

**MEMÒRIA DE RECERCA DEL DEPARTAMENT DE PSIQUIATRIA I
PSICOBIOLOGIA CLÍNICA. UNIVERSITAT DE BARCELONA. ANY 2000**

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En aquesta memòria de recerca es recull la principal activitat investigadora duta a terme a l'any 2000 pels professors i becaris adscrits al nostre departament.

En línies general s'ha seguit l'esquema emprat en l'avaluació dels ensenyaments de Medicina i Psicologia del període 1995-1999. Només s'hi ha inclòs la informació que s'ha pogut obtenir de forma exhaustiva i fiable. Com en l'anterior ocasió, el procediment ha estat demanar als professors un resum de la seva activitat i aportacions, però donat que no s'ha obtingut un 100% de resposta, no s'han inclòs les dades que podien ser incompletes (presentacions a congressos, llibres i capítols de llibres i comunicacions a congressos). La informació recollida doncs comprèn projectes de recerca, tesis doctorals llegides i articles amb factor d'impacte i els corresponents resums. Respecte als projectes de recerca únicament s'hi han inclòs els subvencionats per organismes oficials i per la Fundació Marató. No hem inclòs l'activitat subvencionada per la indústria farmacèutica (que es molt rellevant per la subunitat de Psiquiatria) degut a que també només disposàvem d'informació parcial. Pel que fa a les publicacions, han estat tretes de la base de dades Medline i algunes que no hi constaven s'hi han afegit d'acord amb la informació aportada pels professors. A diferència de l'anterior memòria, també s'han inclòs les revisions, encara que no es comptabilitzen a efectes estadístics per tal de poder fer la comparació del rendiment de l'any 2000 en relació amb el rendiment dels anys anteriors.

Respecte a l'anterior memòria, podem constatar que hi ha hagut un increment notable de projectes subvencionats. Continua havent-hi un molt baix nombre de tesis doctorals llegides. Les publicacions han incrementat en nombre a la subunitat de Psiquiatria encara que han disminuït en la mitjana de factor d'impacte (FI). Probablement el descens es atribuïble a publicacions a la *Revista Española de Psiquiatria*. De forma similar les publicacions a la *Revista de Neurología* de la subunitat de Psicobiologia, també afecten a la mitjana de FI. Caldria analitzar la conveniència de seguir en aquesta línia.

S'agraeix la col·laboració de Pilar Bouzas, M^a José Corral, Rosa Pérez i Pere Vendrell en la recollida de dades de la present memòria.

Barcelona , febrer 2002

La directora del departament
Carme Junqué

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Mercedes PEREZ GOMEZ (DGR)
Roser PUEYO BENITO (UB)
Pilar SALGADO PINEDA (UB)
Christopher SUMMERFIELD (DGR)
M. Elena YAGO SOTO (DGR)

BECARIS TERCER CICLE

M José CORRAL LOPEZ
Esther GONZÁLEZ

PROJECTES DE RECERCA SUBVENCIONATS

TITOL DEL PROJECTE: *Niveles de colina en glanglios basales en el trastorno depresivo mayor medidos mediante espectroscopia por resonancia magnética de protones en pacientes sometidos a tratamiento con reboxetina. Relación entre colina, cambios cognitivos y estado de ánimo.*

REFERÈNCIA: 99/0191

DATA D'INICI: 01/01/1999

DATA FINALITZACIÓ: 01/01/2001

ENTITAT FINANÇADORA: FIS

INVESTIGADOR PRINCIPAL: -

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: C. Junqué; J. Massana, P. Vendrell; M. Pérez Gómez

TITOL DEL PROJECTE: *Consecuencias neuropsicológicas a largo plazo de las asfixias perinatales. Relación entre las lesiones cerebrales evidenciadas por imágenes de resonancia magnética y los déficits cognitivos.*

REFERÈNCIA: PM98-0192

DATA D'INICI: 01/08/1999

DATA FINALITZACIÓ: 01/08/2002

ENTITAT FINANÇADORA: MEC

INVESTIGADOR PRINCIPAL: C. Junqué

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: W. Penzo; P. Vendrell

TITOL DEL PROJECTE: *Ajuts per donar suport als grups de recerca consolidats.*

REFERÈNCIA: *1999SGR 00081*

DATA D'INICI: *01/01/1998*

DATA FINALITZACIÓ: *31/12/2001*

ENTITAT FINANÇADORA: *CUR*

INVESTIGADOR PRINCIPAL: *C. Junqué*

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: *M.Sánchez Turet; P.Vendrell; I.Clemente; H.Almirall; A.Jurado; JM.Serra; T.Marcos; M. Salamero; J.Massana*

TITOL DEL PROJECTE: *Efectos de la risperidona en el metabolismo cerebral regional medido mediante espectroscopia por resonancia magnetica en pacientes esquizofrénicos.*

REFERÈNCIA: *00/0233*

DATA D'INICI: *01/01/2000*

DATA FINALITZACIÓ: *31/12/2001*

ENTITAT FINANÇADORA: *Instituto de Salud Carlos III, FIS*

INVESTIGADOR PRINCIPAL: *M. Salamero*

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: *C. Junqué, J. Massana, JM. Mercader, S. Cañizares*

TITOL DEL PROJECTE: *Marcadores psicobiológicos de vulnerabilidad al alcoholismo*

REFERÈNCIA: *PM99-0174-C02-01*

DATA D'INICI: *05/10/2000*

DATA FINALITZACIÓ: *05/10/2003*

ENTITAT FINANÇADORA: *CICYT*

INVESTIGADOR PRINCIPAL: *M. Sánchez Turet*

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: *A. Adan; IC. Clemente*

TITOL DEL PROJECTE: *Caracterización de alteraciones atencionales mediante potenciales evocados en niños con transtorno por déficit de atención e hiperactividad (TDAH)*

REFERÈNCIA: *PM99-0167*

DATA D'INICI: *2000*

DATA FINALITZACIÓ:

ENTITAT FINANÇADORA: *DGES Area de Salud*

INVESTIGADOR PRINCIPAL: *C. Escera*

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN: *C. Grau*

TITOL DEL PROJECTE: *Memoria sensorial auditiva para patrones abstractos: estudio con potenciales evocados.*

REFERÈNCIA: *BSO2000-0679*

DATA D'INICI: *2000*

DATA FINALITZACIÓ:

ENTITAT FINANÇADORA: *DGESIC Plan Nacional de I+D+I*

INVESTIGADOR PRINCIPAL: *C. Grau*

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN:

TITOL DEL PROJECTE: *Marcadores genéticos individuales como predictores de la respuesta al tratamiento farmacológico en la depresión mayor: análisis genético combinado de los polimorfismos CYP2D6 y CYP219 y del gen Sert.*

REFERÈNCIA: *00/0613*

DATA D'INICI: *2000*

DATA FINALITZACIÓ: *2001*

ENTITAT FINANÇADORA: *FIS*

INVESTIGADOR PRINCIPAL: *C. Gasto*

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN:

TITOL DEL PROJECTE: *Estudio predictivo del pronóstico de la depresión de inicio tardío: análisis de factores clínicos, neuropsicológicos y de neuroimagen funcional.*

REFERÈNCIA: 99/0171

DATA D'INICI: 1999

DATA FINALITZACIÓ: 2000

ENTITAT FINANÇADORA: FIS

INVESTIGADOR PRINCIPAL: T. Marcos

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN:

TITOL DEL PROJECTE: *Eurovihta: Evaluation of guided group programmes for people with HIV/AIDS, creation of network of therapists in D, E, I, F, P.*

REFERÈNCIA: SOC97-201135-05F02

DATA D'INICI: 1997

DATA FINALITZACIÓ: 2000

ENTITAT FINANÇADORA: CEE

INVESTIGADOR PRINCIPAL: M. Valdes

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN: I

TITOL DEL PROJECTE: *Ayudas de apoyo a los grupos de investigación de Catalunya (SGR)*

REFERÈNCIA: 1999SGR-00264

DATA D'INICI: 1999

DATA FINALITZACIÓ: 2000

ENTITAT FINANÇADORA: DGR (Direcció General de Recerca, Generalitat de Catalunya)

INVESTIGADOR PRINCIPAL: C. Grau

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN: C. Escera, R.M^a Diaz, M^a D. Polo, E. Yago

TITOL DEL PROJECTE: *V Programa Marco: Human Potential Programme: High-Level Scientific Conferences*

REFERÈNCIA: *HPCF-CT1999-00187*

DATA D'INICI: *1999*

DATA FINALITZACIÓ: *2000*

ENTITAT FINANÇADORA: *Comisión Europea*

INVESTIGADOR PRINCIPAL: *C. Escera*

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: *E. Yago*

TITOL DEL PROJECTE: *Ayudas para la organización de Congresos*

REFERÈNCIA: *2000ARCS-00122*

DATA D'INICI: *2000*

DATA FINALITZACIÓ: *2000*

ENTITAT FINANÇADORA: *DGR (Direcció General de Recerca, Generalitat de Catalunya)*

INVESTIGADOR PRINCIPAL: *C. Escera*

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: *E. Yago*

TITOL DEL PROJECTE: *Marcadores neuropsicológicos precoces de la enfermedad de Alzheimer*

REFERÈNCIA:

DATA D'INICI: *1998*

DATA FINALITZACIÓ: *2001*

ENTITAT FINANÇADORA: *Fundació “La Caixa-Marató TV3”*

INVESTIGADOR PRINCIPAL:

MEMBRES DEL DEPARTAMENT

QUE HI PARTICIPEN: *A. Estévez González*

TITOL DEL PROJECTE: *Análisis de los contenidos oníricos en pacientes con trastornos de conducta en la fase REM*

REFERÈNCIA: *00/0433*

DATA D'INICI: *2000*

DATA FINALITZACIÓ: *2001*

ENTITAT FINANÇADORA: *FIS*

INVESTIGADOR PRINCIPAL: *Joan de Pablo*

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN:

TITOL DEL PROJECTE: *Protocolo de uso tutelado de los tratamientos no farmacológicos de la enfermedad de Parkinson*

REFERÈNCIA: *STPY 1202/99*

DATA D'INICI: *1999*

DATA FINALITZACIÓ: *2002*

ENTITAT FINANÇADORA: *Agencia de Evaluación de Tecnologías Sanitarias de Andalucía (AETSA)-Convenio Mº de Sanidad y Consumo-Instituto de Salud Carlos III*

INVESTIGADOR PRINCIPAL: ----

MEMBRES DEL DEPARTAMENT
QUE HI PARTICIPEN: *A. Estévez González*

TESIS LLEGIDES ANY 2000

TÍTOL: : Funcions cognitives relacionades amb els circuits frontobasals: efectes del tractament quirúrgic i farmacològic en la malaltia de Parkinson

DOCTORAND: Montse Alegret i Llorens

UNIVERSITAT: Universitat de Barcelona

FACULTAT/ESCOLA: Facultat de Psicologia

ANY: 2000

RIRECTOR: Pere Vendrell i Gómez

RESUM:

Aquesta tesi està formada per sis treballs que tenen l'objectiu general de contribuir al coneixement del paper dels circuits frontobasals en la cognició. Es va partir de l'objectiu inicial d'estudiar els efectes cognitius de la pal·lidotomia posteroventral (PPV) unilateral en la malaltia de Parkinson (MP) i relacionar els possibles canvis amb les dades lesionals. El segon treball va investigar els efectes neuropsicològics de la levodopa en un grup de pacients amb MP no intervinguts quirúrgicament i va estudiar els efectes de la PPV en les fluctuacions cognitives "on-off" en l'MP. El tercer estudi va relacionar el rendiment cognitiu prequirúrgic d'aquest grup de pacients amb la mida de diferents nuclis subcorticals relacionats amb l'MP. Arran de les troballes del primer estudi, es va aprofundir en l'estudi de les funcions visuoespacials i dels trets obsessivocompulsius en un grup extens d'MP. Finalment, es va investigar els efectes neuropsicològics de l'estimulació bilateral del nucli subtalàmic.

