prevent them from all unpleasant feelings, or rejecting parents. They grew up in an extremely anxious and aggressive family atmosphere. The parents themselves were not separated from their own families and did not enable their children to separate from the parents or to develop their own identity. Without the possibility to separate from the primary group and to work through the traumata transmitted from the parents the children will mostly suffer from psychoses, dissociative emotional patterns, or psychosomatic disorders.

Methods: The reserach project was evaluated with qualitative methods, that means with biographical interviews and with circular deconstruction.

Results: The unsolved and untreated traumata experiences of parents and grandparents are transmitted through aggession and extreme anxieties towards the family and the patients.

Conclusion: Through this investigation there is a possibility to understand the social and family background and the input on the patient which has implications for the treatment approach.

Wednesday, April 6, 2005

P-18. Poster session: Psychotic disorders IV

Chairperson(s): Julio Bobes Garcia (Oviedo, Spain), Angela Naderi-Heiden (Wien, Austria), Celso Arango (Madrid, Spain)
11.15 - 12.15, Gasteig - Foyers

P-18-01

Psychopharmacological treatment of acutely agitated patients in an intensive care unit

A. Naderi-Heiden, R. Wimmer, R. Frey, S. Kasper. *Medical Univ of Vienna General Psychiatry, Wien, Austria*

Objective: Intensive treatment is required to manage agitated patients.

Methods: In 2002 twelve patients suffering from severe, therapy-resistant agitation (ICD10 F31.2, F20.0, F25.0) were transferred from general psychiatric facilities (GPCU) in the area of Vienna to the psychiatric intensive care unit (PICU) of the Vienna Medical University of Psychiatry, Department of General Psychiatry. In this retrospective analysis the psychotropic prescription patterns for PICU patients was compared to the prescriptions patterns for 12 severely ill GPCU patients of the same sex, age and diagnosis at the third day of admission.

Results: Total chlorpromazine equivalent dosage was lower in the PICU group than in the GPCU group (PICU: 575 ± 303 mg; GPCU: 850 ± 488 mg; p=ns). Chlorpromazine equivalent dosage of typical neuroleptics was significantly lower in the PICU group than in the GPCU group ($p<0.05$). Multiple antipsychotic prescribing occurred more frequently in the GPCU group than in the PICU group (8 versus 4). No low-potency neuroleptics were applied in patients of the PICU. Total diazepam equivalent dosage was similar in both groups (PICU: 50 ± 51 mg; GPCU: 55 ± 24 mg; p=ns). Concomitant psychotropic treatment consisted of valproate and lithium. Moreover, nalbuphine 10-20 mg s.c. was used in case of severe insomnia in PICU patients.

Conclusion: In conclusion, the PICU does not administer high-dose therapy (as compared to GPCU), and does not prescribe high dosage of typiycal neuroleptics, but offers treatment based on high staff levels, monitoring (including checks of nutrient and fluid balance) and physical restraints for safety reasons.

P-18-02

Assessment of dependance between therapy with neuroleptics and incidence of symptoms of the restless legs syndrome

A. Nitka-Sieminska, M. Sieminski, J. Landowski, W. M. Nyka. *Medical University of Gdansk Dept. of Mental Disorders, Gdansk, Poland*

Objective: The aim of this study was to assess whether there is a relationship between intake of neuroleptic drugs and incidence of the restless legs syndrome (RLS).

Methods: An original questionnaire based upon diagnostic criteria of the RLS created by International Restless Legs Syndrome Study Group was used in this study. The questionnaire contained also questions about supportive clinical features of RLS, demographic features of the patients and their health status. The questionnaires were filled in by the patients during their stay in the Department of Mental Disorders. The data about the patients' diagnosis and therapy were then collected. Patients participated in the study by their own will.

