GBP. Symptoms severity was measured using the Clinical Global Impression Scale (CGI) and the Brief Psychiatric Rating Scale (BPRS), the prophylactic effect was classified into one of three categories: complete, partial or no response.

Results: 20 patients were displaying acute symptoms, 30 patients were in euthymic state and had to discontinuate the precedent treatment with lithium because of severe side effects. At the end of the study, 75% of the 43 patients treated with GBP for at least 24 weeks, had a positive response, as measured by changes in the CGI and BPRS scores. The prophylactic effect was complete for half of the euthymic patients. The average dose used was 900 mg. The only side effect observed was oversedation, decreasing with continuing treatment.

Conclusions: GBP was effective both in acute and maintenance phase treatment of patients with bipolar disorder. If confirmed in controlled studies, these findings suggest that GBP represents a well-tollerated, rapidly acting antimanic agent and mood stabilizer.

(1) American Psychiatric Association. Work Group on Bipolar Disorder. Practice Guideline for treatment of patients with Bipolar Disorder. Am J Psychiatry 151 (suppl): 1–36, 1994
(2) Chadwick D: Gabapentin. Clinical Use. In: Levy RH, Mattson RH, Meldrum BS (eds): Antiepileptic Drugs, 4th ed. New York, Raven Press, pp 851–856, 1995

Mon-P69

THE NIACIN SKIN PATCH TEST AS A DIAGNOSTIC AID IN PRIMARY CARE PSYCHIATRY

P.E. Ward[1], E.M.T. Glen[1], J. Sutherland[1], A. MacGregor[1], J.D.M. Douglas[2], A.I.M. Glen[1]*. [1]*Highland Psychiatric Research Group, Craig Dunain Hospital, Inverness;* [2]*Tweeddale Practice, High St, Fort William, Scotland*

The diagnosis of schizophrenia and manic depressive psychosis is at present made according to clinical criteria and by excluding organic brain disease. Oral nicotinic acid in doses of over 2 mg/kg produces in normal subjects marked skin flushing of the face and upper body, due to formation of prostaglandin D2 (PGD2) from arachidonic acid (AA) in dermal macrophages, but about one-third of all schizophrenic patients fail to flush one hour after 200 mg doses. For schizophrenic patients chosen for negative symptoms, absence of flushing rises to 50 per cent (Glen et al, 1996). Oral niacin can give rise to unpleasant skin flushing and recently Ward et al (1997) have described a skin patch technique which gives better separation between schizophrenia and other conditions. New data which we will present indicate separation between schizophrenia and bipolar manic depressive illness ($p < 0.01$ to $p < 0.001$, depending on time interval between application of patch and reading skin redness, and molar concentration of the test solution (methyl nicotinate)). Further work is in progress to evaluate the usefulness of the test as a diagnostic aid in primary care and in community mental health care.

(1) Glen AIM et al. (1996) *Prostaglandins, Leukotr. EFAs* 55, 9–15.
(2) Ward PE et al. (1997) *Schizophr. Res.* - in press.

Mon-P70

CHRONOBIOLOGICAL MODEL OF MOOD STABILIZERS EFFECT

S. Mosolov. *Moscow Research Institute of psychiatry, Russia*

Polysomnographic effects of acute and long-term use of different compounds with normothymic activity were analysed in 23 patients with rapid cycling bipolar disorder. 7 of them were treated with lithium carbonate (LC), 9 - with carbamazepine (CRB) and 5 - with sodium valproate (SV). Sleep registration was done before treatment (after 2 weeks wash-out period), in 3–5 days, in 2 weeks and after 3 months of treatment. LC from first days inhibited REM-sleep and later activated slow waves sleep (SWS), on the contrary anticonvulsants rapidly stimulated SWS and secondary inhibited REM-phase. After long-term use all drugs had resembled effects on sleep characteristics. They inhibited activity of REM-sleep including prolongation of REM-latency, restored SWS and normalised ultradian distribution of sleep cycles during the night. Chronobiological model of rapid cycling bipolar disorder and mood stabilisers action have been proposed to explain the results.