Els tres primers treballs s'analitzaren els resultats obtinguts en un grup de 15 MP sotmesos a PPV unilateral. En el primer es va administrar un protocol neuropsicològic, neurològic i de neuroimatge abans i després de l'intervenció. En el segon estudi, es va administrar un protocol neuropsicològic breu abans i després de 3 mesos de la pal·lidotomia, en les fases "on" i "off" en ambdós moments. I en el tercer, es van mesurar diferents estructures cerebrals d'imatges de ressonància magnètica. Posteriorment, es va administrar una prova visuoespacial i un qüestionari d'obsessió compulsiva a una mostra de 72 MP i 72 controls normals aparellats per edat, sexe i nivell d'escolarització. En el darrer estudi es va administrar una bateria neuropsicològica similar a la del primer estudi a 15 MP abans i 3 mesos després de ser sotmesos a estimulació bilateral del nucli subtalàmic.

Els resultats obtinguts van mostrar que la pal·lidotomia posteroventral unilateral produeix una davallada immediata (a la setmana) de les funcions mnèsiques i frontals. Tres mesos després de la intervenció es va trobar un efecte beneficiós en les funcions visuoespacials, en la capacitat de seqüenciació i en els trets obsessivocompulsius, així com un efecte negatiu en la fluïdesa verbal fonètica. A partir de l'anàlisi lesional de les IRM es van identificar dues àrees del pàl·lid intern medial relacionades amb la millora en la funció visuoespacial. El rendiment prequirúrgic mnèsic i frontal es va trobar relacionat amb l'atròfia cerebral difusa, reflectida per la dilatació ventricular, però no amb el tamany del nucli caudat. Un menor tamany del nucli putàmen es va trobar associat a dèficits motors, però no cognitius. D'altra banda, la comparació del rendiment neuropsicològic en les fases "on" i "off" no va mostrar diferències significatives, per la qual cosa no s'han constatat efectes de la levodopa en el rendiment cognitiu. I que fa a l'anàlisi quantitativa i qualitativa del rendiment dels MP en la prova visuoespacial Orientació de Línies Benton, es va trobar un pitjor rendiment en els MP que en els controls normals i, a més, els MP solien cometre errors més greus que els controls. En comparar els trets obsessius-compulsius dels MP lleus, MP greus i dels controls normals, es va trobar que els MP greus presentaven més trets obsessivocompulsius que els controls normals, però els MP lleus i els controls no diferien significativament. Per últim, la comparació entre el rendiment prequirúrgic i 3 mesos postquirúrgic de l'estimulació del nucli subtalàmic va mostrar un empitjorament postquirúrgic en les proves de memòria verbal, visuoespacials i prefrontals, i una millora en una tasca prefrontal en els trets obsessivocompulsius. Malgrat es va trobar canvis beneficiosos i perjudicials sobre les funcions cognitives, no es va trobar un deteriorament clínicament important.

TÍTOL: : Relacions entre factors genètics, rendiment neuropsicològic i parametres de ressonància magnètica cerebral en subjectes amb alteració de memòria associada a l'edat

DOCTORAND: David Bartres Faz

UNIVERSITAT: Universitat de Barcelona

FACULTAT/ESCOLA: Facultat de Psicologia

ANY: 2000

Directors: Inmaculda C Clemete Lapena / Carme Junqué i Plaja

RESUM:

L'objectiu de la tesi fou caracteritzar algunes de les variables biològiques (troballes de neuroimatge i factors genètics) que influeixen en el perfil neuropsicològic d'una mostra de subjectes amb alteracions de memòria i ser demència.. Es seleccionà una mostra de 104 subjectes que complien criteris diagnòstics de l'entitat alteració de memòria associada a l'edat (AMAE) i foren estudiats des del punt de vista neuropsicològic, genètic neuroanatòmic (ressonància magnètica estructural). Genèticament s'estudiaren els polimorfismes de l'APC L'APOC1 i ACE. En neuroimatge es determinà el volum de l'hipocamp, de l'escorça entorrinal i la presència hiperintensitats als ganglis basals, substància blanca i hipocamp.

Els resultats portaren a les següents conclusions: Les persones classificades com AMAE poden ser diferenciades les control en funció dels polimorfismes genètics estudiats (APOE, APOC1 i ACE) la qual cosa indica u proximitat a la demència. El polimorfisme APOC1 A1 i l'haplotip APOE-APOC1 diferencia més clarament en AMAE i control que l'APOE sol.

El rendiment neuropsicològic dels subjectes AMAE es troba modulats pels tres polimorfismes genètics. Els al·lels fenotíps considerats com a factor de risc per la demència són els que més s'associen al baix rendiment cognitiu. Així els subjectes portadors de APOE e4, APOC1 A i ACE D obtenen pitjor rendiment en memòria i funcions frontals,

Els canvis en la substància blanca i les hiperintensitats a l'hipocamp avaluats mitjançant ressonància magnètica estructural en subjectes AMAE, incrementen amb l'edat i es relacionen amb el rendiment cognitiu. Les troballes de RM es relacionen més amb el propi envelliment que amb els factors genètics.

Els subjectes amb volums de l'hipocamp reduït presenten menor rendiment en proves de memòria i funcions frontals. La presència d'al·lels APOE e4 i APOC1 A es relaciona amb la disminució del volum dels hipocamps. I s'ha trobat disminució dels volums del còrtex entorrinal. Així la combinació d'aquest al·lel junt amb la reducció de l'hipocamp poden suposar factors de risc per a desenvolupar demència.

TÍTOL: *Marcadores psicofisiológicos de riesgo para el desarrollo de alcoholismo*

DOCTORAND: Rosa Ma Díaz Hurtado

UNIVERSITAT: Universitat de Barcelona

FACULTAT/ESCOLA: Facultat de Medicina

ANY: 2000

Directors: Dr. Carles Escera i Micó i Dr. Carles Grau i Fonollosa

RESUM:

Actualmente se dispone de amplia evidencia científica acerca de la implicación de factores genéticos en el desarrollo de alcoholismo. Entre los marcadores de riesgo más estables en los hijos de alcohólicos con alta densidad familiar de alcoholismo se encuentra la disminución de amplitud de la onda P300 (P3b) de los potenciales evocados, cuyo significado funcional y etiológico estaría relacionado con una disfunción en los sistemas atencionales, que podría explicar otras alteraciones cognitivas y de conducta frecuentes en los hijos de alcohólicos (déficit de atención, hiperactividad, trastornos de conducta, fracaso escolar, etc.).

Este trabajo pretende identificar, en hijos de alcohólicos, alteraciones psicofisiológicas relacionadas con procesos atencionales activos (N2b, P3b) y pasivos (Nc, P3a y MMN), así como analizar su relación con la “carga genética de alcoholismo familiar” y con otras características cognitivas y de conducta disfuncionales que son comunes entre los hijos de alcohólicos, lo que permitirá profundizar en su significado funcional y etiológico con el fin de derivar posibles implicaciones acerca de su posible utilidad en la detección precoz y el diseño de programas preventivos selectivos.

Se obtuvieron medidas de amplitud y latencia de potenciales evocados, rendimiento en tests neuropsicológicos y datos sociodemográficos y psiquiátricos de 52 sujetos, de 7 a 17 años (32 de sexo masculino y 20 de sexo femenino); 26 eran hijos de alcohólicos y 23 controles sin antecedentes familiares de alcoholismo. Ambos grupos eran homogéneos respecto a la preferencia manual, la edad y el nivel de estudios. El nivel socioeconómico fue controlado mediante procedimientos estadísticos.

Las alteraciones psicofisiológicas más destacadas en los hijos de alcohólicos de este estudio consistieron en una demora de las latencias de N2b y P3b, tanto en tareas visuales como auditivas, en una atenuación de la amplitud de MMN y en una demora de la latencia de MMN. En contra de lo esperado, no se obtuvieron diferencias significativas en la amplitud de P3b en ninguna de las tareas de discriminación activa utilizadas. Los hijos de alcohólicos también mostraron menor puntuación en varios tests neuropsicológicos, menor rendimiento escolar y mayor necesidad de asistencia psicológica que los controles. La demora de latencia de P3b y la atenuación de amplitud de MMN, junto con una disminución en el rendimiento del subtest “Cubos” (WISC-R) podrían constituir marcadores de riesgo con utilidad potencial para la detección precoz y el diseño de estrategias preventivas en población de alto riesgo para el alcoholismo.

Globalmente, el patrón de alteraciones psicofisiológicas, neuropsicológicas y de conducta hallado en los hijos de alcohólicos evaluados en este estudio sería congruente con la existencia de factores de riesgo relacionados con la “carga genética” de alcoholismo familiar, que implicaría alteraciones en procesos atencionales automáticos, que podrían constituir el origen de otras alteraciones neurocognitivas y de conducta halladas en esta población de riesgo.

PUBLICACIONES

SUBUNITAT DE PSIQUIATRIA

Articles amb factor d'impacte segons SCI i SSCI de ISI

00-01

Arrufat FJ. Díaz R. Queralt R. Navarro V. Marcos T. Massana G. Massana J. Ballesta F. Oliva R. Analysis of the polymorphic (GT)_n repeat at the dopamine beta-hydroxylase gene in Spanish patients affected by Schizophrenia.
American Journal of Medical Genetics (Neuropsychiatric Genetics) 2000; 96:88-92
IF= 2479 (A)

00-02

Ballus C. Quiros G. De Flores T. de la Torre J. Palao D. Rojo L. Gutierrez M. Casais L. Riesgo Y. The efficacy and tolerability of venlafaxine and paroxenite in outpatients with depressive disorder or dysthymia.
International Clinical Psychopharmacology 2000; 15 (1):43-8. Jan
IF= 1096 (A)

00-03

Benabarre A. Bernardo M. Arrufat F. Salva J. Management and treatment of severe mental disorders in pregnancy.
Actas Espanolas de Psiquiatria. 28(8):45-58, 2000 Dec.
IF=0098 (R)

00-04

Benabarre A. Vieta E. Lomena F. Martinez-Aran A. Bernardo M. Corbella B. Colom F. Reinares M. Gasto C. Functional neuroimaging of emotions and bipolar disorder.
Actas Espanolas de Psiquiatria. 28(4):257-61, 2000 Jul-Aug.
IF= 0098 (R)

00-05

Bernardo M. Navarro V. Salva J. Arrufat FJ. Baeza I. Seizure activity and safety in combined treatment with venlafaxine and ECT: a pilot study.
Journal of ECT. 16(1):38-42, 2000 Mar.
IF=0969 (A)

00-06

Castro J. Lazaro L. Pons F. Halperin I. Toro J. Predictors of bone mineral density reduction in adolescents with anorexia nervosa.
Journal of the American Academy of Child & Adolescent Psychiatry. 39(11):1365-70, 2000 Nov.
IF=3618 (A)

00-07

Castro J. Toro J. Cruz M. Quality of rearing practices as predictor of short-term outcome in adolescent anorexia nervosa.
Psychological Medicine. 30(1):61-7, 2000 Jan.
IF= 3389 (A)

00-08

Colom F. Vieta E. Martinez-Aran A. Reinares M. Benabarre A. Gasto C. Clinical factors associated with treatment noncompliance in euthymic bipolar patients. *Journal of Clinical Psychiatry*. 61(8):549-55, 2000 Aug.
IF= 4172 (A)

00-09

Gómez E. Roncero C. De Pablo J. Rovira M. Mazzarra R. Blade J. Cirera E. Hyperviscosity syndrome and mental disorders. *Actas Españolas de Psiquiatria*. 28(4):263-6. 2000 Jul-Aug.

