

MEMÒRIA DE RECERCA I DOCÈNCIA 2004

Departament de Psiquiatria i
Psicobiologia Clínica



UNIVERSITAT DE BARCELONA



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1. PRESENTACIÓ

L'any 2004 ha estat un any de notables canvis al departament degut a l'adaptació que la UB ha dut a terme per poder seguir les directrius de la LOU. En un altre ordre de coses, la supressió de la Divisió IV (Ciències de la Salut) ha estat un afer que ha afectat profundament l'organització departamental. Com a departament ens vàrem veure obligats a prendre una decisió entre l'adscripció a la Facultat de Medicina o a la de Psicologia. En un primer moment, el rectorat seguint el criteri del nombre de professors adscrits a cadascuna de les facultats ens va automàticament adscriure a la Facultat de Psicologia. Posteriorment, el consell de departament, contemplades les línies de recerca del departament, les activitats de postgrau i l'activitat clínica de molts dels seus membres, va decidir demanar l'adscripció del departament a la Facultat de Medicina. Això va suposar un canvi en l'adscripció del professorat a les facultats, en concret els professors que desenvolupaven majoritàriament les seves tasques de recerca o docència a la Facultat de Medicina sol·licitaren la seva adscripció a aquesta Facultat.

Una altra modificació molt rellevant pel departament va ser la reorganització del professorat i de la seva activitat segons el Campus on desenvolupés majoritàriament les seves activitats. El campus de Bellvitge va iniciar la creació de dos nous departaments: El departament de Ciències Clíniques i el departament de Patologia i Terapèutica Experimental. D'acord amb aquesta distribució per campus, diversos professors que impartien docència al campus de Bellvitge varen deixar de pertànyer al nostre departament. Paradoxalment, per tant, l'àrea de coneixement de Psiquiatria té membres adscrits a dos departaments diferents, encara que no és l'únic cas dins de la UB.

Aquesta reestructuració implica de cara al futur una racionalització de la docència del professorat, en el sentit que aquest imparteixi preferentment assignatures troncales i optatives en el campus on estigui ubicat i on realitzi les seves tasques investigadores i/o assistencials.

Pel que fa a l'estructura de la memòria 2004 segueix la mateixa línia que els anys anteriors en l'àmbit de la recerca, és a dir es recull la principal activitat investigadora duta a terme pels professors, becaris i doctorands adscrits al nostre departament que ha pogut ser objectivament contrastada. Les dades verificades atorguen més credibilitat a les memòries de departament. Com en anys anteriors no hem inclòs altres activitats de recerca tal com les comunicacions a congressos, capítols de llibre, o llibres, donat que és

una informació difícil de recollir i difícil de determinar la seva vàlua en el nostre àmbit. Les revistes incloses són únicament les que apareixen en les bases de dades de l'ISI

Respecte a l'activitat docent, s'han inclòs les assignatures que el nostre departament està impartint en els ensenyaments de Medicina, Psicologia, Farmàcia, Odontologia, Podologia i Geografia i Història. En el futur aquesta àmplia participació del nostre departament en diversos ensenyaments s'haurà de reestructurar d'acord amb els criteris de territorialitat esmentats i d'acord amb els nous programes oficials de post-grau (POPs).

L'activitat investigadora pel que fa a la implicació del professorat en projectes de recerca subvencionats per institucions públiques és alta, malgrat que només els projectes dels investigadors sense plaça clínica estan adscrits a la Universitat de Barcelona, la resta els tenen únicament a la Fundació Clínic. El nombre total de publicacions del professorat en revistes amb Factor d'Impacte a l'ISI és alt però cal destacar que només en 11 de les 48 publicacions hi consta el nom del departament, i només en 22 hi consta la UB. D'aquesta anàlisi se'n desprèn que la activitat investigadora no està directament lligada al departament. En moltes ocasions, com és lògic, les publicacions s'han adscrit a l'Institut de Psiquiatria i Psicologia de l'Hospital Clínic (amb o sense menció a la UB), però en altres ocasions, els autors responsables de les investigacions són d'altres institucions. Les col·laboracions interdepartamentals i interuniversitàries són molt desitjables, però també cal incentivar que els professors de la UB intentin fomentar treball de recerca propi i com a mínim citar la UB.

En l'àmbit de la recerca docent destaca el grup consolidat de recerca que està treballant de forma molt activa en la formulació de criteris per a l'elaboració de guies docents i en la implementació d'activitats d'aplicació. També hi ha en actiu altres activitats de millora docent al departament. Continuem demanant als professors implicats en recerca docent que facin un esforç per intentar visualitzar la seva activitat a través de publicacions en els corresponents fòrums.

Finalment, insistir en la importància en la integració de l'espai europeu d'ensenyament superior, la qual cosa torna a incidir en la necessitat d'integrar docència i recerca.

La directora del departament

Carme Junqué

Barcelona, novembre de 2005

2. MEMBRES DEL DEPARTAMENT

2.1. Secció departamental de Medicina

PROFESSORS CATEDRÀTICS D'UNIVERSITAT

Carme JUNQUÉ PLAJA
Julio VALLEJO RUILOBA

PROFESSORS TITULARS D'UNIVERSITAT

Josep COROMINAS BUSQUETA
Tomas De FLORES FORMENTI
Cristòbal GASTÓ FARRÉ
Wilma PENZO GIACCA
Josep TORO TRALLERO
Manuel VALDÉS MIYAR
Pere VENDRELL GÓMEZ

INVESTIGADORS DEL PROGRAMA "RAMÓN Y CAJAL"

David BARTRÉS FAZ

PROFESSORS ASSOCIATS DOCTORS

Miquel BERNARDO ARROYO
Teresa BOGET LLUCIÀ
Gloria CANALDA SAHLI
Fernando FERNÁNDEZ ARANDA
Teodor MARCOS BARS
Anna Maria MARTINEZ GONZÁLEZ
Josep Manuel MENCHON MAGRIÑA
Julia OLIVARES GADEA
Juan de PABLO RABASSO
José Emilio ROJO RODES
Manuel SALAMERO BARÓ
Rosa Maria SENDER ROMEO