Mon-P71

CHARACTERISTICS OF MIXED AND PURE MANIA IN BIPOLAR DISORDER WITH PSYCHOTIC FEATURES

S. Pini*, C. Mastrocinque, C. Manzi, M. Saettoni, S. Vignoli, A. Papasogli, G. Marcacci, G.B. Cassano, L. Dell'Osso. *Department of Psychiatry, Neurobiology, Pharmacology and Biotechnology University of Pisa, via Roma 67, 56100 Pisa, Italy*

We investigated whether mixed mania, also called dysphoric or depressive mania, was phenomenologically distinguishable from pure mania in a cohort of bipolar patients with psychotic features. The method of this study has been described in detail elsewhere[1]. Eighty-nine consecutively hospitalized patients with current mixed and manic bipolar psychotic symptoms were included in this study. Index episode psychotic diagnosis and psychiatric comorbidity were assessed using the Structured Clinical Interview for DSM-III-R (SCID-P). Psychopathology was assessed by the Brief Psychiatric Rating Scale (BPRS) and the Hopkins Symptoms Checklist (HSCL-90). Awareness of illness was assessed with the Scale to Assess Unawareness of Mental Disorders (SUMD). Of the 89 DSM-III-R bipolar I patients with psychotic features, 61 (75.2%) had a pure manic episode and 28 (24.8%) had a mixed manic episode at the time of the admission. Among sociodemographic characteristics, unemployment status was found to be significantly more frequent in mixed mania group than in pure mania group (82.1% vs 57.4%, $p < .05$). Age of onset of bipolar disorder was earlier in mixed mania group than in pure mania group (22.6 ± 5.6 years vs 25.0 ± 7.7), but this difference was not significant. Obsessive-compulsive disorder comorbidity was found to be significantly more associated with mixed mania than with pure mania (21.4% vs 6.6%, $p < .05$). At the BPRS, grandiosity (3.7 vs 2.3, $p < .01$), unusual thought content (4.9 vs 3.7, $p < .02$), excitement (4.1 vs 2.5, $p < .01$), conceptual disorganization (3.4 vs 2.7, $p < .01$) and activation (2.7 vs 2.1, $p < .01$) were more frequent in pure mania than mixed mania group; conversely, motor retardation (1.9 vs 1.3, $p < .02$) and factor 'anergia' (1.5 vs 1.8, $p < .03$) were significantly more frequent in mixed mania than in pure mania group. At the HSCL-90, only the factor 'psychoticism' was found to be more frequently associated with mixed mania than pure mania (1.1 vs 0.7, $p < .05$).

Conclusions: Patients with pure mania are likely to present more severe psychomotor symptoms and thought disorders, while those

https://doi.org/10.1016/S0924-9338(99)80407-6 Published online by Cambridge University Press

with mixed mania have more frequently obsessive-compulsive disorder comorbidity and psychoticism. These findings indicate that mixed mania and pure mania differ in some characteristics but have many similarities.

(1) Cassano GB, Pini S, Saettoni M, Rucci P, Dell'Osso L (1998) Occurrence and clinical correlates of psychiatric comorbidity in patients with psychotic disorders. Journal of Clinical Psychiatry 59, 60–68.

Mon-P72

GENETIC STUDY OF BIPOLAR DISORDER: TAKING SERIOUSLY THE PROBLEM OF CONTROLS SELECTION

Pierre Chiaroni[1]*, Elie-Georges Hantouche[2], Jean-Michel Azorin[3]. *[1]Psychiatrie 2, CHU Timone, rue St Pierre, 13385 Marseille Cedex 5; [2]29, avenue G. Bernanos, 75006 Paris; [3]SHU Psychiatrie, CHU Sainte-Marguerite, Bd Ste Marguerite, 13009 Marseille, France*

A genetic liability in the ætiology of the manic-depressive illness is, now, a very well accepted feature but the kind of this contribution remains till now unknown. "What is hereditable? A diagnosis or something else?" With Akiskal, the temperaments could be defined, a priori, as permenant affective sub-syndromes with a precocious outset and so represent a clinical suceptibility factor.

We investigated first 140 healthy (at present) volunteers for: a diagnostic interview for genetic studies (2), a self-assessement of affective temperaments (1), a detailed record of pedigree. Then, 30 relatives of bipolar patients were investigated in the same way. All the items of each temperament are processed by factorial analysis.

We present here: the demographic and epidemiologic variables of our population; the results of the controls as a whole; and the comparison of controls vs bipolar relatives.

Our results clearly evidence the difficult problem of the controls selection in regard with the presence/absence of varied psychopathological features in relatives of the selected volunteers. So, the research in phenotype-genotype relations needs to select carefully not only the patients but also the controls.