Results: We have examined 111 patients from Department of Mental Disorders of Medical University of Gdańsk (71 females and 40 males). The mean age of the examined group was 44,9 years. Most patiens were suffering from following diseases: schizophrenia, depression, anxiety disorders and bipolar disorder. Fourty-eight patients (43.2%) were treated with neuroleptics. In the group of patients taking neuroleptics we have found 16 subjects with symptoms of the restless legs syndrome (33.3%). The incidence of restless legs syndrome in the group of patients not treated with neuroleptics was lower – we have found 12 patients with symptoms of RLS in this group (19%).

Conclusion: The incidence of symptoms of restless legs syndrome in the group of patients taking neurolpetics was higher than in the population of patients treated with another drugs. Establishing a correlation between intake of specific neuroleptics and incidence of RLS needs further studies with larger groups of patients.

P-18-03

Measurment of vigilance and performance in a real-car based driving-simulator: Applications in psychiatry

R. Mager, F. Müller-Spahn, A. H. Bullinger, R. Störmer. *Center of Applied Technologies, Basel, Switzerland*

Objective: The goal of the present study was to evaluate physiological measures and objective performance parameters during driving in a real-car based driving simulator. Arousing auditory stimuli were applied to compare data prior and after intervention to test the sensitivity of the system.

Methods: Overall 41 subjects were selected matched for age and driving experience. To create realistic traffic scenarios in a laboratory environment a passenger car simulator was used emulating the functionality of a modern car. Electroencephalographic (EEG) activity, skin conductance, respiratory and cardiac parameters were continuously recorded during driving. Analysis was focused on time intervals prior and after application of a warning stimulus intervening a monotonous driving session. Simultaneously objective driving-

parameters were derived from the simulator (time to lane crossing, lateral position and others).

Results: The intervening stimuli induced significant group effects in respect to EEG activity and skin conductance. There was a decline of the stimulus induced changes within several minutes. Other physiological parameters like respiratory or cardiac parameters were unaffected. Data revealed a strong inter-individual variability. This applied also to the performance parameters provided by the simulator. Time to lane crossing and the lateral position of the car were determined in different scenarios and separated for various types of tracks.

Conclusion: The present study revealed significant physiological group effects in response to intervening stimuli during driving in a real-car based simulator. EEG effects, simulator data and first applications in psychiatry are discussed.

P-18-04

Topiramate in smoking cessation

Y. Khazaal, E. Frésard, M. Stankovic, A. Buecking, F. Borgeat, D. F. Zullino. *University of Lausanne Department of Psychiatry, Prilly-Lausanne, Switzerland*

Objective: Important data supports a role of glutamatergic mechanisms in synaptic plasticity and long-term behavioral adaptations, such as those found in substance abuse. Experiments on behavioral sensitization indicate that whereas NMDA-receptors are involved in the induction, AMPA-receptors may mediate the expression of the established response. The anticonvulsant topiramate is, among others, an AMPA antagonist, and may become therefore an interesting treatment strategy in substance abuse. The objective of the present study was to explore the efficiency of topiramate in smoking cessation.

Methods: Thirteen smokers were included in this observational study, all of them having a history of at least 2 failed previous cessation attempts with nicotine substitution. Topiramate was initiated at 25mg and augmented depending on individual tolerance. The final dose range was 50-800mg, the higher doses being well tolerated by the smokers receiving them.

Results: Seven subjects achieved abstinence within 28 days and were still abstinent at week 12. Five further subjects reduced smoking under topiramate, but 3 of them interrupted the treatment within 4 weeks because of intolerable neurological side effects. One further participant stopped treatment due to side effects without having modified his tobacco consumption.

Conclusion: The present results suggest a rapid effect of topiramate on smoking behavior in those patients tolerating the drug, with subsequent smoking cessation within 4 weeks. Despite very prudent dose titration, some smokers may, however, not benefit from topiramate due to side effects.