IF=0098 (R)

00-10

Marcos T. Salamero M. de Azpiazu P. Pujol J. Boget T. Peri JM. Lazaro ML. Neuropsychological pattern of cognitive impairment in Alzheimer type dementia and vascular dementia. *Medicina Clinica*. 114(15):566-70, 2000 Apr 22.
IF=0811 (A)

00-11

Martinez-Aran A. Vieta E. Colom F. Reinares M. Benabarre A. Gasto C. Salamero M. Cognitive dysfunctions in bipolar disorder: evidence of neuropsychological disturbances. *Psychotherapy & Psychosomatics*. 69(1):2-18, 2000.
IF=2259 (R)

00-12

Navines R. Bernardo M. Martinez-Palli G. Blanch J. Salva J. Optimization of electroconvulsive therapy. Strategies for an adequate convulsion: role of caffeine. *Actas Espanolas de Psiquiatria*. 28(3):194-201, 2000 May-Jun.
IF= 0098 (R)

00-13

Nieto E. Vieta E. Alvarez L. Torra M. Colom F. Gasto C. Alpha-1-acid glycoprotein in major depressive disorder. Relationships to severity, response to treatment and imipramine plasma levels. *Journal of Affective Disorders*. 59(2):159-64, 2000 Aug.
IF= 2099 (A)

00-14

Parellada E. Catarineu S. Catafau A. Bernardo M. Lomena F. Psychopathology and wisconsin card sorting test performance in young unmedicated schizophrenic patients. *Psychopathology*. 33(1):14-8, 2000 Jan-Feb.
IF= 0425 (A)

00-15

Penades R. Boget T. Lomena F. Bernardo M. Mateos JJ. Laterza C. Pavia J. Salamero M. Brain perfusion and neuropsychological changes in schizophrenic patients after cognitive rehabilitation. *Psychiatry Research*. 98(2):127-32, 2000 Apr 10.
IF= 1551 (A)

00-16

Penades R. Boget T. Salamero M. Catarineu S. Bernardo M. Neuropsychological changes in schizophrenia and its modification.

Actas Espanolas de Psiquiatria. 28(8):59-69, 2000 Dec.

IF= 0098 (R)

00-17

Reinares M. Martinez-Aran A. Colom F. Benabarre A. Salamero M. Vieta E.

Long-term effects of the treatment with risperidone versus conventional neuroleptics on the neuropsychological performance of euthymic bipolar patients.

Actas Espanolas de Psiquiatria. 28(4):231-8, 2000 Jul-Aug.

IF=0098 (A)

00-18

Rosel P. Arranz B. San L. Vallejo J. Crespo JM. Urretavizcaya M. Navarro MA. Altered 5-HT(2A) binding sites and second messenger inositol trisphosphate (IP(3)) levels in hippocampus but not in frontal cortex from depressed suicide victims.

Psychiatry Research. 99(3):173-81, 2000 Oct 30.

IF= 1151 (A)

00-19

Segui J. Ramos-Casals M. Garcia-Carrasco M. de Flores T. Cervera R. Valdes M. Font J.

Ingelmo M. Psychiatric and psychosocial disorders in patients with systemic lupus erythematosus: a longitudinal study of active and inactive stages of the disease.

Lupus. 9(8):584-8, 2000.

IF= 1464 (A)

00-20

Valdes M. de Pablo J. Campos R. Farre JM. Giron M. Lozano M. Aibar C. Garcia-Camba E. Martinez Calvo A. Carreras S. Stein B. Huyse F. Herzog T. Lobo A. Multinational European project and multicenter Spanish study of quality improvement of assistance on consultation-liaison psychiatry in generalhospital: clinical profile in Spain.

Medicina Clinica. 115(18):690-4, 2000 Nov 25.

IF= 0811 (A)

00-21

Vieta E. Colom F. Martinez-Aran A. Benabarre A. Reinares M. Gasto C.

Bipolar II disorder and comorbidity.

Comprehensive Psychiatry. 41(5):339-43, 2000 Sep-Oct.

IF= 1688 (A)

00-22

Vieta E. Martinez-Aran A. Nieto E. Colom F. Reinares M. Benabarre A.

Gasto C. Adjunctive gabapentin treatment of bipolar disorder.

European Psychiatry:15(7):433-7, 2000 Nov.

IF= 0591 (A)

A= Article Original

R= Revisió

IF= Impact Factor

En subratllat els investigadors dels departament

Resums de les publicacions amb FI (Medline 2000)

Total articles: 22

Total factor d'impacte: 29,161

Mitjana Articles/FI: 1,325

00-01

FI= 2479 (A)

Arrufat FJ. Diaz R. Queralt R. Navarro V. Marcos T.
Massana G. Massana J. Ballesta F. Oliva R.

Institution

Centro de Salud Mental, Hospital de Sabadell, Corporacion Sanitaria Parc
Tauli, Sabadell, Barcelona, Spain.

Title

Analysis of the polymorphic (GT)(n) repeat at the dopamine beta-hydroxylase
gene in Spanish patients affected by schizophrenia.

Source

American Journal of Medical Genetics. 96(1):88-92, 2000 Feb 7.

Abstract

The presence of a polymorphic (GT)(n) repeat, a microsatellite repeat, at the human dopamine beta-hydroxylase (DBH) gene had been previously investigated in healthy people and in schizophrenic patients. The different DBH genotypes had been found to be associated to different DBH biochemical function, but no differences were found in the allelic and genotype frequencies between schizophrenic and control groups. To further clarify the potential involvement of the variation at the DBH gene in schizophrenia we have studied the DBH (GT)(n) repeat in a sample of 47 Spanish schizophrenic patients, in their healthy relatives (n = 72), and in a control population (n = 74). We have been able to identify five different variants of the DBH gene (A1, A2, A3, A4, A5) in the different groups. Subsequent statistical analysis revealed that the genotypes as well as the allele frequencies did not differ significantly among schizophrenic patients and the control population. Interestingly, the allelic variant A2 and the genotype A4/A2 were significantly more frequent in schizophrenic patients as compared with their healthy relatives. However, the association of the A2 allele with schizophrenia was not supported by the haplotype relative risk analysis of transmitted versus nontransmitted alleles. Therefore, although it will be important to extend the present analysis in a larger sample of schizophrenic patients and controls, our results suggest that the (GT)(n) does not seem to play a major role in the genetics of schizophrenia at least in this group of Spanish schizophrenic patients. *Am. J. Med. Genet. (Neuropsychiatr. Genet.)*96:88-92, 2000. Copyright 2000 Wiley-Liss, Inc.

00-02

FI= 1,096

Ballus C. Quiros G. De Flores T. de la Torre J. Palao D. Rojo L. Gutierrez M. Casais L. Riesgo Y.

Institution

Hospital Clinico, Barcelona, pain.

Title

The efficacy and tolerability of venlafaxine and paroxetine in outpatients with depressive disorder or dysthymia.

Source

International Clinical Psychopharmacology. 15(1):43-8, 2000 Jan.

Abstract

A 24-week, double-blind, randomized trial was performed to compare the efficacy and tolerability of venlafaxine and paroxetine in patients with major depression or dysthymia. Outpatients aged 18-70 years with a baseline score of 17 on the 21-item Hamilton Depression Rating Scale (HAM-D) were eligible. Patients were randomly assigned to venlafaxine, 37.5 mg, in the morning and evening or paroxetine, 20 mg, in the morning and placebo in the evening, which could be increased to venlafaxine, 75 mg twice daily, or Paroxetine, 20 mg twice daily, after 4 weeks. Efficacy was assessed with the 21-item HAM-D, the Montgomery-Asberg Rating Scale, the Hamilton Anxiety Rating Scale, and the Clinical Global Impressions Scale. Forty-one patients were randomized to venlafaxine and 43 to paroxetine. At week 6, a response was observed in 55% of patients on venlafaxine and 29% on paroxetine ($P = 0.03$). At week 12, significantly ($P = 0.011$) more patients in the venlafaxine group had a HAM-D remission score of 8 or less (59% versus 31%). Discontinuation for any reason occurred in 16 (39%) patients on venlafaxine and 11 (26%) on paroxetine. The most common adverse events were nausea (28%), headache (18%) and dry mouth (15%) with venlafaxine and headache (40%) and constipation (16%) with paroxetine. Venlafaxine was effective and well tolerated for the treatment of patients with mild to moderate depression or dysthymia. A consistently higher proportion of patients had a response or remission on venlafaxine than on paroxetine.

00-03

FI=0,098

Benabarre A. Bernardo M. Arrufat F. Salva J.

Institution

Subdivision de Psiquiatria y Psicología, Hospital Clinico de Barcelona.

Title

[Management and treatment of severe mental disorders in pregnancy]. [Review] [43 refs] [Spanish]

Source

Actas Espanolas de Psiquiatria. 28(8):45-58, 2000 Dec.

Abstract

The pharmacological treatment of serious mental disorders in the pregnancy, supposes a clinical dare by the possible repercussions on the fetus and the pregnancy: theratogenesis, perinatal syndrome or postnatal sequels in the development. The electroconvulsive therapy (ECT) as much takes implicit a minimum risk for the mother as for the fetus and therefore, it must be located in the highest positions of the therapeutic decision trees. In the present article, are reviewed the consequences of the pharmacological treatment and the ECT in the serious mental disorders during the pregnancy. Is referenced to all of the pharmacological groups and with respect to the ECT: their indications, counterindications, complications and technical procedures advisables. Finally is reviewed the guide line for each syndromical group of psychiatric diseases. [References: 43]

00-04

FI=0,098

Benabarre A. Vieta E. Lomena F. Martinez-Aran A. Bernardo M. Corbella B. Colom F. Reinares M. Gasto C.

Institution

Institut Clinic de Psiquiatria i Psicologia, Hospital Clinic Universitari, Barcelona.

Title

Functional neuroimaging of emotions and bipolar disorder. [Review] [38 refs] [Spanish]

Source

Actas Espanolas de Psiquiatria. 28(4):257-61, 2000 Jul-Aug.