PROFESSORS ASSOCIATS

Mercedes DAURELLA NADAL
Josep Maria FARRÉ MARTÍ
Aurora OTERO CAMPRUBI
Joaquín PUJOL DOMENECH
José Manuel CRESPO BLANCO

BECARIS DE FORMACIÓ EN INVESTIGACIÓ

M. del Pino ALONSO ORTEGA (F)
Xavier CALDU FERRUS (G)
Mónica GIMENEZ NAVARRO (M)
Astrid MORER LIÑAN (I)
Blanca RAMIREZ RUIZ (M)
Jesús UNTURBE SANCHEZ (G)

PERSONAL D'AMINISTRACIÓ

Pilar BOUZAS RODRÍGUEZ

2.2. Secció departamental de Psicologia

PROFESSORS CATEDRÀTICS D'UNIVERSITAT

Miquel SÁNCHEZ-TURET

PROFESSORS TITULARS D'UNIVERSITAT

Ana ADAN PUIG

Elena ALMIRALL LLUCH

I. Concepción CLEMENTE LAPENA

Montserrat COLELL MIMÓ

Carles ESCERA MICÓ

Carlos GRAU FONOLLOSA

María Angeles JURADO LUQUE

Dolors SEGARRA CASTELLS

Josep M. SERRA GRABULOSA

Joaquim Josep VEÀ BARÓ

PROFESSORS ASSOCIATS DOCTORS

Armando ESTEVEZ GONZÁLEZ

Montserrat PÉREZ PÁMIES

María MATARÓ SERRAT

Gemma PRAT VIGUÉ

Roser PUEYO BENÍTEZ

PROFESSORS ASSOCIATS

Eva LLIGOÑA TRULLA

Josep M. SUELVES JOANXICH

Cristina SOLÉ PADUELLES

BECARIS DE FORMACIÓ EN INVESTIGACIÓ

Vanessa CARRAL BIELSA (G)

Sílvia CORBERA LÓPEZ (M)

M José CORRAL LOPEZ (MC)

Miriam CORTIÑAS MONTERO (G)

Beatriz MONTERO DELGADO (G)

Ana NARBERHAUS (G)

Marta OLIVARES GRAU (BRD)

Sonia SANCHEZ LOPEZ (R)

G= Beca d'Investigació de la Generalitat (FI)

M= Beca d'Investigació del Ministeri d'Educació Cultura i Esport (FPU)

MC= Beca d'investigació del Ministeri de Ciència i Tecnologia (FPI)

R= Beca de Recerca i Docència de la UB (BRD)

BECARIS ASSOCIATS A PROJECTES DE RECERCA

Susana BELLO OTERO

Lluís FUENTEMILLA GARRIGA

Josep MARCO PALLARÉS

PERSONAL D'ADMINISTRACIÓ

M. Carmen GARCIA DIAZ

2.3. Alumnes de Doctorat de Neurociències

1. Amor Salamanca, Alejandro
2. Andrés Perpiñá, Susana
3. Beltrán Delgado, Francisco
4. Caldú Ferrús, Xavier
5. Camprodón Giménez, Joan
6. Carral Bielsa, Vanessa
7. Corbella Santomà, Bàrbara
8. Corbera López, Silvia
9. Cortiñas Montero, Miriam
10. Dolz Abadia, Montserrat
11. Doñate Font, Marta
12. Escartin Martin, Gemma
13. Farré Sender, Borja
14. Fuente Díez, Eduardo
15. Fuentemilla Garriga, Lluís
16. Gilabert Pallissó, Ester
17. Giménez Navarro, Mònica
18. Goicolea Alberdi, José M.
19. González Segura, Lidia
20. González Tugas, Matías
21. Grau Olivares, Marta
22. Hernández Ribas, M. Rosa
23. Hugué Lozano, Elisenda
24. Imaz Gurruchaga, M. Luisa
25. Jacomet Bonada, Ariadna
26. León Pizarro, Concepción
27. Matrai Boruzs, Silvia
28. Morer Liñan, Astrid
29. Narberhaus, Ana
30. Ochoa Arnedo, Cristian
31. Palomo Nicolau, Antonio Luis
32. Plaza Estradé, Anna
33. Pons Villanueva, Alexandre
34. Popova, Ekaterine
35. Puig Navarro, Olga
36. Ramírez Ruíz, Blanca
37. Raspall Chaure, Antoni
38. Roura Poch, Pere
39. Sánchez Moreno, José
40. Sánchez-Carrión Abascal, Rocío
41. Santiago Rolanía, Olga
42. Segalás Cosi, Jacinto
43. Segarra Martínez, Núria
44. Serrano Blanco, Antoni
45. Solé Padullés, Cristina
46. Torrent Font, Carla
47. Vallejo Blanxart, Gemma

3. PROJECTES D'INVESTIGACIÓ SUBVENCIONATS

Títol del projecte	<i>Eficacia del tratamiento cognitivo-conductual del tabaquismo en el embarazo</i>
Referència	28/02
Data d'inici	1/1/2003
Data finalització	31/12/2005
Entitat finançadora	Ministerio de Trabajo y Asuntos Sociales. Instituto de la Mujer.
Import	13.497,50 €
Investigador Principal	Teresa Godás Sieso
Membres del departament que hi participen	Teodor Marcos Bars, Josep Corominas Busqueta
Títol del projecte	<i>Psiquiatria clínico-biològica y psicològica</i>
Referència	2002SGR 00108
Data d'inici	01/01/2003
Data finalització	31/12/2005
Entitat finançadora	Agència de Gestió d'Ajuts Universitaris i de Recerca CIRIT
Import	25.605 €
Investigador Principal	J. Vallejo Ruiloba
Membres del departament que hi participen	F. Fernández Aranda, J.M. Menchón Magriñà, E. Rojo
Títol del projecte	<i>Plataforma de genotipación en salud mental y psiquiatría</i>
Referència	Redes de Grupo (G03/184)
Data d'inici	01/01/2002
Data finalització	31/12/2005
Entitat finançadora	Ministerio de Sanidad y Consumo (FIS)
Import	1.370.000 €
Investigador Principal	X. Estivill
Membres del departament que hi participen	F. Fernández Aranda, J.M. Menchon Magriñà
Títol del projecte	Salut-Project (Intelligent environment for diagnostics, treatment and prevention of eating disorders)
Referència	IST 2000-25026
Data d'inici	01/07/2003
Data finalització	01/04/2004
Entitat finançadora	Unió Europea (UE)