P-18-05

Waist circumference as an index of obesity in psychiatic patients: results from the cross-sectional clamors study

J. Bobes Garcia, J. Bobes, C. Arango, R. Carmena, P. Aranda, M. Garcia-Garcia, J. Rejas. *University of Oviedo Med. Dept. Psychiatry Area, Oviedo, Spain*

Objective: To assess the frequency of obesity in a Spanish population treated with atypical antipsychotics and haloperidol.

Methods: A retrospective, cross-sectional, multicenter study was carried out by 49 Spanish Psychiatrists (The CLAMORS-Collaborative-Group). 517 evaluable, consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, and treated with haloperidol (H) (n=84), amisulpiride (A) (n=78), olanzapine (O) (n=106), quetiapine (Q) (n=79), risperidone (R) (n=81) and ziprasidone (Z) (n=89) for at least 12 weeks, were recruited. Obesity was defined as waist circumference >102 (men) or >88 (women) cm.

Results: The average doses of antipsychotics were: 10.7mg/d(H), 510.3mg/d(A), 15.1mg/d(O), 468.0mg/d(Q), 6.1mg/d(R) and 126.0mg/d(Z). Out of 446 patients, 192 (43.0%) were obese. The treatments with the highest number of patients with obesity were quetiapine (52.2%) and amisulpiride (51.5%) followed by risperidone (46.4%), haloperidol (39.7%), olanzapine (38.9%) and ziprasidone (32.9%) (Chi-square test: $p<0.05$ for amisulpiride and risperidone versus ziprasidone). A higher risk of obesity was seen with quetiapine (OR: 1.7[CI95%:0.9-3.2]) and amisulpiride (OR: 1.6[0.8-3.2]) versus haloperidol, followed by risperidone (OR: 1.3[0.7-2.6]), olanzapine (OR: 1.0[0.5-1.8]) and ziprasidone (OR: 0.7[0.4-1.4]). Nevertheless, treatment with amisulpiride, olanzapine, quetiapine, risperidone and ziprasidone were not identified as statistically significant risk factors of obesity versus haloperidol.

Conclusion: Obesity frequency was different according to type of therapy, showing that with ziprasidone there was a lower frequency of obesity ($p<0.05$) than with amisulpiride and quetiapine. Statistically significant differences were not found with the remaining treatments. On behalf of the CLAMORS Study Group

P-18-06

Registered Diabetes and Glucose Iintolerance in Psychotics According to Type of Therapy: Results from the Cross-Sectional Clamors Study

J. Bobes Garcia, J. Bobes, C. Arango, R. Carmena, P. Aranda, M. Garcia-Garcia, J. Rejas. *University of Oviedo Med. Dept. Psychiatry Area, Oviedo, Spain*

Objective: To assess the frequency of diabetes in a Spanish Schizophrenic population treated with atypical antipsychotics and haloperidol.

Methods: A retrospective, cross-sectional, multicenter study was carried out by 49 Spanish Psychiatrists (The CLAMORS-Collaborative-Group). 517 evaluable, consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, and treated with haloperidol (H) (n=84), amisulpiride (A) (n=78), olanzapine (O) (n=106), quetiapine (Q) (n=79), risperidone (R) (n=81) and ziprasidone (Z) (n=89) for at least 12 weeks, were recruited. Prevalence of diabetes including diabetes type I/II and glucose intolerance (glucose>=110mg/dL) was estimated.

Results: The average doses of antipsychotics were: 10.7mg/d(H), 510.3mg/d(A), 15.1mg/d(O), 468.0mg/d(Q), 6.1mg/d(R) and 126.0mg/d(Z). Out of 517 patients, 79 (15.3%) showed diabetes. The treatment with the highest number of patients with glucose intolerance was olanzapine (21.0%), followed by risperidone (13.9%) ziprasidone (13.8%), quetiapine (13.2%), amisulpiride (10.4%), and haloperidol (9.6%) (Chi-square test: $p<0.05$ for olanzapine versus haloperidol). The treatment with the highest