(1) Hantouche et al. Outils d'évaluation cliniques des tempéraments affectifs. L'Encéphale XXIII, sp 1, 27–34.
(2) Nurnberger J.I. et al. Diagnostic interview for genetic studies. Rationale, unique features and training. Arch Gen Psychiatry 1994, 51, 849–859.

Mon-P73

STRUCTURE OF PERSONALITY AND DEPRESSIVE DISORDER

O.P. Vertogradova*, G.S. Bannikov, S.A. Konkov. *State Research Center of Psychiatry and Narcology, Moscow, Russia*

Objective: To reveal the role of the structure of personality in psychopathology of depressive disorder.

Methods: Psychopathological, pathopsychological. The analysis is carried out of experience of depression on cognitive and somatic level and personality traits.

Results: Three groups of personality were marked out in depressive patients. (N30) was characterized Somatic level of emotional experience, weakness of its cognitive categorization and dependent traits ($P < 0.01$) were caractered for the first group. Biological symptoms, "vagueness" of cognitive triad have been related to bipolar affective disorder, cyclothymia. The second group (N25) was mostly presented by high level cognitive functioning, avoidant and dependent traits ($P < 0.05$). Stability of cognitive triad have tuned up specific psychopathology of recurrent depressive disorder and dysthymia. The specific features of patients of the third group (N25) were dissociation of cognitive-affective interaction and combination of narcissistic, borderline, paranoid traits ($P < 0.01$). Depersonalization symptoms, persistent somatization, hypochondrial ideations were more common in subjects of this group. (The diagnosis is dysthymia, bipolar disorder, borderline personality disorder).

Conclusion: The structure of personality should be taken into account in the assessment of depression psychopathology.

Mon-P74

PERSONALITY TRAITS IN MOOD DISORDERS: ASSOCIATION WITH POLYMORPHISMS OF THE DOPAMINE D 3 RECEPTOR GENE?

A. Urmann[1], M. Willeit[1], A. Heiden[1], J. Scharfetter[1], K. Fuchs[2], L. Nilsson[1], E. Miller-Reiter[1], C. Gebhardt[1], K. Hornik[3], W. Sieghart[2], S. Kasper[1], H.N. Aschauer[1]*. *[1]Department of General Psychiatry; [2]Division of Biochemical Psychiatry, University Hospital for Psychiatry, Vienna; [3]Department of Statistics and Probability Theory, University of Technology, Vienna, Austria*

Defined personality constellations may be predisposing for the development of affective disorders. Specific personality traits might be related to genetic variation of neurotransmitter receptor genes. The Temperament and Character Inventory (TCI) by Cloninger was designed to measure four temperament and three character dimensions. Several reports postulated an association of the temperament dimension novelty seeking (NS) with the Dopamine (DA)-neurotransmisssion system. We tested a Dopamine D3 receptor gene polymorphism for association with novelty seeking (NS) in patients with affective disorders.

The Ser-9-Gly polymorphism of the D3-receptor (DRD3) gene was tested for association with the temperament dimension novelty seeking in patients with unipolar or bipolar affective disorder. Diagnostic process included structured interviews (SADS-LA) and information from medical records. Blind consensus diagnosis according to DSM-IV was made by two independent psychiatrists. TCIs were individually administered to patients. Genotyping for the Ser-9-Gly polymorphism was performed by restriction enzyme digestion and PCR. Statistical analysis was performed by Kruskal-Wallis-H-test.

A preliminary analysis of 25 patients with regard to an association of DRD3 with the temperament dimension novelty seeking in unipolar or bipolar patients did not show significant results (Kruskal-Wallis-H-Test, $p > 0.5$).

According to our results, D3-receptor gene polymorphisms are not associated with the TCI-dimension novelty seeking in patients with affective disorders. According to the small sample size, this result should be considered preliminary. By the time, the study is still in progress and the number of patients will be enlarged.

Mon-P75

A FORENSIC CASE OF DISSOCIATIVE IDENTITY DISORDER (DID) AND THE RECENTLY INCREASED REPORTS OF DID IN JAPAN

Y. Uchinuma[1]*, Y. Sekine[2]. *[1]Teikyo University School of Medicine, Tokyo; [2]Tokyo University, Tokyo, Japan*

At the age of 26, the defendant murdered 4 little girls during the period from 1988 to 1989. The forensic-psychiatric examination showed that after the unexpected sudden death of his deeply

https://doi.org/10.1016/S0924-9338(99)80407-6 Published online by Cambridge University Press