Abstract

In this review we comment the results of functional neuroimaging works of emotions on normal population and some parallelisms with the emotional changes of bipolar disorder correlated with their functional neuroimaging. Initially we refer the emotional ontogenetical development of human brain based on regional cerebral sanguineous flow evolution (FSC). Secondly we describe the differences of FSC between the externally generated emotions versus internally; between positive versus negative emotions and the correlation between FSC and some facial expressions. When FSC of bipolar disorder is compared with normal emotions on general population, we observe that temporal cortex, the prefrontal medial and insular anterior cortex, change their perfusion with the switch or the change of emotional expression. It is possible to determine if the findings obtained in samples of healthy subjects and bipolar patients converge in a dimensional model, or if on the contrary they support the categorical hypotheses, moving the emotional aspects to a second term on bipolar disorder. [References: 38]

00-05

FI=0,969

Bernardo M. Navarro V. Salva J. Arrufat FJ. Baeza I.

Institution

Psychiatry Department, Institut d'Investigacions Biomediques August Pi i Sunyer, Hospital Clinic i Provincial, Universitat de Barcelona, Spain.

Title

Seizure activity and safety in combined treatment with venlafaxine and ECT: a pilot study.

Source

Journal of Ect. 16(1):38-42, 2000 Mar.

Abstract

Some authors have described the combined use of ECT and psychotropic drugs, emphasizing possible interactions and synergisms of this combined therapy. We are unaware of reports of the concurrent use of the new antidepressant venlafaxine with ECT. The goals of our study were to assess the possible effects of venlafaxine on seizure length during ECT and the possible cardiovascular effects of this combined treatment. Nine severely ill, depressed patients were treated simultaneously with bilateral ECT and venlafaxine 150 mg/day and were compared with nine control, depressed subjects taking tricyclic antidepressants (TCA) and ECT. No patients had prolonged seizures and no spontaneous/tardive seizures outside ECT were observed. With regard to mean seizure length, no statistically significant differences were observed between the control group and the venlafaxine group. Neither significant increases in arterial blood pressure nor electrocardiographic recording abnormalities were found in venlafaxine patients when compared with the tricyclic group. Even though the small number of patients used is a significant limitation of this study, we found that combined venlafaxine and ECT appears to be safe when used in depression.

Castro J. Lazaro L. Pons F. Halperin I. Toro J.

Institution

Section of Child and Adolescent Psychiatry, Institute of Psychiatry and Psychology, Hospital Clinic Universitari, Barcelona, Spain. 16812jcf@comb.es

Title

Predictors of bone mineral density reduction in adolescents with anorexia nervosa.

Source

Journal of the American Academy of Child & Adolescent Psychiatry. 39(11):1365-70, 2000 Nov.

Abstract

OBJECTIVES: To determine which variables are associated with a significant reduction in bone mineral density (BMD) in adolescent anorexia nervosa and to establish guidelines for indication of bone densitometry. **METHOD:** One hundred seventy patients (treated from 1997 until 1999), aged 10 to 17 years, with a DSM-IV diagnosis of anorexia nervosa were evaluated by dual-energy-x-ray absorptiometry in the lumbar spine (L2-L4) and the femoral neck. The results were compared with the normative data for BMD values by age and sex in Spanish adolescents. **RESULTS:** 44.1% of patients had osteopenia at the lumbar spine and 24.7% at the femoral neck. The following variables were related to osteopenia: more than 12 months since onset of the disorder ($p < .001$), more than 6 months of amenorrhea ($p < .001$), body mass index <15 ($p < .001$), calcium intake <600 mg/day ($p < .01$), and <3 hours/week of physical activity ($p < .001$). In a stepwise logistic regression analysis to predict reduced spinal BMD, 3 variables—months elapsed since the onset of weight loss, calcium intake, and body mass index—correctly classified 78.8% of patients. **CONCLUSIONS:** Adolescent anorexia nervosa patients with the characteristics outlined above are at high risk of reduced BMD, and densitometry is recommended to determine the degree of osteopenia.

Castro J. Toro J. Cruz M.

Institution

Section of Child and Adolescent Psychiatry, Institute of Psychiatry and Psychology, Hospital Clinic Universitari of Barcelona, Spain.

Title

Quality of rearing practices as predictor of short-term outcome in adolescent anorexia nervosa.

Source

Psychological Medicine. 30(1):61-7, 2000 Jan.

Abstract

BACKGROUND: Studies of family relationships in anorexia nervosa have produced conflicting results. Some authors claim that family factors are related to short-term outcomes. **METHODS:** Perceived rearing practices, as measured by the EMBU (Egna Minnen Beträffande Uppfostran: 'My memories of Upbringing') were examined in a sample (N = 158) of adolescents with anorexia nervosa and compared with the perceptions of adolescents (N = 159) from the general population. A further comparison was made between the groups of patients with good and bad short-term outcomes. Logistic regression analysis was performed to evaluate the predictive value of different variables on short-term outcome. **RESULTS:** Overall, small differences were observed in the perceptions of rearing practices as expressed by the controls and the anorexic patients. Patients with bad short-term outcome perceived more rejection and control-overprotection from both parents than those with good outcome. In the logistic regression analysis only Rejection from father and the EAT (Eating Attitudes Test) total score gave independent prediction of treatment response. **CONCLUSIONS:** Taken as a whole, these results do not support the idea of altered rearing practices in anorexic patients, at least in young patients with a short evolution of the disease. Perceived rearing practices, especially rejection', appear to have an appreciable effect on the short-term outcome.

Colom F. Vieta E. Martinez-Aran A. Reinares M. Benabarre A. Gasto C.

Institution

Bipolar Disorders Program, Institut d'Investigacions Biomediques Agusti Pi Sunyer, Barcelona, Spain.

Title

Clinical factors associated with treatment noncompliance in euthymic bipolar patients.

Source

Journal of Clinical Psychiatry. 61(8):549-55, 2000 Aug.

Abstract

BACKGROUND: Noncompliance with medication is a very common feature among bipolar patients. Rates of poor compliance may reach 64% for bipolar disorders, and noncompliance is the most frequent cause of recurrence. Knowledge of the clinical factors associated with noncompliance would enhance clinical management and the design of strategies to achieve a better outcome for bipolar patients. Although most patients withdraw from medication during maintenance treatment, compliance studies in euthymic bipolar samples are scarce. **METHOD:** Compliance treatment and its clinical correlates were assessed at the end of 2-year follow-up in 200 patients meeting Research Diagnostic Criteria for bipolar I or bipolar II disorder by means of compliance-focused interviews, measurements of plasma concentrations of mood stabilizers, and 2 structured interviews: the Schedule for Affective Disorders and Schizophrenia and the Structured Clinical Interview for DSM-III-R Axis II disorders. Well-compliant patients and poorly compliant patients were compared with respect to several clinical and treatment variables. **RESULTS:** The rate of mildly and poorly compliant patients was close to 40%. Comorbidity with personality disorders was strongly associated with poor compliance. Poorly compliant patients had a higher number of previous hospitalizations, but reported fewer previous episodes. The type of treatment was not associated with compliance. **CONCLUSION:** Clinical factors, especially comorbidity with personality disorders, are more relevant for treatment compliance than other issues such as the nature of pharmacologic treatment. Compliant patients may have a better outcome in terms of number of hospitalizations, but not necessarily with respect to the number of episodes. Bipolar patients, especially those with personality disorders, should be monitored for treatment compliance.

00-09

FI= 0,098

Gomez E. Roncero C. De Pablo J. Rovira M. Mazzarra R. Blade J. Cirera E.

Institution Instituto de Psiquiatria, Seccion de Interconsulta Psiquiatrica, Hospital Clinic.

Title

Hyperviscosity syndrome and mental disorders. [Review] [21 Refs] [Spanish]

Source

Actas Espanolas de Psiquiatria. 28(4):263-6, 2000 Jul-Aug.

Abstract

The hyperviscosity syndrome has been described clinically as the triad of bleeding, visual signs and neurological manifestations associated with elevated serum viscosity. Several reports have recognised an association between hyperviscosity and altered mental status. Since to our knowledge

only a case of hyperviscosity-induced delirium has been described (1), we raise the possibility of this diagnosis in the most of this reported cases, based on the nature of the symptoms, sudden onset and fluctuating course, and its resolution with plasmapheresis. In this paper we review the literature about hyperviscosity syndrome and altered mental status. In conclusion, serum hyperviscosity should be added to the large list of causes altered mental status, especially of delirium. Since plasmapheresis can reverse clinical symptoms, its early recognition and the measurement of serum viscosity is essential in patients suffering from diseases that may lead to this syndrome, and who develop psychiatric symptoms. [References: 21]

00-10

FI= 0,811

Marcos T. Salamero M. de Azpiazu P. Pujol J. Boget T. Peri JM. Lazaro ML.

Institution

Servicio de Psicología Clínica, Hospital Clinic, Barcelona.

Title

Neuropsychological pattern of cognitive impairment in Alzheimer type dementia and vascular dementia. [Spanish]

Source

Medicina Clínica. 114(15):566-70, 2000 Apr 22.

Abstract

BACKGROUND: Cummings et al, 1987, hypothesized that Alzheimer dementia type (ADT) patients would present poorer performances than vascular dementia (VD) patients on the neuropsychological tests that mainly involve cortical neurological structures, and that VD would perform worse on tests that mainly involve subcortical structures. The main purpose of the research was to identify a cognitive impairment pattern that discriminates the type of dementia in the initial stages. **METHOD:** Two groups of patients, one affected by mild ADT (n = 30) and the other by multi-infarct dementia (VD, n = 30) were given a neuropsychological battery. The battery was composed by Temporal Orientation (Benton et al.); Vocabulary, Similarities, Digits, Coding and Kohs (WAIS) of Wechsler; the Colour-Form Test of Weigh; the Trail Making Test (A and B) (Halstead-Reitan Neuropsychological Battery); Tapping (McQuarrie); Logical Memory, Visual Memory and Paired Association (Wechsler Memory Scale) of Wechsler; Delayed Memory (Russell). The two groups were similar in age and socio-cultural features. The z-score and its statistical significance on the Mann-Whitney test were made and we performed an exploratory discriminant analysis to the classification. **RESULTS:** In general, results were poorer in the ADT group. But we detected no significant differences in the tests, although some test (Immediate Visual Memory and Kohs' Blocks) almost reached significance. The discriminant analysis reached a classification of the 67% of the subjects into the ADT group and the 70% of the subjects into the VD group. **CONCLUSIONS:** In the initial stages of dementia it is difficult to differentiate between a cortical pattern of cognitive impairment in ADT and a subcortical pattern in VD, a distinction that the other researchers have reported. When complex tests were used the performance depended on the coordination of multiple related systems. These findings are in agreement with the holistic models of higher mental functions.

Martinez-Aran A. Vieta E. Colom F. Reinares M. Benabarre A. Gasto C. Salamero M.

Institution

Bipolar Disorders Program, Department of Psychiatry, Hospital Clinic, University of Barcelona, Spain.

Title

Cognitive dysfunctions in bipolar disorder: evidence of neuropsychological disturbances. [Review]
[157 refs]

Source

Psychotherapy & Psychosomatics. 69(1):2-18, 2000.