Import	20.000,00 €
Investigador Principal	Fernando Fernández Aranda
Membres del departament que hi participen	Cap
Títol del projecte	<i>El sistema dopaminérgico como marcador biológico del trastorno por dependencia del alcohol</i>
Referència	078/21/02
Data d'inici	2002
Data finalització	2005
Entitat finançadora	Agencia de Evaluación de Tecnología e Investigación Médicas. Ayudas a Proyectos de Investigación Clínica y en Servicios Sanitarios
Import	43.581,00 €
Investigador Principal	Miquel Sánchez-Turet
Membres del departament que hi participen	Ana Adan, Immaculada Clemente Lapena
Títol del projecte	<i>Repercusiones neuropsicológicas del consumo abusivo de alcohol en el fin de semana</i>
Referència	BOE 306, 23/12/2003
Data d'inici	2004
Data finalització	2006
Entitat finançadora	Delegación del Gobierno para el Plan Nacional sobre Drogas. Ministerio de Ciencia y Tecnología
Import	67.472,00 €
Investigador Principal	Miquel Sánchez-Turet
Membres del departament que hi participen	Ana Adan, Gemma Prat Vigué, Josep M. Suelves Joanxich
Títol del projecte	<i>Investigación biomédica en ciencias neurológicas</i>
Referència	Redes de Centro (C03/06)
Data d'inici	01/01/2003
Data finalització	31/12/2005
Entitat finançadora	Ministerio de Sanidad y Consumo (FIS)
Import	4.000.000 €
Investigador Principal	Isidre Ferrer
Membres del departament que hi participen	F. Fernández Aranda, J.M. Menchón Magriña

Títol del projecte	<i>Evaluación de las habilidades de comunicación adquiridas por los estudiantes de medicina de la UB en el momento de incorporarse a la práctica clínica</i>
Referència	2003MQD 00153
Data d'inici	30/06/2003
Data finalització	10/12/2005
Entitat finançadora	DURSI
Import	8.700,00 €
Investigador Principal	Rosa Sender Romeo
Membres del departament que hi participen	Manuel Valdés Miyar, Manel Salamero Baró
Títol del projecte	<i>Grup de Neuropsicologia</i>
Referència	2001SGR 00139
Data d'inici	2001
Data finalització	2004
Entitat finançadora	Direcció General de Recerca
Import	60.101,20 €
Investigador Principal	C. Junqué Plaja
Membres del departament que hi participen	Tot el grup de Neuropsicologia
Títol del projecte	<i>Análisis genético combinado de los polimorfismos de las enzimas hepáticas implicadas en la metabolización de clozapina y su correlación con los niveles plasmáticos como predictores de respuesta clínica en el trastorno esquizofrénico</i>
Referència	sense referència
Data d'inici	2004
Data finalització	2004
Entitat finançadora	Premi Fi de Residència del HCP
Import	sense especificar
Investigador Principal	
Membres del departament que hi participen	M. Bernardo (co-investigador),
Títol del projecte	<i>Estudio de la seguridad de la oxcarbacepina como tratamiento coadyuvante para los trastornos esquizoafectivos</i>
Referència	sense referència
Data d'inici	2004
Data de finalització	2004

Entitat finançadora	Novartis Farmacèutica
Import	sense especificar
Investigador Principal	Miquel Bernardo Arroyo, A. Benabarre
Membres del departament que hi participen	
Títol del projecte	<i>Estudi multidisciplinari de la utilitat de la determinació de l'àcid homovanílic plasmàtic com a predictor de recaiguda en pacients esquizofrènics</i>
Referència	011110
Data d'inici	01/01/2002
Data finalització	31/12/2004
Entitat finançadora	Fundació La Marató de TV3
Import	68.307,13 €
Investigador Principal	Miquel Bernardo Arroyo
Membres del departament que hi participen	
Títol del projecte	<i>Eficàcia de la rehabilitació neuropsicològica en l'esquizofrènia crònica: repercussions sobre les variables clíniques, l'activitat cerebral i el funcionament psicosocial.</i>
Referència	N-2001TV 1510-0
Data d'inici	05/02/2002
Data finalització	05/02/2005
Entitat finançadora	Marató TV3
Import	9.060.000 Pts.
Investigador Principal	Teresa Boget Llucà
Membres del departament que hi participen	Teresa Boget Llucà, Manel Salamero Baró
Títol del projecte	<i>Factors neuropsicològics específics en la depressió senil per a l'estudi pronòstic de la malaltia:funcions executives i Spect.</i>
Referència	01/2210
Data d'inici	01/01/2002
Data finalització	31/12/2004
Entitat finançadora	Marató TV3
Import	39.358,48 €
Investigador Principal	Teodor Marcos Bars
Membres del departament que hi participen	M. Salamero, C. Gastó, M.J. Portella, R. Pueyo
Títol del projecte	<i>Procesamiento de la disparidad binocular</i>
Referència	BSO2001-3639

