P0107

Clinical-dynamic, immumological and pharmacokinetic characteristics of Benzodiazepines

I.E. Kupriyanova. *Preventive Psychiatry Department, Mental Health Research Institute, Tomsk, Russia*

Objective: On model of neurotic states properties of tranquilizers with benzodiazepine structure: alprozalam, lexilium, tranxen were studied.

Methods: Rating of anxiety (HARS), state of cellular immunity, pharmacokinetic (antipirine test).

Results: At baseline total level of anxiety according to HARS constituted 17,3 ± 0,8 scores with anxious disorders assessed as 12,06 ± 0,6 scores, somatic manifestations – 4,41 ± 0,8 and neurovegetative reactions – 3,4 ± 0,35. During therapy with alprozalam, positive reverse dynamic of clinical symptoms was registered, leveling of neurovegetative manifestations. Peculiarity of lexilium is activation of factors of non-specific resistance, increase of percent of phagocyting neutrophiles both as compared with control and with indices at admission. Pharmacological action of tranxen was associated with normothymic, sedative action, presence of vegetostabilizing effect. Immunological dynamic during therapy with tranxen manifested itself in insignificant trend to normalization of cellular immunity. Pharmacokinetic of these preparations is as follows: constant of elimination of cassadan and tranxen has similar values (0,13 ± 0,031 min-1 и 0,12 ± 0,061 min-1), for lexilium this characteristic has lower values 0,075 ± 0,017 min-1 (P<0,05). Basic characteristics were permanent for all preparations and did not change in the course of the therapy.

Conclusion: Of most efficacy in mental anxiety is alprozalam; action of tranxen is more delicate. Somatic anxiety is better removed by lexilium. Alprozalam and tranxen are preparations of quick elimination; lexilium has a lower tempo of elimination. Alprozalam possesses an immunomodulating property, especially on indices of cellular immunity, lexilium activates phagocytosis, and tranxen is intact regarding immunity.

Poster Session II: Bipolar Disorders

P0108

Bipolar disorder associated with paraneoplastic cerebellar degeneration

C.F. Slattery [2], M. Agius [1], R. Zaman [1]. [1] *Department of Psychiatry, University of Cambridge, Bedford, UK* [2] *Saint John's College, University of Cambridge, Bedford, UK*

Background: Paraneoplastic cerebellar degeneration (PCD) is a rare disorder, presenting with severe cerebellar dysfunction. In addition to motor deficits, cognitive and behavioural changes can be associated with cerebellar damage. The cerebellar cognitive affective syndrome (CCAS) describes affective disturbances and impairments in executive function, spatial cognition and language.

Method: We describe, using a timeline, a patient who developed a psychiatric disorder following PCD.

Results: A 19-year-old female presented with subacute ataxia, dysarthria and nystagmus. She was diagnosed with Hodgkin's lymphoma and achieved complete remission following chemotherapy. Over the next seven years she experienced recurrent episodes of altered mood. Her depressive symptoms included low mood, crying spells, irritability, apathy, lack of energy and early waking. There were periods when she felt ‘‘high’’, harboured unrealistic optimism, had reduced attention, increased her alcohol intake and was described as being ‘‘reckless’’ by her family. She was diagnosed with bipolar affective disorder and eventually stabilised on imipramine and lithium.

Conclusion: This presentation appears to describe a case of CCAS, in which the affective component is bipolar affective disorder, type II. The psychiatric findings are a direct result of the neuropathology, emphasizing the role of the cerebellum in affective illness. While depression, mood instability and psychosis are the possible psychiatric consequences of CCAS, bipolar disorder appears to be a more unusual variant.

This presentation adds to the existing literature suggesting a cerebellar role in the modulation of emotion, and emphasizes the importance of addressing psychiatric sequelae in the treatment and rehabilitation of patients with paraneoplastic cerebellar degeneration.

P0109

Under diagnosis of bipolar affective disorder in an English community mental health team

M. Agius [1], C.L. Murphy [2], G. Tavormina [3], R. Zaman [1]. [1] *Department of Psychiatry, University of Cambridge, Bedford, UK* [2] *Bedfordshire Centre for Mental Health Research in Association With The University of Cambridge, Bedford, UK* [3] *Centro Studi Psichiatrici, Provaglio d'Iseo, Italy*

Background and Aims: Bipolar disorder is frequently misdiagnosed or diagnosed late.

We aimed to improve the diagnosis of bipolar disorder in our team.

Methods: Using an excel database, an audit of the diagnoses of all patients in a CMHT in Bedford was carried out.

It was noted that few patients were diagnosed as having bipolar II disorder, while there was a large number of Bipolar I patients, and a larger number of patients with recurrent depressive disorder, mixed anxiety and depression, unipolar depression, and psychotic depression.

All patients with recurrent depressive disorder, anxiety and depression, unipolar depression and psychotic depression are being reassessed in the outpatient clinic, using a longitudinal history, a family history, and, when these tests are positive, the ‘mood disorder questionnaire’.

The new diagnoses are recorded in the Database.

Results: This poster represents work in progress. Increased awareness of bipolar disorder is leading to a more frequent diagnosis or rediagnosis of Bipolar II disorder, as well as a consequent change in the proportions of each diagnosis in the sample.

Conclusions: The frequent misdiagnosis of Bipolar II disorder frequently leads to the treatment of these patients with anti-depressants only.

This leads to the possibility of patients becoming elated , or going into mixed states, with increased suicidality.

Appropriate diagnosis of bipolar II disorder requires skills at present found in secondary care. Such patients should therefore be referred to secondary care. Both Primary and Secondary care should be more aware of this diagnosis and its consequences.

https://doi.org/10.1016/j.eurpsy.2008.01.399 Published online by Cambridge University Press