Abstract

Although cognitive dysfunctions in psychosis have classically been associated with schizophrenia, there is clinical evidence that some bipolar patients show cognitive disturbances either during acute phases or in remission periods. The authors critically review the data on cognitive impairment in bipolar disorder. The main computerized databases (Medline, Psychological Abstracts, Current Contents) have been consulted crossing the terms 'cognitive deficits', 'neuropsychology', 'intellectual impairment', 'mania', 'depression' and 'bipolar disorder'. Changes in the fluency of thought and speech, learning and memory impairment, and disturbances in associational patterns and attentional processes are as fundamental to depression and mania as are changes in mood and behavior. Moreover, a significant number of bipolar patients show persistent cognitive deficits during remission from affective symptoms. However, there are several methodological pitfalls in most studies such as unclear remission criteria, diagnostic heterogeneity, small sample sizes, absence of longitudinal assessment, practice effect and poor control of the influence of pharmacological treatment. Most studies point at the presence of diffuse cognitive dysfunction during the acute phases of bipolar illness. Most of these deficits seem to remit during periods of euthymia, but some of them may persist in approximately one third of bipolar patients. Methodological limitations warrant further research in order to clear up the relationship between neuropsychological functioning and clinical, demographic and treatment variables in bipolar disorder. Copyright 2000 S. Karger AG, Basel. [References: 157]

00-12

FI=0,098

Navines R. Bernardo M. Martinez-Palli G. Blanch J. Salva J.

Institution

Institut Clinic de Psiquiatria i Psicologia, Institut d'Investigacions Biomediques August Pi i Sunyer (IDIBAPS), Hospital Clinic, Universitat de Barcelona.

Title

Optimization of electroconvulsive therapy. Strategies for an adequate convulsion: role of caffeine. [Review] [82 refs] [Spanish]

Source

Actas Espanolas de Psiquiatria. 28(3):194-201, 2000 May-Jun.

Abstract

The Electroconvulsive Therapy is a widely used technique in psychiatry as a treatment for several mental disorders with particular indications. To produce therapeutic effect it's necessary to induce a convulsion which is considered adequate if its duration lasts more than 20 seconds. Considerations that should be taken in to account and possible enhancement strategies when convulsion is not adequate are revised in the present article. Among these strategies we focus on the specific role of caffeine as convulsion enhancer and on aspects related to its use and administration form. [References: 82]

Nieto E. Vieta E. Alvarez L. Torra M. Colom F. Gasto C.

Institution

Department of Psychiatry, Hospital Clinic de Barcelona, Villarroel 170, 08036, Barcelona, Spain.
ddhossch@jaguar1.usouthal.edu

Title

Alpha-1-acid glycoprotein in major depressive disorder. Relationships to severity, response to treatment and imipramine plasma levels.

Source

Journal of Affective Disorders. 59(2):159-64, 2000 Aug.

Abstract

BACKGROUND: Increased plasma levels of alpha-1-acid glycoprotein (AGP) were reported in major depressive disorder. However, the relationship between AGP levels, severity of depression, treatment response and antidepressant levels are still unclear. **METHODS:** Plasma AGP levels were measured in 36 subjects with major depressive disorder before and after a 6-week treatment with imipramine and in 30 controls. Free imipramine plasma levels of depressed patients were measured at 6 weeks. Comparative analysis between depressed patients and controls, between non-responders (N = 12) and responders (N = 24), and between severely depressed patients (N = 14) and moderately depressed patients (N = 22) were made. **RESULTS:** Depressed patients had significantly higher mean values of AGP than control subjects. Imipramine non-responders and specially severely depressed patients had significantly greater increases of AGP levels during treatment than other depressed subgroups. There was no correlation between baseline AGP levels and severity of depression or free imipramine levels. **LIMITATIONS:** The most significant limitations of this study are the small sample size and the fact that all the subjects were out-patients. Results should not be generalized to in-patient populations. **CONCLUSIONS:** Depressed patients showed high baseline concentrations of AGP. AGP levels did not predict either free imipramine plasma levels or differential response after 6 weeks of treatment with imipramine. A greater increase of AGP during treatment was associated with severity of depression and treatment non-response. **Clinical implications:** The relationship between high plasma levels of AGP, severity of depression and lack of treatment response is clarified. The influence of imipramine levels is minimized.

Parellada E. Catarineu S. Catafau A. Bernardo M. Lomena F.

Institution

Psychiatric Department, Institut d'Investigacions Biomediques August Pi i Sunyer (IDIBAPS), Hospital Clinic, Facultat de Medicina, Universitat de Barcelona, Espana.

Title

Psychopathology and wisconsin card sorting test performance in young unmedicated schizophrenic patients.

Source

Psychopathology. 33(1):14-8, 2000 Jan-Feb.

Abstract

The relationship between psychopathology and Wisconsin Card Sorting Test (WCST) performance was evaluated in 25 unmedicated young acute schizophrenic female patients (14 neuroleptic-naive and 11 neuroleptic-free) and 15 female controls. The schizophrenic patients (especially the neuroleptic-free) performed more poorly than controls in the WCST. In addition, WCST impairment correlated with both negative and positive symptoms. The results suggest that the neuropsychological dysfunction in schizophrenia is present at the onset of the illness, and is neither secondary to previous neuroleptic treatment nor to chronicity of the illness. Copyright 2000 S. Karger AG, Basel

00-15

FI=1,551

Penades R. Boget T. Lomena F. Bernardo M. Mateos JJ. Laterza C. Pavia J. Salamero M.

Institution

Institute of Biomedical Research August Pi i Sunyer (IDIBAPS), Barcelona, Spain.

Title

Brain perfusion and neuropsychological changes in schizophrenic patients after cognitive rehabilitation.

Source

Psychiatry Research. 98(2):127-32, 2000 Apr 10.

Abstract

The role of cognitive variables was compared in two single cases of schizophrenia hypofrontality. SPECT procedures and neuropsychological tests were used to study frontal brain function. After cognitive rehabilitation, neuropsychological performance were enhanced in both patients, but only one of them showed enhanced the frontal blood flow. The brain perfusion changes after cognitive rehabilitation could be associated with the cognitive-dependent hypofrontality.

00-16

FI= 0,098

Penades R. Boget T. Salamero M. Catarineu S. Bernardo M.

Institution

Instituto de Investigaciones Biomedicas August Pi i Sunyer IDIBAPS, Hospital Clinico Barcelona.

Title

[Neuropsychological changes in schizophrenia and its modification]. [Review] [101 refs] [Spanish]

Source

Actas Espanolas de Psiquiatria. 28(8):59-69, 2000 Dec.

Abstract

The main experimental works about neuropsychological impairments of schizophrenia are reviewed. The underlying mechanisms of the cognitive deficits are set in a framework of the limited capacity model. In second point, the current status of the modificability of the cognitive deficits and the clinical and psychosocial consequences of this deficits are presented. At least, neuropsychological rehabilitation programs are reviewed from a clinical point of view. [References: 101]

00-17

FI= 0,098

Reinares M. Martinez-Aran A. Colom F. Benabarre A. Salamero M. Vieta E.

Institution

Institut d'Investigacions Biomediques August Pi i Sunyer, Barcelona.

Title

Long-term effects of the treatment with risperidone versus conventional neuroleptics on the neuropsychological performance of euthymic bipolar patients. [Spanish]

Source

Actas Espanolas de Psiquiatria. 28(4):231-8, 2000 Jul-Aug.

Abstract

INTRODUCTION: An increasing number of studies point to the persistence of cognitive deficits in a subpopulation of euthymic bipolar disorders. Atypical antipsychotics represent an interesting alternative treatment compared with conventional neuroleptics, because the former might cause lesser affection of cognitive functions. The objective of this study was to establish, for euthymic bipolar patients who need long-term antipsychotic treatment, the neuropsychological and outcome (occupational functioning) differences between the patients treated with risperidone and the patients treated with conventional neuroleptics. **SUBJECTS AND METHOD:** A sample of twenty RDC bipolar I and II patients were assessed by means of the SADS. All of them were euthymic (HDRS < 8; YMRS < 6) for at least 6 months and treated with antipsychotics. Patients who received risperidone (N = 11) were compared with patients who received conventional neuroleptics (N = 9) with respect to their neuropsychological profile. **RESULTS:** There were significant differences in Trail Making Test-part B (p = 0.038) and in occupational outcome (p = 0.024), favouring patients who were treated with risperidone. There were no significant differences in other neuropsychological tests, but the patients treated with risperidone tended to score higher in most measures of cognitive performance. **CONCLUSIONS:** Among bipolar patients who need long-term antipsychotic treatment for preventing relapses, patients who receive risperidone show more cognitive flexibility and better occupational adaptation than patients treated with conventional neuroleptics.

00-18

FI=1,151

Rosel P. Arranz B. San L. Vallejo J. Crespo JM. Urretavizcaya M. Navarro MA.

Institution

Hormone Unit, Department of Clinical Chemistry, CSU Bellvitge, Feixa Llarga s/n, Hospitalet de Llobregat, Barcelona, Spain.

Title

Altered 5-HT(2A) binding sites and second messenger inositol trisphosphate(IP(3)) levels in hippocampus but not in frontal cortex from depressed suicide victims.

Source

Psychiatry Research. 99(3):173-81, 2000 Oct 30.

Abstract

The binding parameters of 5-HT(2A) and levels of its second messenger, 1,4,5-trisphosphate (IP(3)), were simultaneously studied in frontal cortex and hippocampus from the brains of 18 control subjects and 18 depressed suicide victims. All suicides met DSM-III-R criteria for depressive symptoms, suffered a violent death and had not taken any antidepressant drugs for at least 6 months prior to death. A significant decrease in the number of 5-HT(2A) binding sites (154 ± 22 vs. 254 ± 36 fmol/mg), together with a significantly lower apparent affinity constant (1.02 ± 0.08 vs. 1.36 ± 0.09 nM), was detected in hippocampus but not in frontal cortex from the depressed suicides compared to the control subjects. Furthermore, IP(3) concentrations were significantly increased in hippocampus (3.2 ± 0.3 vs. 2.1 ± 0.3 pmol/g) but not in frontal cortex (1.3 ± 0.3 vs. 2.7 ± 0.5 pmol/g) from the suicide victims. The reported results may indicate a significant hypersensitivity of the 5-HT(2A) postsynaptic receptor located in the hippocampus from depressed suicide victims, giving rise to an enhancement of its intracellular signaling system with higher IP(3) production.

Seguí J. Ramos-Casals M. García-Carrasco M. de Flores T. Cervera R. Valdes M. Font J. Ingelmo M.

Institution

Department of Psychiatry and Clinical Psychology, Department of Medicine, IDIBAPS (Institut d'Investigacions, Biomediques August Pi i Sunyer), Hospital Clinic, School of Medicine, University of Barcelona, Barcelona, Spain.

Title

Psychiatric and psychosocial disorders in patients with systemic lupus erythematosus: a longitudinal study of active and inactive stages of the disease.

Source

Lupus. 9(8):584-8, 2000.

