

P0169

Punding after bilateral subthalamic nucleus stimulation in Parkinson's disease

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“Punding” is the term used to describe a stereotypic motor behavior, in which there is an intense fascination with repetitive purposeless movements, such as taking apart mechanical objects, handling common objects as if they were new and entertaining, constantly picking at oneself. As a phenomenon with features of both impulsivity and compulsivity, punding neurobiology is questioned.

To evaluate the pathophysiology of punding and specifically the glutamatergic role in this phenomenon, we screened a population of Parkinson's disease (PD) patients that attended an ambulatory for subthalamic nucleus deep brain stimulation (STN DBS).

We conducted a patient-and-caregiver-completed punding survey with 24 consecutive patients using a modified version of a structured interview, the UPDRS, the Obsessive Compulsive Inventory and the Sheehan Disability Scale.

Five (20.8%) of the 24 subjects were identified as punders, three men (60%) and two women.

The punders were comparable to the nonpunders in terms of age, disease duration, hour/night sleeping, obsessive compulsive symptoms, distress, total daily dose of L-dopa equivalent units, decrement in daily L-dopa equivalent units permitted by DBS and the impact of DBS on overall “on” and “off” motor function. The punder and nonpunder groups statistically differed only with regard to time-distance from DBS implantation: on average the punders started bilateral STN DBS 1.96 years before the nonpunder group.

Conclusion: Punding, defined as a disinhibition of motor learning programs, may be induced by STN DBS, and its prevalence is much more common than previously suspected. In our sample punding was ego-syntonic, non-disruptive, “cue elicited” and characterized by low craving.

P0170

Obsessive-compulsive disorders in patients with schizophrenia

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Obsessive-compulsive disorder is a prevalent and clinically significant phenomenon in schizophrenia patients. It is estimated that 7.8%–46.6% of patients with schizophrenia also have obsessive-compulsive symptoms. Both schizophrenia and obsessive-compulsive disorder (OCD) are considered to be neurodevelopment disorders sharing dysfunctional frontal-subcortical circuitry.

The aim of the present study was to determine the rate of obsessive-compulsive disorder (OCD) in patients with schizophrenia never treated. We also examined the relationship of obsessive-compulsive symptoms to schizophrenic symptoms.

It is a prospective study on a sample of schizophrenic patients never treated in the Academic Psychiatric service of Marrakech since January 2007.

We have valued 31 patient, the instruments used were the Structured Clinical Interview for DSM-IV-R, the positive and negative

symptoms scale (PANSS) and Yale-Brown Obsessive Compulsive Scale.

The middle age of patients is of 27.35 years with a predominance masculine (93.5%), the majority (87.1%) without profession;

Seven of the 31 patients (22.6%) met the DSM-IV-R criteria for both obsessive-compulsive disorder and schizophrenia.

Identification of OCD in schizophrenia patients may have neurobiological, prognostic, and therapeutic implications.

P0171

Diagnostic performance of Ceruloplasmin, an antioxidant in obsessive-compulsive disorder

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Objective: Various psychological, social, genetic, biochemical, factors are to be involved in the etiology of Obsessive-Compulsive Disorder (OCD)(1). Some molecules of free radicals are also found to play role in OCD(2). In the present study, we compared ceruloplasmin and total sulphhydryl(SH) levels as antioxidants in the plasma of OCD patients and controls and evaluated the diagnostic performance of those measures.

Method: 26 only OCD, 9 co-morbid OCD patients from Gaziantep University Sahinbey Research Hospital, Psychiatry Clinic, diagnosed according to the DSM IV criteria and 40 healthy volunteer controls were included. Blood samples were collected; ceruloplasmin and SH levels were measured. The mean levels of measures were compared within groups and ROC curves were drawn in order to see the diagnostic performance of biochemical markers.

Results: The mean ceruloplasmin levels in only OCD patients, co-morbid OCD patients and control group persons were $544.46 \pm 26.53 \mu\text{mol/dl}$, $424.43 \pm 31.50 \mu\text{mol/dl}$ and $222.35 \pm 8.88 \mu\text{mol/dl}$ respectively. The mean SH levels in only OCD patients, co-morbid OCD patients and control group persons were $0.47 \pm 0.006 \mu\text{mol/L}$, $0.48 \pm 0.01 \mu\text{mol/L}$ and $0.46 \pm 0.003 \mu\text{mol/L}$ respectively. The mean ceruloplasmin levels were significantly higher in only OCD and Co-morbid OCD patients than those of controls. ($p < 0.01$). There were no significance between SH levels of only OCD, co-morbid OCD patients and control group ($p > 0.01$). OCD can be predicted for ceruloplasmin over 342.85 level with %87.5 sensitivity and %100 specificity.

Conclusions: Elevated serum ceruloplasmin levels may play a role in OCD by exacerbating or perpetuating dopaminergic dysregulation as in schizophrenia(3). Ceruloplasmin levels may be used in OCD diagnosis.

P0172

Effectiveness of fluoxetine on different clinical subtypes of obsessive-compulsive disorder

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Background and Aims: Obsessive-compulsive disorder (OCD) typically begins early in life and has a chronic course. Despite the need for long-term treatment, the information about therapeutic effect on different clinical subtypes is limited.

Method: Continuous out patients with OCD were evaluated for response to a 2 months Fluoxetine therapy course by Yale-Brown