Data d'inici	09/11/2001
Data finalització	31/12/2004
Entitat finançadora	Ministerio de Ciencia y Tecnología-Plan Nacional I+D
Import	5.412.000 Pts.
Investigador Principal	José Antonio Aznar
Membres del departament que hi participen	Helena Almirall
Títol del projecte	<i>Intelligent environment for diagnostics, treatment and prevention of eating disorders</i>
Referència	IST 2000-2506; proyecto I+D (V Proyecto Marco)
Data d'inici	01/07/2003
Data finalització	31/12/2004
Entitat finançadora	Unión Europea
Import	20.000,00 € (al grup espanyol)
Investigador Principal	F. Fernández Aranda (grup català)
Membres del departament que hi participen	F. Fernández Aranda
Títol del projecte	<i>Entrenament familiar per a la prevenció de les drogodependències. Implantació i resultats</i>
Referència	GREC 004746
Data d'inici	28/01/2003
Data finalització	28/01/2006
Entitat finançadora	Delegación del Gobierno para el Plan Nacional sobre Drogas. Ministerio del Interior
Import	96.200 €
Investigador Principal	J.M. Suelves Joanxich
Membres del departament que hi participen	M. Sánchez-Turet
Títol del projecte	<i>Plasticidad conductual y cambio ecológico en <i>Alouatta palliata mexicana</i>. Diseño de estrategias de conservación para un hábitat fragmentado</i>
Referència	BSO2002-03340
Data d'inici	01/11/2002
Data finalització	31/12/2005
Entitat finançadora	Ministerio de Ciencia y Tecnología
Import	sense especificar
Investigador Principal	J. J. Veà Baró
Membres del departament que hi participen	M. Colell, Sánchez

Títol del projecte	<i>Estudi con PET FDG del metabolismo cerebral de la región témporo-límbica en los pacientes esquizofrénicos deficitarios versus no deficitarios ante una tarea de reconocimiento facial de las emociones</i>
Referència	sense referència
Data d'inici	2003
Data finalització	2004
Entitat finançadora	Premi Fi de Residència del HCP
Import	25.000,00 €
Investigador Principal	E. Parellada, M. Bernardo
Membres del departament que hi participen	
Títol del projecte	<i>Mecanismos cerebrales del control exógeno de la atención</i>
Referència	BSO2003-02440
Data d'inici	20/11/2003
Data finalització	19/11/2006
Entitat finançadora	Ministerio de Ciencia y Tecnología
Import	106.720,00 €
Investigador Principal	Carles Escera Micó
Membres del departament que hi participen	Carles Escera Micó, Ma. José Corral López, Vanessa Carral Bielsa
Títol del projecte	<i>Potentials cognitius en neurofisiologia clínica</i>
Referència	2003XT-00084
Data d'inici	1/06/2003
Data finalització	31/12/2005
Entitat finançadora	Generalitat de Catalunya
Import	5.500,00 €
Investigador Principal	Carles Escera Micó
Membres del departament que hi participen	Ma. José Corral López, Vanessa Carral Bielsa, Silvia Corbera López, Miriam Cortiñas Montero
Títol del projecte	<i>Grup de recerca en neurociència cognitiva consolidat de la Universitat de Barcelona</i>
Referència	UB-003922
Data d'inici	01/06/2003
Data finalització	31/12/2005
Entitat finançadora	Universitat de Barcelona. Grups de Recerca Consolidats
Import	Sense dotació econòmica
Investigador Principal	Carles Escera Micó

Membres del departament que hi participen	Carles Escera Micó, Ma. José Corral López, Vanessa Carral Bielsa, Silvia Corbera López, Miriam Cortiñas Montero, Judith Domínguez Borràs, Rafal Nowak, Iria San Miguel Insua
Títol del projecte	<i>Estudi de l'eficàcia d'un programa informatitzat de rehabilitació neuropsicològica en pacients amb esquizofrènia</i>
Referència	Marató 2000: malalties mentals greus
Data d'inici	Febrer 2002
Data finalització	Febrer 2005
Entitat finançadora	Fundació La Marató de TV3
Import	11.969.000 pts.
Investigador Principal	Josep M. Vendrell (Hospital de Terrassa)
Membres del departament que hi participen	MJ. Corral López, M. Cortiñas Montero
Títol del projecte	<i>Bases neuroanatòmiques y neurofuncionales de las alteraciones de la memoria en sujetos que nacieron prematuros con antecedentes de anoxia perinatal y/o hemorragia intraventricular</i>
Referència	SAF02-00836
Data d'inici	01/12/2002
Data finalització	01/12/2005
Entitat finançadora	Ministeri de Ciència i Tecnologia
Import	46.000,00 €
Investigador Principal	Carme Junqué Plaja
Membres del departament que hi participen	Dolors Segarra Castells, Josep M. Serra Grabulosa, Pere Vendrell Gómez
Títol del projecte	<i>Factores de riesgo sociales, clínicos y psicológicos en anorexia nerviosa.</i>
Referència	BEFI 00/9370
Data d'inici	15/05/1999
Data de finalització	15/05/2004
Entitat finançadora	FIS. Ministerio de Sanidad y Consumo
Import	200.000 Pts. Mensuals
Investigador Principal	F. Fernández Aranda
Membres del departament que hi participen	Cap

Títol del projecte	<i>Neurodesarrollo y sistema tálamo-prefrontal en la esquizofrenia. Estudio psicopatológico, neuropsicológico y de resonancia magnética volumétrica y espectroscópica del tálamo y la corteza prefrontal</i>
Referència	PI030494
Data d'inici	2003
Data de finalització	2006
Entitat finançadora	Fondo de investigación sanitaria
Import	31.050,00 €
Investigador Principal	Miguel Bernardo Arroyo
Membres del departament que hi participen	Cap
Títol del projecte	<i>Xarxa temàtica d'estudi de l'activitat cerebral mitjançant ressonància magnètica funcional</i>
Referència	2003XT 00097
Data d'inici	2003
Data finalització	2005
Entitat finançadora	Agència de Gestió d'Ajuts Universitaris i de Recerca (AGUAR)
Import	8.200,00 €
Investigador Principal	C. Junqué Plaja
Membres del departament que hi participen	Tot el grup neuropsicologia, M. Bernardo Arroyo,
Títol del projecte	<i>Investigación en red de las enfermedades neurológicas. Área temática: Investigación biomédica sobre enfermedades neurológicas</i>
Referència	C03/06 red favorable
Data d'inici	2003
Data finalització	2005
Entitat finançadora	Instituto de Salud Carlos III. Ministerio de Sanidad y Consumo
Import	sense especificar
Investigador Principal	Eduard Tolosa
Membres del departament que hi participen	Miquel Bernardo Arroyo