Abstract

The objective was to analyze psychiatric disorders and psychosocial dysfunction in patients with systemic lupus erythematosus (SLE), studied longitudinally during active and subsequent inactive stage of their disease. During a 6 month period of study, we selected 20 consecutive patients with SLE who presented with a SLE flare. All patients fulfilled the 1982 revised criteria of the American College of Rheumatology for the classification of SLE. When patients entered the study, we performed psychiatric (CIS, RDC, STAI, HD, BDI, GHQ and MMS) psychosocial (GAS and VAS-P) scores assessment. One year later, we repeated the psychiatric and psychosocial assessment when patients showed inactive disease. The 20 patients evaluated were women, with a mean age of 34 y (SE 14.4, range 20-57). According to CIS evaluation, we diagnosed 8 (40%) psychiatric cases in the acute episode of SLE. The RDC diagnosis showed generalized anxiety in 5 patients, panic disorders in 2 patients and generalized anxiety plus depressive symptoms in one patient. One year later, when patients did not show disease activity, we diagnosed 2 (10%) psychiatric cases ($P<0.05$). When SLE patients were clinically inactive, they showed lower levels of psychological distress (GHQ scale, 1.8 vs 5.6, $P<0.001$), with a lower grade of anxiety measured by both HA (3.2 vs 8.2, $P<0.01$) and STAI-S (7.95 vs 20.90, $P<0.001$) scales. We also found a lower score in pain perception (VAS-P) (2.80 vs 4.25, $P<0.01$) and higher occupational activity (VAS-P) (83.9 vs 66.2, $P<0.01$) and general functioning (GAS) (93.75 vs 83.50, $P<0.05$) during the inactive stage. No significant differences were found when we compared cognitive impairment, grade of depression and physical disability between inactive and active stages. We conclude that in SLE patients, psychiatric and psychosocial disorders during acute episodes are usually mild and seem to be related to the psychological impact of disease activity on patients. This type of psychiatric pathology is similar to that which would be expected in other groups coping with a stressful event, indicating that our patients did not react in a way specifically determined by their systemic disease.

Valdes M. de Pablo J. Campos R. Farre JM. Giron M. Lozano M. Aibar C. Garcia-Camba E. Martinez Calvo A. Carreras S. Stein B. Huyse F. Herzog T. Lobo A.

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Title

Multinational European project and multicenter Spanish study of quality improvement of assistance on consultation-liaison psychiatry in general hospital: clinical profile in Spain]. [Spanish]

Source

Medicina Clinica. 115(18):690-4, 2000 Nov 25.

Abstract

BACKGROUND: In the frame of the European study on quality assurance in consultation liaison psychiatry and psychosomatics (supported by the BIOMED 1 program), the clinical <<process>> of consultation-liaison psychiatry units pertaining to six Spanish general hospitals is analyzed. **PATIENTS AND METHOD:** A sample of 3. 608 consecutive patients referred to the consultation-liaison psychiatry units of five public general hospitals (Clinico of Zaragoza, Clinico of Barcelona, General of Alicante, Ramon y Cajal of Madrid, Princesa of Madrid) and one private gynecological hospital (Dexeus of Barcelona) was Studied. The data were recorded with a standardized instrument (CL-BDoK-P), Validated in a previous study. **RESULTS:** Consult request took place 10.6 days (on average) after the patients admission (<<lagtime 1>>), half the requests were urgent, and psychiatric consultants examined the patients 1.9 days (on average) after the request (<<lagtime 2>>). The most frequent reasons for referral were current psychiatric symptoms (50.3%), unexplained physical symptoms (15.2%), substance abuse (9.2%), psychiatric history (8.5%), suicide risk (6%) and coping with illness (5.8%). The main referral services were internal medicine (17.5%), traumatology (7.5%) and general surgery (7.3%). An important clinical activity is documented in patients frequently considered to be <<complex>>, with broad spectrum diagnostic and interventions processes and both in-hospital and out-patient follow-up. However, some problems were also detected in the clinical <<process>>. **CONCLUSIONS:** The results outline the clinical importance of Spanish consultation-liaison psychiatry in the general hospital, but the possibility of improving its efficiency through the implementation of integrative models, organizational changes and modern models of <<quality assurance>> is also emphasized.

Vieta E. Colom F. Martinez-Aran A. Benabarre A. Reinares M. Gasto C.

Institution

Department of Psychiatry, Hospital Clinic, University of Barcelona, Spain.

Title

Bipolar II disorder and comorbidity.

Source

Comprehensive Psychiatry. 41(5):339-43, 2000 Sep-Oct.

Abstract

The validity and reliability of the diagnosis of bipolar II disorder has been questioned by means of comorbidity with nonaffective disorders, including substance abuse, personality disorders, and anxiety disorders. This study examined the comorbid diagnosis of a sample of bipolar II patients, comparing patients with comorbidity and those with "pure" bipolar II disorder. Forty Research Diagnostic Criteria (RDC) bipolar II patients were assessed by means of the Schedule for Affective Disorders and Schizophrenia, Lifetime Version (SADS-L) and Structured Clinical Interview for DSM-III-R axis I (SCID-II) for personality disorders. Patients fulfilling RDC criteria for any psychiatric disorder (except personality disorders) or DSM-IV criteria for any personality disorder were compared with patients without comorbidity. For practical reasons, cyclothymia was not considered as a comorbid diagnosis. Half of the sample had lifetime comorbidity with other psychiatric disorders, mainly personality disorders (33%), substance abuse or dependence (21%), and anxiety disorders (8%). However, only the rates of suicidal ideation (74% v 24%, chi square [chi²] = 9.03, P = .003) and suicide attempts (45% v 5%, chi² = 8.53, P = .003) were significantly different between patients with and without comorbidity. In summary, although the rates of comorbidity are relatively high in bipolar II disorder, most clinical and course variables are strikingly similar in patients with and without comorbidity except for suicidal behavior, suggesting that comorbidity does not reduce the validity of the diagnosis of bipolar II disorder.

Vieta E. Martinez-Aran A. Nieto E. Colom F. Reinares M. Benabarre A. Gasto C.

Institution

Bipolar Disorders Program, Department of Psychiatry, Hospital Clinic, University of Barcelona, Spain.

Title

Adjunctive gabapentin treatment of bipolar disorder.

Source

European Psychiatry: the Journal of the Association of European Psychiatrists. 15(7):433-7, 2000 Nov.

Abstract

INTRODUCTION: The aim of this study was to analyze the effectiveness of gabapentin administration to bipolar patients who had an incomplete response to other mood stabilizers. **SUBJECTS AND METHODS:** twenty-two RDC bipolar 1 and II patients were assessed by means of the SADS and entered if they gave their consent to participate. All them had suffered from frequent relapses, subsyndromal features (mostly depressive) and incomplete response to other drugs. They all received open-label increasing doses of gabapentin until clinical response. The patients were assessed through the CGI-BP and a specific questionnaire at baseline and at 12 weeks of follow-up. **RESULTS:** Six out of the 22 patients dropped out for various reasons (four because of relapse, one because of side effects and one more because of poor compliance). Eight of the 16 patients that completed the 12-week follow-up showed at least two stages of improvement in the CGI. Using the last observation-carried forward analysis, the improvement was statistically significant for the depression subscale, and apparently related to social functioning, irritability and anxiety. Only one patient dropped out because of intolerance (mild rash). The mean dose of gabapentin was 1,310 mg/day. **CONCLUSION:** Gabapentin may be a useful drug for the add-on treatment of bipolar patients with poor response to other mood stabilizers. Gabapentin may improve depressive residual symptoms such as irritability, social withdrawal or anxiety. These results should be confirmed in randomized clinical trials.

Articles amb factor d'impacte segons SCI i SSCI de ISI

00-01

Adan, Ana; Sanchez-Turet, Miquel

Effects of smoking on diurnal variations of subjective activation and mood.

Human-Psychopharmacology-Clinical-and-Experimental. 2000 Jun; Vol 15(4): 287-293

IF= 1,103 (A)

00-02

Ahveninen J. Escera C. Polo MD. Grau C. Jaaskelainen IP. Acute and chronic effects of alcohol on preattentive auditory processing as reflected by mismatch negativity.

Audiology & Neuro-Otology. 5(6):303-11, 2000 Nov-Dec.

IF= 2390 (R)

00-03

Alegret M. Vendrell P. Junque C. Valdeoriola F. Nobbe FA. Rumia J. Tolosa E. Effects of unilateral posteroventral pallidotomy on 'on-off' cognitive fluctuations in Parkinson's disease.

Neuropsychologia. 38(5):628-33, 2000.

IF=2778 (A)

00-04

Amenedo E. Escera C. The accuracy of sound duration representation in the human brain determines the accuracy of behavioural perception.

European Journal of Neuroscience. 12(7):2570-4, 2000 Jul.

IF= 3862 (R)

00-05

Bartres-Faz D. Junque C. Clemente IC. Lopez-Alomar A. Valveny N. Lopez-Guillen A. Lopez T. Cubells MJ. Moral P. Angiotensin I converting enzyme polymorphism in humans with age-associated memory impairment: relationship with cognitive performance.

Neuroscience Letters. 290(3):177-80, 2000 Sep 1.

IF= 2091 (A)

00-06

Canizares S. Boget T. Salamero M. Rumia J. Elices E. Arroyo S. Reliability and clinical usefulness of the short-forms of the Wechsler memory scale (revised) in patients with epilepsy.

Epilepsy Research. 41(2):97-106, 2000 Sep.

IF=2866 (A)

00-07

Canizares S. Torres X. Boget T. Rumia J. Elices E. Arroyo S. Does neuroticism influence cognitive self-assessment after epilepsy surgery?.

Epilepsia. 41(10):1303-9, 2000 Oct.

IF= 3787 (A)

00-08

Escera C. Alho K. Schroger E. Winkler I. Involuntary attention and distractibility as evaluated with event-related brain potentials.

Audiology & Neuro-Otology. 5(3-4):151-66, 2000 May-Aug.

IF=2390 (R)

00-09

Escera C. Yago E. Polo MD. Grau C. The individual replicability of mismatch negativity at short and long inter-stimulus intervals.

Clinical Neurophysiology. 111(3):546-51, 2000 Mar.

IF=1672 (A)

00-10

Naatanen R. Escera C. Mismatch negativity: clinical and other applications.

Audiology & Neuro-Otology. 5(3-4):105-10, 2000 May-Aug.

IF= 2390 (R)

00-11

Jurado MA. Junque C. Criminal behavior after orbitofrontal lesion. [Spanish]

Actas Espanolas de Psiquiatria. 28(5):337-41, 2000 Sep-Oct.

IF= 0098 (A)

00-12

Jurado MA. Mataro M. Verger K. Bartumeus F. Junque C. Phonemic and semantic fluencies in traumatic brain injury patients with focal frontal lesions.

Brain Injury. 14(9):789-95, 2000 Sep.

IF= 0914 (A)

00-13

Mataro M. Poca MA. Sahuquillo J. Cuxart A. Iborra J. de la Calzada MD. Junque C. Cognitive changes after cerebrospinal fluid shunting in young adults with spina bifida and assumed arrested hydrocephalus.

Journal of Neurology, Neurosurgery & Psychiatry. 68(5):615-21, 2000 May.

IF=2846 (A)

00-14

Perez-A Vea-JJ. Functional Implications of Allogrooming in Cercocebus-Torquatus.

International Journal of Primatology 2000, Vol 21, Iss 2, pp 255-267

IF= 1214 (A)

00-15

Perez-AP Vea-JJ. Allogrooming Behavior in Cercocebus-Torquatus - The Case for the Hygienic Functional Hypothesis.

