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IMPLICATION OF 5HT1A RECEPTORS IN MALE ALCOHOLIC PATIENTS

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a) Background: In human, several studies have demonstrated a serotonergic hypoactivity in alcoholism. However, little is known about the role of 5-HT1A receptors.

b) Design: We assessed the hormonal (prolactin and cortisol) and temperature responses to flesinoxan 1 mg/70 kg (a highly potent and selective 5-HT1A agonist) in 12 male inpatients meeting DSM-IV criteria for alcohol dependence. Patients were assessed more than 3 weeks after the last reported use of alcohol and antidepressants. They were compared to 10 age-matched male controls.

c) Results: There was a highly significant difference between alcoholic patients and controls for the area under the curve relative (AUCr) values of prolactin responses: 5232 ± 7734 microUI min/l vs 16 233 ± 9892 microUI min/l ($F1,20 = 8.58$, $p < 0.008$). AUCr values of cortisol responses to flesinoxan were significantly lower in alcoholics compared to controls, but only at a trend level: −1 478 ± 2927 microg min/l vs 2424 ± 5973 microg min/l ($F1,20 = 3.99$, $p < 0.059$). AUCr values of temperature responses did not differ between alcoholics and controls (22.3 ± 38.0 °C min. vs −32.8 ± 22.9 °C min.).

d) Conclusion: These partial results support the implication of the serotonergic system, and particularly of 5-HT1A receptors, in alcoholism. Further studies, with larger samples, should confirm these results and point out if specific symptoms in alcoholic patients, such as impulsive agressive behaviours or craving are linked to this serotonergic hypoactivity.

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ELECTROCONVULSIVE THERAPY IN PATIENTS WITH SILENT CEREBRAL INFARCTION AND MAJOR DEPRESSION

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Prevalence of depression in elderly people is ranging from 18–38%. Post stroke depression /PSD/ is frequently observed in this group of patients with magnetic resonance imaging showing subcortical white matter and periventricular hyperintensities and left frontal lobe lesions.

We present four cases of female patients aged 61–68 y who meet DSM-IV criteria for major depression and were admitted to hospital as resistant to antidepressive chemotherapy. In Hamilton Depression Rating scale /HAMD/ they have met criteria for major depression. Mini Mental State Examination showed cognitive disturbance in one patient /score 19/. Just one of the patients had positive dexamethasone suppression test. Electroconvulsive therapy /ECT/ was indicated and during diagnostic procedures including brain MRI we found cerebrovascular infarctions but no neurological focal symptoms and patients were not previously treated for CVI. In these cases, MRI showed frontal and left parietal subcortical white matter ischaemic lesions. All patients were ECT responsive and were administrated 5–7 sessions of bilateral ECT with a brief pulse device Thymatron. During the ECT course dose of antidepressive chemotherapy /SSRI/ was moderately reduced. HAMD score after the ECT course showed significant reduction of depressive symptoms. We indicated the continuation ECT continuing the same dose of antidepressants and patients did not relapse during the course of six months.

These cases show that chemotherapy resistant major depression in elderly people can be caused by SCI and point to ECT as to one of the possible treatment of choice.

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LATE-ONSET AGRANULOCYTOSIS DURING CLOZAPINE TREATMENT: A CASE REPORT

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Clozapine is an antipsychotic with main advantages. For patients on clozapine, the period of highest risk of agranulocytosis is during the first 12 to 18 weeks of treatment. In this case report, we would like to present a patient who developed agranulocytosis at 25th month of clozapine treatment.

Case Report: Mr. A was a 36-year-old man who had met DSM-IV diagnosis of chronic schizophrenia, paranoid type. He was on clozapine because of inadequate treatment response. The drug dosage was titrated gradually to 400 mg per day. All of his laboratory workup was unremarkable. The patient's baseline white blood cell (WBC) count was 7800/mm3. During his 20 month long follow ups, his WBC counts range between 6000 to 10.000/mm3. On 21st and 22nd month of treatment, his WBC count declined to an average of 4500, on 24th month to 3100/mm3. No specific reason for this decline could be identified. However on 25th month, the patient had high fever with a WBC count of 2400/mm3. Agranulocytosis was diagnosed, the clozapine was discontinued. After the cessation of clozapine, WBC count started to increase to normal limits one week after cessation confirming a drug related adverse effect.

Discussion: This case report emphasizes the importance of the stringent mandatory requirements for blood monitoring in patients given clozapine even after two years of clozapine treatment. Clinicians should always be aware of this adverse effect, record the WBC counts to avoid agranulocytosis and related conditions that could occur at any time of the clozapine treatment.

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PERSONALITY DISORDERS IN PATIENTS WITH BIPOLAR-I DISORDER

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Objective: The results of researches in recent years showed that the prevalence of personality disorders (PDs) among bipolar patients varied within range of 45% to 65%. The aim of this study were to determine the prevalence of PDs in patients with bipolar-I disorder in remission, and assess the effects of comorbidity.

Method: 43 bipolar-I outpatient were included in this study. Patients were evaluated with PDs versions of the Structured Clinical Interview for DSM-III-R. A data form inquiring sociodemographic features and variables associated with the disorder were also administered.

Results: 27 patients (62.8%) had at least one comorbid personality disorder (PD). 72% of all female cases, and 50% of male cases were found to have at least one comorbid PD.The prevalence of PDs as clusters in bipolar-I patients were as follows; 51.2% C cluster PDs, 25.6% A cluster PDs, 18.6% B cluster PDs. We determined that obsessive compulsive PD (39.5%) was the most

https://doi.org/10.1016/S0924-9338(00)94528-0 Published online by Cambridge University Press