Títol del projecte	<i>Estudio longitudinal de primeros episodios psicóticos en niños y adolescentes. Área temática: Psicosis en la infancia y la adolescencia</i>
Referència	G03/032 red favorable
Data d'inici	2003
Data finalització	2005
Entitat finançadora	Instituto de Salud Carlos III. Ministerio de Sanidad y Consumo
Import	sense especificar
Investigador Principal	Celso Arango
Membres del departament que hi participen	Miguel Bernardo Arroyo, Josefina Castro
Títol del projecte	<i>IM3. Imagen médica molecular y multimodalidad. Área temática: Análisis y tratamiento de imagen médica</i>
Referència	G03/185 red favorable
Data d'inici	2003
Data finalització	2005
Entitat finançadora	Instituto de Salud Carlos III. Ministerio de Sanidad y Consumo
Import	sense especificar
Investigador Principal	Manuel Desco
Membres del departament que hi participen	Miguel Bernardo Arroyo
Títol del projecte	<i>Haciendo frente a la esquizofrenia. Programa formativo y divulgativo para el conocimiento de la esquizofrenia para pacientes y familiares</i>
Referència	DIF2003-10310-E
Data d'inici	2003
Data finalització	2004
Entitat finançadora	Ministerio de Ciencia y Tecnología
Import	6.300,00 €
Investigador Principal	Miquel Bernardo Arroyo
Membres del departament que hi participen	cap
Títol del projecte	<i>Validación española de la escala SDS (Inventario para el Síndrome Deficitario)</i>
Referència	sense referència
Data d'inici	2003
Data finalització	2005
Entitat finançadora	sense especificar
Import	sense especificar

Investigador Principal	Miquel Bernardo Arroyo
Membres del departament que hi participen	cap
Títol del projecte	<i>Neuroanatomia funcional de les al·lucinacions auditives en l'esquizofrenia: estudi multidisciplinari amb PET-F18-FDG en l'episodi psicòtic agut, durant la remissió i durant l'estimulació acústica</i>
Referència	sense referència
Data d'inici	2002
Data finalització	2004
Entitat finançadora	Fundació La Marató de TV3
Import	70.946,47 €
Investigador Principal	Eduard Parellada
Membres del departament que hi participen	Miquel Bernardo Arroyo (Co-Investigador)
Títol del projecte	<i>Utilitat de l'spect de presinapsi dopaminèrgica amb (1231) FP-CIT (DaTSCAN), com a predictor d'aparició de parkinsonisme induït per antipsicòtics en pacients esquizofrènics</i>
Referència	sense referència
Data d'inici	2002
Data finalització	2004
Entitat finançadora	Fundació La Marató de TV3
Import	59.500,20 €
Investigador Principal	Francisco Lomeña Caballero
Membres del departament que hi participen	Miquel Bernardo Arroyo (Co-Investigador)
Títol del projecte	<i>Reaccions extrapiramidals com a efecte secundari del tractament amb antipsicòtics: paper de la cadena respiratòria mitocondrial</i>
Referència	sense referència
Data d'inici	2002
Data finalització	2004
Entitat finançadora	Fundació La Marató de TV3
Import	55.194,85 €
Investigador Principal	Jordi Casademont Pou
Membres del departament que hi participen	Miquel Bernardo

Títol del projecte	<i>Polimorfismes Taq1A, Taq1B i 141C Del/Ins en el gen D2 del receptor de la dopamina i susceptibilitat de patir efectes extrapiramidals induïts per antipsicòtics en pacients amb esquizofrènia</i>
Referència	sense referència
Data d'inici	2002
Data finalització	2004
Entitat finançadora	Fundació La Marató de TV3
Import	43.074,54 €
Investigador Principal	Xavier Carné Cladellas
Membres del departament que hi participen	Miquel Bernardo Arroyo (Co-Investigador)
Títol del projecte	<i>Estudio abierto, prospectivo y multicéntrico de aripiprazol en el manejo de pacientes con esquizofrenia según la práctica psiquiátrica habitual</i>
Referència	CN138-100
Data d'inici	2003
Data finalització	2004
Entitat finançadora	Bristol-Myers Squibb
Import	sense especificar
Investigador Principal	Miquel Bernardo Arroyo
Membres del departament que hi participen	
Títol del projecte	<i>Estudio de la presencia de síntomas depresivos y de insomnio en pacientes esquizofrénicos agudos y su respuesta a la mirtazapina</i>
Referència	sense referència
Data d'inici	2003
Data finalització	2004
Entitat finançadora	Organon
Import	sense especificar
Investigador Principal	Miquel Bernardo Arroyo
Membres del departament que hi participen	
Títol del projecte	<i>Efectividad del tratamiento cognitivo-conductual per a la millora de la qualitat del tractament del trastorn distímic</i>
Referència	010/24/02
Data d'inici	8/11/2002
Data finalització	sense especificar
Entitat finançadora	Generalitat de Catalunya
Import	35.670,00 €

Investigador Principal	Manel Salamero Baró
Membres del departament que hi participen	Cap
Títol del projecte	<i>Distinció de la Generalitat de Catalunya per a la promoció de la Recerca Universitària</i>
Referència	UNI/2001/2004
Data d'inici	Octubre 2004
Data finalització	Octubre 2010
Entitat finançadora	Generalitat de Catalunya
Import	180.000 euros
Investigador Principal	Carme Junqué
Membres del departament que hi participen	-
Títol del projecte	<i>Red Temática Nacional de Investigación Cooperativa Sanitaria de Trastornos Adictivos: Investigación Básica, Clínica y Epidemiológica</i>
Referència	G03/005
Data d'inici	2003
Data finalització	2005
Entitat finançadora	Ministerio de Sanidad
Import	550.000,02 € per any
Investigador Principal	F. Rodríguez de Fonseca
Membres del departament que hi participen	Ana Adan, Gemma Prat Vigué
Títol del projecte	<i>Xarxa Temática "Psicofisiologia Cognitiva i Neurodinàmica Clínica"</i>
Referència	2004XT-00097
Data d'inici	01/01/2004
Data finalització	31/12/2005
Entitat finançadora	Generalitat de Catalunya
Import	6.000,00 €
Investigador Principal	Carles Grau Fonollosa