Primates 2000, Vol 41, Iss 2, pp 199-207

IF= 0885 (A)

00-16

Pueyo R. Maneru C. Vendrell P. Mataro M. Estevez-Gonzalez A. Garcia-Sanchez C. Junque C. [Attention deficit hyperactivity disorder. Cerebral asymmetry observed on magnetic resonance].

Revista de Neurologia. 30(10):920-5, 2000 May 16-31.

IF= 0256 (A)

00-17

Verges K. Junque C. Jurado MA. Tresserras P. Bartumeus F. Nogues P. Poch JM. Age effects on long-term neuropsychological outcome in paediatric traumatic brain injury. Brain Injury. 14(6):495-503, 2000 Jun.

IF= 0914 (A)

A= Article Original

R= Revisió

IF= Impact Factor

En subratllat els investigadors dels departament

Resums de les publicacions amb FI (Medline 2000)

Total articles: 17

Factor d'Impacte: 33,313

Mitjana: 1,960

00-01

FI= 1,103

Adan,-Ana; Sanchez-Turet,-Miquel

Effects of smoking on diurnal variations of subjective activation and mood.

Human-Psychopharmacology-Clinical-and-Experimental. 2000 Jun; Vol 15(4): 287-293

AB: Assessed the influence of smoking on diurnal variations in subjective activation and mood, with no restrictions placed on Ss' usual smoking habits after the 1st cigarette of the day. 42 students (21 smokers and 21 non-smokers; aged 18-26 yrs) responded to questions on unipolar visual analogue scales every hour from 08:00 to 21:00 hrs. At 08:00 hr, the smokers were in a situation of nicotine deprivation. Each visual analogue scale was analyzed independently to determine whether they differ in sensitivity to time of day. It was confirmed that subjective activation and mood improved after Ss smoked their 1st morning cigarette, with vigor, sleepiness and sadness being the most sensitive scales. Smokers' diurnal functions on negative scales of activation varied within a wider range than did non-smokers' and optimal moments were delayed 3 hrs as a result of worse morning ratings and greater post-lunch interference. The only mood scale sensitive to smoking was happiness, with smokers having a lower mean score than non-smokers, and a delay of 6 hrs in peak ratings. Smokers' presentation of suboptimal levels of activation and mood at critical diurnal periods is consistent with models of deprivation-reversal and acute nicotine depletion over the course of the day. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Ahveninen J. Escera C. Polo MD. Grau C. Jaaskelainen IP.

Institution

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Title

Acute and chronic effects of alcohol on preattentive auditory processing as reflected by mismatch negativity. [Review] [141 refs]

Source

Audiology & Neuro-Otology. 5(6):303-11, 2000 Nov-Dec.

Abstract

Chronic alcoholism, a major worldwide health problem, is associated with a variety of neurocognitive changes in the afflicted individuals. The precise neurophysiological basis of these changes is not yet understood. Mismatch negativity (MMN) is a preattentive event-related potential component indexing cortical auditory memory traces and automatic change detection in the brain that can be used to study the neural basis of cognitive impairments in various neurodegenerative diseases. MMN studies have revealed that even a low dose of acute alcohol significantly impairs automatic change detection and involuntary attention shifting. Recent MMN results on chronic alcoholism in turn suggest that auditory sensory traces decay slightly faster and are substantially more vulnerable to the distracting effect of backward masking in alcoholics than in healthy subjects. Furthermore, chronic alcohol abuse might accelerate the age-related impairment of automatic change detection.

There is also evidence that the MMN changes might predict impaired performance in behavioral memory and attention tasks in alcoholics. In MMN studies of detoxified alcoholics, however, many confounding factors have to be taken into account. For instance, postwithdrawal brain hyperexcitability might be associated with a slightly enhanced or accelerated MMN/MMNm (the magnetic equivalent of MMN). In sum, MMN and MMNm provide an objective noninvasive tool for exploring the neurophysiological functional deficits related to both acute alcohol intoxication and chronic alcoholism.

Copyright 2000 S. Karger AG, Basel [References: 141]

Alegret M. Vendrell P. Junque C. Valldeoriola F. Nobbe FA. Rumia J. Tolosa E.

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Title

Effects of unilateral posteroventral pallidotomy on 'on-off' cognitive fluctuations in Parkinson's disease.

Source *Neuropsychologia*. 38(5):628-33, 2000.

Abstract

In Parkinson's disease, cognitive performance can vary according to levodopa levels (on-off states). Both positive and negative effects of dopaminergic stimulation have been reported. Pallidotomy is also able to change cognitive performance, in addition to levodopa pharmacokinetics. The aim of this investigation was to study the effects of pallidotomy on cognitive on-off fluctuations in Parkinson's disease. A brief neuropsychological battery was administered to 15 PD patients during on and off states before and after surgery. Before pallidotomy, patients performed better in the on condition on Trail Making test B; after pallidotomy levodopa no longer improved performance, and the interaction between surgery and state was significant.

In relation to the difference between preoperative and postoperative performance in Trail Making B test, there was a significant postsurgical improvement only in off state. Verbal fluency decreased after pallidotomy in both on and off conditions. Our results suggest that pallidotomy can change the effects of levodopa on neuropsychological functions.

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Title

The accuracy of sound duration representation in the human brain determines the accuracy of behavioural perception.

Source

European Journal of Neuroscience. 12(7):2570-4, 2000 Jul.

Abstract

In recent years, the links between neural activity and perception have been an area of interest in cognitive neuroscience. Combined psychophysiological and psychophysical experiments provide a new powerful tool for establishing the relationship between neural activity and perceptual performance. In animals, intracellular recordings combined with psychophysical detection indices have revealed that a particular neuron or set of neurons can play a critical role in the generation of a perceptual event, showing detection functions (referred to as neurometric functions) which are remarkably similar to psychophysical detection functions, or psychometric functions (Parker & Newsome, (1998) *Annu. Rev. Neurosci.* , 21, 227-277). As noninvasive techniques for recording neural activity are now available, studies combining neuroelectric and psychophysical measures in humans are sparse. In the present study, the accuracy of the human brain in detecting differences in sound duration and the subject's ability to perceive the same differences were tested by means of mismatch negativity (MMN) and the distance between the distributions of false alarms and hits (sensitivity index d'), respectively. It was found that the accuracy of the human auditory system to represent sound duration information is related to the duration context in which the sounds are heard, and that these contextual representations determine the accuracy of perception at the behavioural level.

00-05

FI= 2,091

Bartres-Faz D. Junque C. Clemente IC. Lopez-Alomar A. Valveny N. Lopez-Guillen A. Lopez T. Cubells MJ. Moral P.

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Title

Angiotensin I converting enzyme polymorphism in humans with age-associated memory impairment: relationship with cognitive performance.

Source

Neuroscience Letters. 290(3):177-80, 2000 Sep 1.

Abstract

We compared the distribution of an insertion (I)/deletion (D) polymorphism coding for the angiotensin I converting enzyme (ACE) gene in 100 subjects fulfilling NIMH criteria for Age-associated memory impairment (AAMI) and 124 controls. We found significantly reduced prevalences of the ACE I/I genotype together with increases of the ACE D allele in the AAMI group. We further compared the neuropsychological performance of the AAMI group according to their ACE genotype. Those AAMI subjects presenting the ACE I/I genotype exhibited better performance on a measure of frontal lobe function. Our results suggest that the lack of the ACE I/I genotype and the presence of the ACE D allele are associated with memory impairment in the elderly.

Canizares S. Boget T. Salamero M. Rumia J. Elices E. Arroyo S.

Institution

Department of Psychiatry and Clinical Psychobiology of the University of Barcelona, Spain.

Title

Reliability and clinical usefulness of the short-forms of the Wechsler memory scale (revised) in patients with epilepsy.

Source

Epilepsy Research. 41(2):97-106, 2000 Sep.

Abstract

PURPOSE: The Wechsler Memory Scale-R (WMS-R) is often used for the evaluation of patients with epilepsy, but is time consuming. Two shortened forms of the WMS-R have been published in an effort to reduce the time involved in the test. The purpose of this study is to cross-validate these abbreviated forms in patients with epilepsy. **METHODS:** We assessed 103 consecutive patients with drug-resistant partial epilepsy being treated in our epilepsy unit. The WMS-R was administered to all patients. The reliability of two shortened versions of the WMS-R were evaluated. The appraisal was performed taking into account the side of the epileptogenic region. The statistical analyses were carried out with the Pearson's correlation and with the intraclass correlation coefficient. **RESULTS:** Both shortened formulas showed good reliability coefficients for predicting the General Memory and Delayed Recall Indices. In the overall accuracy of the predictions by both short forms no significant differences were found among the three study groups (right, left or bilateral). However, when considering the predictive error only the three-subtest formulas comprising logical memory, verbal paired associates and visual reproduction efficiently predicted performance, regardless of the side of the epileptogenic region. Of the predicted scores in the overall sample, 92 and 97% fell below the standard error of measurement for general and delayed memory index, respectively. Both short forms correctly classified 89-94% of the performances at the average or impaired level. **CONCLUSIONS:** The short form of the M-MS-R using three subtests (logical memory, verbal paired associates and visual reproduction) is reliable and time-efficient for estimating the General and Delayed Recall Memory indexes in patients with drug-resistant partial epilepsy.

00-07

FI= 3,787

Canizares S. Torres X. Boget T. Rumia J. Elices E.
Arroyo S.

Institution

Department of Psychiatry and Clinical Psychobiology of the University of
Barcelona, Spain.

Title

Does neuroticism influence cognitive self-assessment after epilepsy surgery?.

Source

Epilepsia. 41(10):1303-9, 2000 Oct.

Abstract

PURPOSE: To examine how cognitive, personality, and seizure outcome variables influence the subjective cognitive functioning of patients with refractory temporal lobe seizures after epilepsy surgery. **METHODS:** Thirty-three consecutive patients with drug-resistant partial epilepsy who underwent surgical treatment at a tertiary referral university epilepsy center were tested before surgery and 1 year after surgery. Objective cognitive and subjective cognitive functioning tests were used, and personality was assessed. Seizure control was operationalized as a dichotomous variable. **RESULTS:** A significant inverse relationship was found between neuroticism and subjective cognitive functioning. None of the other pre- and postoperative cognitive and surgery outcome variables were significant predictors of subjective cognitive functioning, even after controlling for the effect of neuroticism. **CONCLUSIONS:** Subjective and objective memory functioning are independent in patients with epilepsy after surgical treatment. Subjective memory functioning appears to be related not to seizure relief but to neuroticism. These data suggest that psychological factors such as personality traits predisposing to emotional distress should be taken into consideration in the clinical management and counseling of patients undergoing epilepsy surgery.

00-08

FI= 2,390

Escera C. Alho K. Schroger E. Winkler I.

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Title

Involuntary attention and distractibility as evaluated with event-related brain potentials.
[Review] [130 refs]

Source

Audiology & Neuro-Otology. 5(3-4):151-66, 2000 May-Aug.

Abstract

This article reviews recent event-related brain potential (ERP) studies of involuntary attention and distractibility in response to novelty and change in the acoustic environment. These studies show that the mismatch negativity, N(1) and P(3a) ERP components elicited by deviant or novel sounds in an unattended sequence of repetitive stimuli index different processes along the course to involuntary attention switch to distracting stimuli. These studies used new auditory-auditory and auditory-visual distraction paradigms, which enable one to assess objectively abnormal distractibility in several clinical patient groups, such as those suffering from closed-head injuries or chronic alcoholism.

