT) uptake to platelets and therapeutic response in patients treated with selective serotonin reuptake inhibitors (SSRI) was studied. Correlation between characteristics of 5-HTT in platelets and clinical symptoms of depression is subject to determine.

The aim of our study was verification of the biochemical hypothesis of affective disorders related to both decreasing of serotonin reuptake to platelets and changes in lipid composition of plasma membranes. Blood samples from 16 depressed patients, who were never treated by antidepressants, and from 21 controls

were analysed. Tritium labelled 5-HT was used to measure maximal velocity ( $V_{max}$ ) of serotonin uptake and affinity ( $K_{in}$ ) of 5-HTT. HAMD and CGI scales were used to characterize clinical courses of depressive disorder. Quantities were obtained before and during the pharmacotherapy.

Contrary to all expectation we observed significantly higher values of  $K_{in}$  and only no significant changes in  $V_{max}$  on the day zero, when we compared depressed patients beside controls. This reflects changes in affinity of 5-HTT rather than its activity. Both  $K_{in}$  and  $V_{max}$  were decreased after treatment by antidepressants. It means that decreased serotonin reuptake during depression is caused rather by the decreased affinity of 5-HTT than by lowering of  $V_{max}$ . We hypothesise that affinity of 5-HTT can be changed by interactions with membrane lipids, which may be important suggestive element in the pathophysiology of depression.

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### P02.218

#### CYAMEMAZINE: A REVISION OF ITS THERAPEUTICAL ANXIOLYTIC PROFILE BASED ON ITS RECENTLY DESCRIBED ANTI-SEROTONINERGIC ACTIVITY

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Cyamemazine is a neuroleptic compound with sedative and anxiolytic properties. Whether the neuroleptic properties were ascribed to D2 and D4 dopamine receptor antagonism, the mechanism of the anxiolytic action remained a mystery.

Recently, binding studies have shown that cyamemazine possesses high affinity for 5HT<sub>2c</sub> and 5HT<sub>3</sub> serotonergic receptors. Moreover, cyamemazine potently and competitively antagonizes 5HT<sub>3</sub> dependant contraction in isolated guinea pig ileum and 5HT<sub>3</sub> dependant bradycardia in rats. Finally, cyamemazine antagonizes 5HT<sub>2c</sub> dependant PLC stimulation in rats caudate membranes.

Several arguments suggest that the anxiolytic activity of cyamemazine may be explained, at least in part, by its 5HT<sub>2c</sub> and 5HT<sub>3</sub> antagonist activity. In animal models of anxiety, 5HT<sub>2c</sub> and 5HT<sub>3</sub> receptor antagonists showed anxiolytic properties. Therapeutic trials in human are controversial as with ritanserine (5HT<sub>2</sub> antagonist) as with setron (5HT<sub>3</sub> antagonist). The paradoxical data obtained could be explained by differentiated patterns of anxiety in humans. At least the anti-impulsive activity of cyamemazine should be enlightened by 5HT<sub>2</sub> antagonism in spite of clear clinical trials demonstrating this link.

### P02.219

#### ENERGY STORES IN ALZHEIMER'S DISEASE (AD)

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It has been reported that patients with AD have altered energy metabolism. We compared energy stores in patients with AD and in controls. Triceps skin fold (TSF) thickness was used to assess energy stores. TSF thickness provides an estimate of the size of the subcutaneous fat deposit which in turn provides an estimate of the extent of total body fat and thus of energy stores. Eleven subjects with AD (DSM-3 R criteria) and 11 control subjects without dementia and with MMS above 25 were included. All subjects were hospitalised in a psychiatric hospital. Patients with AD were 7 males and 4 females aged (Mean  $\pm$  SD) 80.5  $\pm$  5.7 years, MMS 7.6  $\pm$  6.2; controls were 3 males and 8 females aged 76.5  $\pm$  4.2 y, MMS 27.1  $\pm$  0.9. The two groups were not statistically different ( $p > 0.05$ ) for these variables except for the MMS ( $p < 0.01$ ). TSF