Membres del departament que hi participen	Carles Grau Fonollosa, Manuel Valdés Miyar, Josep Toro Trallero, Josep Marco Pallarés, Lluís Fuentemilla Garriga
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Títol del projecte	<i>SENSATION (Advanced Sensor Development for Attention, Stress, Vigilante and Sleep/Wakefulness Monitoring)</i>
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Referència	FP6-507231, Sensation
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Data d'inici	01/01/2004
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Data finalització	31/12/2007
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Entitat finançadora	Unió Europea
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Import	10.000.000 € (Import per a la UB: 471.250,40 €)
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Investigador Principal	Dr. Angelos Bekiaris. Investigador responsable per la UB: Dr. Carles Grau Fonollosa
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Membres del departament que hi participen	Dr. Carles Grau, Josep Marco, Lluís Fuentemilla
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Títol del projecte	<i>Resonancia Magnética Funcional con paradigmas de memoria en pacientes con esclerosis temporal mesial unilateral, cambios en los patrones de activación tras cirugía</i>
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Referència	03/0395
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Data d'inici	2003
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Data finalització	2005
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Entitat finançadora	FISS
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Import	17.940,00 €
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Investigador Principal	Dra. Carreño Martínez (Neurología)
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Membres del departament que hi participen	Teresa Boget Lluçà
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4. PROJECTES D'INNOVACIÓ DOCENT SUBVENCIONATS

Títol del projecte	<i>Proposta del programa d'atenció psicològica de la Facultat de Medicina: Avaluació de l'eficàcia del curs impartit en la Facultat de Medicina a joves llicenciats, en el període de preparació de l'examen per accedir al MIR, sobre estratègies de control de l'ansietat i organització de l'estudi</i>
Referència	11/IV/AV-Er/03/SEND
Data d'inici	2002
Data finalització	2004
Entitat finançadora	AJRE (Ajuts a la Recerca, UB)
Import	300,00 €
Investigador Principal	Rosa Sender Romeo
Membres del departament que hi participen	Rosa Sender Romeo
Títol del projecte	<i>Curs semipresencial basat en activitats d'aprenentatge, el treball en grup i els estudiants com a tutors, a nivell universitari</i>
Referència	REDICE-04
Data d'inici	Octubre 2004
Data finalització	Octubre 2005
Entitat finançadora	ICE de la UB
Import	1.800,00 €
Investigador Principal	Wilma Eugenia Penzo Giacca
Membres del departament que hi participen	Pere Vendrell Gómez
Títol del projecte	<i>Elaboració de material multimèdia de suport per a la docència semipresencial de Farmacologia i Psicologia a l'Ensenyament d'Odontologia</i>
Referència	2004PID-UB/025
Data d'inici	2004
Data finalització	2005
Entitat finançadora	Vicerectorat de Política Científica de la UB
Import	1.200,00 €
Investigador Principal	Silvia Sánchez González
Membres del departament que hi participen	Ana María Martínez González, Wilma Eugenia Penzo Giacca
Títol del projecte	<i>L'assignatura Psicofarmacologia en ECTS</i>
Referència	2004USD-UB/006
Data d'inici	2004

Data finalització	2005
Entitat finançadora	Universitat de Barcelona. Programa de Millora i Innovació Docent (PMID)
Import	sense finançament
Investigador Principal	Ana Adan
Membres del departament que hi participen	Gemma Prat Vigué, Miquel Sánchez-Turet

5. DOCTORAT

DOCTORAT DE NEUROCIÈNCIES

Bienni 2004-2006 – Alumnes matriculats de primer curs

1. Alvarez Grandi, Sebastián
2. Camprodón Giménez, Joan
3. Domínguez Borrás, Judith
4. Nowak, Rafal
5. Labad Arias, Javier
6. Pérez Mora, Isabel
7. Rametti, Giuseppina
8. San Miguel Insua, Iria
9. Sánchez Castañeda, Cristina
10. Serna Gómez, Elena de la
11. Soria Tomás, Virginia

Bienni 2003-2005. Alumnes matriculats del treball de recerca

1. Doñate Font, Marta
2. Farré Sender, Borja
3. Fernández Egea, Emilio
4. Fuente Díez, Eduardo
5. Gilabert Pallissó, Ester
6. Jacomet Bonada, Ariadna
7. Litvan, Irene
8. Matrai Boruzs, Silvia
9. Ochoa Arnedo, Cristian
10. Palomo Nicolau, Antonio Luis
11. Popova, Ekaterina
12. Sánchez Moreno, José
13. Sánchez-Carrión Abascal, Rocío
14. Segalás Cosi, Jacinto
15. Segarra Martínez, Núria
16. Torrent Font, Carla

Bienni 2002-2004. Alumnes que han obtingut el DEA

1. Caldú Ferrús, Xavier
2. Cortiñas Montero, Miriam
3. Fuentemilla Garriga, Lluís
4. Giménez Navarro, Mònica
5. Grau Olivares, Marta
6. Hernández Ribas, Rosa
7. Hugué Lozano, Elisenda
8. León Pizarro, Concepción
9. Plaza Estradé, Anna
10. Puig Navarro, Olga
11. Raspall Chaure, Antoni
12. Serrano Blanco, Antoni