Copyright 2000 S. Karger AG, Basel [References: 130]

Escera C. Yago E. Polo MD. Grau C.

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Title

The individual replicability of mismatch negativity at short and long inter-stimulus intervals.

Source

Clinical Neurophysiology. 111(3):546-51, 2000 Mar.

Abstract

OBJECTIVES: The individual replicability of the mismatch negativity (MMN) event-related brain potential (ERP) was studied at two different inter-stimulus intervals (ISIs), to establish its potential value for routine clinical evaluation of sound discrimination and auditory sensory memory. **METHODS:** Ten healthy young subjects were presented sequences of 3 stimulus trains, in two recording sessions approximately 1 month apart. The stimuli in the trains were delivered at an ISI of 300 ms, whereas the inter-train intervals (ITIs) were 0.4 s and 4.0 s in different blocks. ERPs were averaged to standard (75 ms) and deviant (25 ms) tones started equiprobably the stimulus trains. **RESULTS:** Significant Pearson product-moment correlations coefficients were found between sessions at all scalp locations for the short ITI, when the MMN was quantified as the mean amplitude in the 100-200 ms latency window around its peak. However, none of the correlations reached significance for the longer ITI. **CONCLUSIONS:** MMN appears to be a reliable measure for single-case assessment and follow-ups when obtained at short ISIs and quantified as an integrated window of neuroelectric activation over a temporal span.

00-10

FI= 2,390

Naatanen R. Escera C.

Institution

Cognitive Brain Research Unit, Department of Psychology, University of Helsinki, Finland.

Title

Mismatch negativity: clinical and other applications. [Review] [110 refs]

Source

Audiology & Neuro-Otology. 5(3-4):105-10, 2000 May-Aug.

Abstract

The perspectives of application of the mismatch negativity (MMN), generated by the brain's automatic response to change in auditory stimulation, are discussed. In light of the fact that the MMN (and its magnetic equivalent MMNm) currently provides the only objective measure of the accuracy of the central auditory function, these perspectives appear very promising. The MMN can be measured in the absence of attention and task requirements, which makes it particularly suitable for testing different clinical populations and infants. Furthermore, the MMN enables one to evaluate the accuracy of auditory discrimination separately for any acoustic feature, such as frequency, intensity and duration, and for learned categories, such as the phonemes of a particular language. In addition, by measuring the decay of the MMN amplitude as a function of the interstimulus interval, it is possible to estimate the duration of sensory (echoic) memory.

Copyright 2000 S. Karger AG, Basel [References: 110]

00-11

FI=0,098

Jurado MA. Junque C.

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Title

[Criminal behavior after orbitofrontal lesion]. [Spanish]

Source

Actas Espanolas de Psiquiatria. 28(5):337-41, 2000 Sep-Oct.

Abstract

INTRODUCTION: Orbitofrontal lesions may produce abnormal social conduct, making impossible to live independently and even producing antisocial behaviour. **CLINICAL CASES:** Two young people with orbitofrontal lesion due to TH1 showed as chronic symptoms (18 months and seven years after injury) comportmental changes similar to antisocial personality disease, including criminal actions. Neuropsychologically the first case showed memory, fluency and secuentiation impairment. The second patient' performance was normal. **CONCLUSIONS:** Prefrontal lesion may impair self-regulation, producing syndromes that prevent normal every-day life but are no much relevant in neurological and neuropsychological assessments. Orbitofrontal cortex plays an important role in social cognition which is the function that allows complex social behaviour. Because of the complexity of this function, symptoms can worse with the passage of time, thus a long follow-up of these patients is required.

00-12
FI= 0914

Jurado MA. Mataro M. Verger K. Bartumeus F. Junque C.

Institution

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Title

Phonemic and semantic fluencies in traumatic brain injury patients with focal frontal lesions.

Source

Brain Injury. 14(9):789-95, 2000 Sep.

Abstract

The purpose of this study was to investigate the effect of focal frontal lesions, identified by magnetic resonance imaging (MRI), in a group of traumatic brain injured (TBI) patients, in order to clarify the sensitivity of phonemic and semantic fluency tasks as tests of frontal lobe functioning. Thirteen TBI patients were included and matched with a normal control group of 26 subjects. Frontal lobe patients produced significantly fewer words than the control group in the phonemic fluency condition. Semantic performance correlated with lesion size, but phonemic performance did not, corroborating the idea that the two have different brain-based substrates. Although, as a group effect, frontal lesions impaired fluency, not all patients were impaired, even in the presence of large bilateral frontal lesions.

00-13

FI= 2,846

Mataro M. Poca MA. Sahuquillo J. Cuxart A. Iborra J. de la Calzada MD. Junque C.

Institution

Neuropsychology, Department of Neurosurgery, Vall d'Hebron University Hospitals, Passeig Vall d'Hebron 119-129, 08035 Barcelona, Spain.

Title

Cognitive changes after cerebrospinal fluid shunting in young adults with spina bifida and assumed arrested hydrocephalus.

Source

Journal of Neurology, Neurosurgery & Psychiatry. 68(5):615-21, 2000 May.

Abstract

OBJECTIVES: To establish whether surgery can improve the neuropsychological functioning of young adult patients with spina bifida and apparent clinically arrested hydrocephalus showing abnormal intracranial pressure. **METHODS:** Twenty three young adults with spina bifida and assumed arrested hydrocephalus (diagnosed as active or compensated by continuous intracranial pressure monitoring) underwent surgery. All patients received neuropsychological examination before surgery and 6 months later. Neuropsychological assessment included tests of verbal and visual memory, visuospatial functions, speed of mental processing, and frontal lobe Functions. **RESULTS:** Shunt placement in this subgroup of patients improves neuropsychological functioning, especially in verbal and visual memory and attention and cognitive flexibility. **CONCLUSIONS:** Young adults with spina bifida and suspected non-functioning shunt or non-shunted ventriculomegaly should be carefully monitored to identify those who could benefit from shunting.

00-14

FI= 1,214

Perez-A Veal-JJ

Title

Functional Implications of Allogrooming in *Cercocebus-torquatus*

Source

INTERNATIONAL JOURNAL OF PRIMATOLOGY 2000, Vol 21, Iss 2, pp 255-267

Abstract

We examined the hygienic functional hypothesis of allogrooming in two captive groups (N = 9 and N = 8) of white-crowned mangabeys (*Cercocebus torquatus lunulatus*) by analyzing the corporeal distribution of allogrooming solicitations according to the variable degree of accessibility of the various body sites. We used focal-animal sampling and continuous recording and nonparametric statistics (sing test and chi(2)). Then fact that in both groups more allogrooming was solicited to sites associated with accessibility problems is consistent with the hygienic functional hypothesis of allogrooming. In any case, there are two facts that suggest that this hypothesis cannot account for all the characteristics of such behavior: 1) the strong distributional selectivity shown by allogrooming solicitations-they concentrated primarily on dorsal and caudal regions instead of those difficult to reach or inaccessible on the whole-and 2) the significant role played by sex in the intragroup distribution of anogenital solicitations. Supporting the multifunctional nature of allogrooming, we find very appealing the ritualization hypothesis, according to which the allogrooming performed on certain body sites would have acquired a sociocommunicative meaning.

00-15

IF= 0,885

Perez-AP Veal-JJ

Title

Allogrooming Behavior in *Cercocebus-Torquatus* - The Case for the Hygienic Functional Hypothesis

Source

PRIMATES 2000, Vol 41, Iss 2, pp 199-207

Abstract

The hygienic functional hypothesis of allogrooming behavior was examined in two captive groups (N=9 and N=8) of white-crowned mangabeys (*Cercocebus torquatus lunulatus*) by analyzing: (1) the corporal distribution of manipulation type according to hair density, and (2) the corporal distribution of allogrooming according to presence of wounds. In both groups the sites with higher hair density received more bouts of Superficial Grooming, which implies a tactile screening of a fragment of the body surface. Only one group tended to emit more allogrooming on the body sites when they were wounded. In the other group, however, the number of wounds was very small and the wounds concentrated predominantly on those sites which were accessible to the subject itself. Thus, our results may be consistent with the hygienic functional hypothesis of allogrooming behavior in general and with the sanitary one in particular.

00-16

FI =0,256

Pueyo R. Maneru C. Vendrell P. Mataro M. Estevez-Gonzalez A. Garcia-Sanchez C. Junque C.

Institution

Departamento de Psiquiatria y Psicobiologia Clinica, Universitat de Barcelona, Espana.

Title

[Attention deficit hyperactivity disorder. Cerebral asymmetry observed on magnetic resonance]. [Spanish]

Source

Revista de Neurologia. 30(10):920-5, 2000 May 16-31.

Abstract

INTRODUCTION: Anatomical and functional neuroimaging data from subjects with Attention Deficit Hyperactivity Disorder (ADHD) have consistently implicated a reversal of cerebral asymmetry and suggested a fronto-striatal dysfunction in this disorder. **OBJECTIVE:** The aim of this study is to investigate the brain asymmetries in a homogeneous and non-medicated sample of adolescents with ADHD who had been previously studied in our laboratory. **PATIENTS AND METHODS:** T1-weighted magnetic resonance images were obtained for 11 adolescents with ADHD and 19 control subjects. Frontal and posterior brain regions, caudate nucleus, and ventricular system were quantitatively measured. **RESULTS:** A reversed pattern of asymmetry for the caudate nucleus (right > left) was found in ADHD when compared to the control group. We also found a reversed pattern of asymmetry for the frontal lobe (right < left) and a smaller right frontal volume (prefrontal specifically) in the ADHD subjects most severely impaired. Right caudate and frontal measures were inversely correlated. **CONCLUSIONS:** ADHD is associated with fronto-striatal abnormalities, which may be explicable via extant neurodevelopmental theories. Enlargement of the right caudate nucleus may suggest the failure of a process of synaptic 'pruning' by which attentional functions could be improperly transferred from the basal ganglia to frontal regions during development.

00-17

IF= 0,914

Verger K. Junque C. Jurado MA. Tresserras P. Bartumeus F. Nogues P. Poch JM.

Institution

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Title

Age effects on long-term neuropsychological outcome in paediatric traumatic brain injury.

Source

Brain Injury. 14(6):495-503, 2000 Jun.

Abstract

In order to investigate the relationship between age at injury and long-term neuropsychological impairment, 29 children and adolescents who sustained traumatic brain injury (TBI) were studied at least 6 years post-trauma. Tests of intellectual, memory, visuospatial and frontal lobe functions were administered to patients and 29 normal matched control subjects. Correlations between performance on neuropsychological tests and age showed the following direction: the younger the child when TBI was sustained, the worse the cognitive outcome. After controlling for injury severity, visuospatial functions remained related to age. Patients' performance differed significantly from that of controls in half of the neuropsychological variables analysed. To further investigate the effects of age at injury, the sample was divided in two groups (TBI before and after age of 8) and then compared with their respective controls. Patients damaged earlier presented impaired intellectual and visuospatial functions. The results suggest that neuropsychological sequelae remain after at least 6 years of evolution, and that there is an age at injury effect.