TESIS DOCTORALS LLEGIDES A L'ANY 2004

Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director	Mar Ariza Gonzalez Influence of clinical, neuroimaging and genetic variables on the cognitive sequelae of moderate and severe traumatic brain injury Psiquiatria i Psicologia clínica 2004 MA Poca/ Maria Mataró
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director	M ^a del Mar Matarín Psiquiatria i Psicologia clínica 2004 MA Poca/ Maria Mataró
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director	Ricard Navidés Cruz Hipotermia, respuesta hormonal, y respuesta opioide asociadas a receptores S-HT1A En la depresión mayor pre y pots tratamiento antidepressivo Psiquiatria i Psicologia clínica 2004 Cristobal Gastó Ferrer
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director Co-director	Anabel Martínez Arán Estudio de las disfunciones cognitivas en pacientes bipolares agudos y en remisión a través de pruebas neuropsicológicas: relación entre rendimiento neuropsicológico y variables clínicas, farmacológicas y pronósticas Recerca i clínica dels trastorns mentals 2004 Manel Salamero Eduard Vieta
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director	Josep Maria Peri Nogués Afrontament en els trastorns de la personalitat Psiquiatria i Psicologia clínica: Dimensió Bio-Psico-Social 2004 Manuel Valdés Miyar
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director	Joana Porcel Carbonell Trastorns de l'atenció en l'esclerosi Múltiple Neuropsicologia 2004 Joan Guardia
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director Co-director	Sonia Sarró Alvarez Esquizofrènia i lateralitat Recerca i clínica dels trastorns mentals 2004 Manuel Valdés Miyar Manel Salamero Baró
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director Co-director	Alejandro Pons Villanueva Estudi longitudinal d'efectivitat i seguretat en una cohort de malalts amb trastorn psicòtic tractats a una clínica de clozapina Neurociències 2004 Miquel Bernardo Arroyo Xavier Carné Cladellas
Nom del doctorand: Títol tesi: Programa doctorat tesi:	Etapé Madinabeitia, Tatiana Estudio de la evolución de la calidad de vida en pacientes diagnosticadas de cáncer de mama Psiquiatria i Psicologia clínica

Any lectura: Director	Manuel Valdés Miyar	2004
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director Co-director	Ochoa Güerre, Susana Las necesidades de las personas esquizofrénicas que viven en comunidad Recerca i clínica dels trastorns mentals Miquel Bernardo Arroyo Josep M. Haro Abad	2004
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director Co-director	Alonso Ortega, Maria del Pino Relación de las dimensiones sintomáticas con factores etiopatogénicos, de curso clínico y respuesta a largo plazo en el trastorno obsesivo-compulsivo Recerca i clínica dels trastorns mentals Julio Vallejo Ruiloba José M. Menchón Magriñá	2004
Nom del doctorand: Títol tesi: Programa doctorat tesi: Any lectura: Director	Urretavizacaya Sarachaga, Mikel Curso clínico observable en depresiones crónicas Psiquiatria i Psicologia clínica Julio Vallejo Ruiloba	2004

6. LLISTAT DE PUBLICACIONS AMB FACTOR D'IMPACTE

Adan A, Prat G, Sanchez-Turet M.

Effects of nicotine dependence on diurnal variations of subjective activation and mood. *Addiction*. 2004 Dec;99(12):1599-607.

IF = 3,006

Alegret M, Valldeoriola F, Marti M, Pilleri M, Junque C, Rumia J, Tolosa E.

Comparative cognitive effects of bilateral subthalamic stimulation and subcutaneous continuous infusion of apomorphine in Parkinson's disease.

Mov Disord. 2004 Dec;19(12):1463-9.

IF = 3,093

Alonso P, Menchon JM, Mataix-Cols D, Pifarre J, Urretavizcaya M, Crespo JM, Jimenez S, Vallejo G, Vallejo J.

Perceived parental rearing style in obsessive-compulsive disorder: relation to symptom dimensions.

Psychiatry Res. 2004 Jul 15;127(3):267-78.

IF = 1,989

Ariza M, Mataro M, Poca MA, Junque C, Garnacho A, Amoros S, Sahuquillo J.

Influence of extraneurological insults on ventricular enlargement and neuropsychological functioning after moderate and severe traumatic brain injury.

J Neurotrauma. 2004 Jul;21(7):864-76.

IF = 2,866

Ariza M, Junque C, Mataro M, Poca MA, Bargallo N, Olondo M, Sahuquillo J.

Neuropsychological correlates of basal ganglia and medial temporal lobe NAA/Cho reductions in traumatic brain injury.

Arch Neurol. 2004 Apr;61(4):541-4.

IF = 4,835

Benabarre A, Vieta E, Martin F, Lomena F, Martinez-Aran A, Colom F, Corbella B, Gasto C, Valdes M.

Clinical value of 99mTc-HMPAO SPECT in depressed bipolar I patients.

Psychiatry Res. 2004 Dec 30;132(3):285-9.

If= 1,989

Castro J, Gila A, Gual P, Lahortiga F, Saura B, Toro J.

Perfectionism dimensions in children and adolescents with anorexia nervosa.

J Adolesc Health. 2004 Nov;35(5):392-8.

IF = 1,571

Castro J, Gila A, Puig J, Rodriguez S, Toro J.

Predictors of rehospitalization after total weight recovery in adolescents with anorexia nervosa.

Int J Eat Disord. 2004 Jul;36(1):22-30.

IF = 1,86

Castro J, Deulofeu R, Gila A, Puig J, Toro J.

Persistence of nutritional deficiencies after short-term weight recovery in adolescents with anorexia nervosa.

Int J Eat Disord. 2004 Mar;35(2):169-78. I

F = 1,867

Cristobal-Azkarate J, Dias PAD, **Vea JJ**

Causes of intraspecific aggression in *Alouatta palliata mexicana*: Evidence from injuries, demography, and habitat

INTERNATIONAL JOURNAL OF PRIMATOLOGY, 2004;25(4):939-53.

IF = 1,326

De la Torre JC, Barrios M, **Junque C**.

Frontal lobe alterations in schizophrenia: Neuroimaging and neuropsychological findings.

Eur Arch Psychiatry Clin Neurosci. 2004 Nov 22; [Epub ahead of print].

IF = 1,870

Domenech C, **Bernardo M**, Arrufat F.

[Electroconvulsive therapy in children and adolescents: a review of the literature]

Med Clin (Barc). 2004 Mar 13;122(9):349-54. [Article in Spanish].

IF = 1,005

Fullana MA, Mataix-Cols D, Caseras X, Alonso P, **Manuel Menchon J**, **Vallejo J**, Torrubia R.

High sensitivity to punishment and low impulsivity in obsessive-compulsive patients with hoarding symptoms.

Psychiatry Res. 2004 Nov 30;129(1):21-7.

IF = 1,989

Fullana MA, Mataix-Cols D, Trujillo JL, Caseras X, Serrano F, Alonso P, **Menchon JM**, **Vallejo J**, Torrubia R.

Personality characteristics in obsessive-compulsive disorder and individuals with subclinical obsessive-compulsive problems.

Br J Clin Psychol. 2004 Nov;43(Pt 4):387-98.

IF = 1,119

Gabrovsek M, Brecelj-Anderluh M, Bellodi L, Cellini E, Di Bella D, Estivill X, **Fernandez-Aranda F**, Freeman B, Geller F, Gratacos M, Haigh R, Hebebrand J, Hinney A, Holliday J, Hu X, Karwautz A, Nacmias B, Ribases M, Remschmidt H, Komel R, Sorbi S, Tomori M, Treasure J, Wagner G, Zhao J, Collier DA.

Combined family trio and case-control analysis of the COMT Val158Met polymorphism in European patients with anorexia nervosa.

Am J Med Genet B Neuropsychiatr Genet. 2004 Jan 1;124(1):68-72.

IF = 2,000

Gilabert E, **Rojo E**, **Vallejo J**.

Augmentation of electroconvulsive therapy seizures with sleep deprivation.

J ECT. 2004 Dec;20(4):242-7.

IF = 1,303

Gimenez M, **Junque C**, **Narberhaus A**, **Caldú X**, **Salgado-Pineda P**, Bargallo N, **Segarra D**, Botet F.

Hippocampal gray matter reduction associates with memory deficits in adolescents with history of prematurity.

Neuroimage. 2004 Nov;23(3):869-77.

IF = 4,869

Gimenez M, **Junque C**, **Narberhaus A**, **Caldú X**, **Segarra D**, **Vendrell P**, Bargallo N, Mercader JM.

Medial temporal MR spectroscopy is related to memory performance in normal adolescent subjects.

Neuroreport. 2004 Mar 22;15(4):703-7.

IF = 2,351

Gomez-Gil E, **Gasto C**, Carretero M, Diaz-Ricart M, **Salamero M**, Navines R, Escolar G. Decrease of the platelet 5-HT_{2A} receptor function by long-term imipramine treatment in endogenous depression.

Hum Psychopharmacol. 2004 Jun;19(4):251-8.

IF = 1,221

Gonzalez M, **de Pablo J**, Fuente E, **Valdes M**, Peri JM, Nomdedeu M, Matrai S. Instrument for detection of delirium in general hospitals: adaptation of the confusion assessment method.

Psychosomatics. 2004 Sep-Oct;45(5):426-31.

IF = 2,115

Guarch J, **Marcos T**, **Salamero M**, Blesa R.

Neuropsychological markers of dementia in patients with memory complaints.

Int J Geriatr Psychiatry. 2004 Apr;19(4):352-8.

IF = 1,971

Gumenyuk V, Korzyukov O, Alho K, **Escera C**, Naatanen R.

Effects of auditory distraction on electrophysiological brain activity and performance in children aged 8-13 years.

Psychophysiology. 2004 Jan;41(1):30-6.

IF = 2,257

Gutierrez-Zotes JA, Bayon C, Montserrat C, Valero J, Labad A, Cloninger CR, **Fernandez-Aranda F**.

[Temperament and Character Inventory Revised (TCI-R). Standardization and normative data in a general population sample]

Actas Esp Psiquiatr. 2004 Jan-Feb;32(1):8-15. [Article in Spanish].

IF = 0,241

Gutierrez B, Arias B, **Gasto C**, Catalan R, Papiol S, Pintor L, Fananas L.

Association analysis between a functional polymorphism in the monoamine oxidase A gene promoter and severe mood disorders.

Psychiatr Genet. 2004 Dec;14(4):203-8.

IF = 2,162

Marco-Pallares J, **Grau C**, Ruffini G.

Combined ICA-LORETA analysis of mismatch negativity.

Neuroimage. 2005 Apr 1;25(2):471-7. Epub 2005 Jan 26.

IF = 4,869

Marco J, **Fuentemilla L**, **Grau C**.

Auditory sensory gating deficit in abstinent chronic alcoholics.

Neurosci Lett. 2005 Mar 3;375(3):174-7. Epub 2004 Dec 8.

IF = 2,019

Marcos T, Godas T, **Corominas J**.

[Nicotine replacement therapy versus gradual smoking withdrawal in smoking cessation]

Med Clin (Barc). 2004 Jun 26;123(4):136-7. [Article in Spanish].

IF = 1,005

Martinez-Aran A, Vieta E, Colom F, Torrent C, Sanchez-Moreno J, Reinares M, Benabarre A, Goikolea JM, Brugue E, Daban C, **Salamero M**.

Cognitive impairment in euthymic bipolar patients: implications for clinical and functional outcome.

Bipolar Disord. 2004 Jun;6(3):224-32.

IF = 4,065

Martinez-Aran A, Vieta E, Reinares M, Colom F, Torrent C, Sanchez-Moreno J, Benabarre A, Goikolea JM, Comes M, **Salamero M**.

Cognitive function across manic or hypomanic, depressed, and euthymic states in bipolar disorder.

Am J Psychiatry. 2004 Feb;161(2):262-70.

IF = 7,614

Mataix-Cols D, Fullana MA, Alonso P, **Menchon JM, Vallejo J**.

Convergent and discriminant validity of the Yale-Brown Obsessive-Compulsive Scale Symptom Checklist.

Psychother Psychosom. 2004 May-Jun;73(3):190-6.

IF = 3,987

Narberhaus A, Segarra D, Gimenez M, Caldu X, Junque C, Bargallo N, Botet F.

Differential cerebral and neuropsychological consequences in dizygotic twins with prenatal alcohol exposure.

Alcohol Alcohol. 2004 Jul-Aug;39(4):321-4.

IF = 1,714

Navarro V, **Gasto C**, Lomena F, Mateos JJ, Portella MJ, Masana G, **Bernardo M, Marcos T**.

No brain perfusion impairment at long-term follow-up in elderly patients treated with electroconvulsive therapy for major depression.

J ECT. 2004 Jun;20(2):89-93.

IF = 1,303

Navarro V, **Gasto C**, Lomena F, Mateos JJ, Portella MJ, Massana G, **Bernardo M, Marcos T**.

Frontal cerebral perfusion after antidepressant drug treatment versus ECT in elderly patients with major depression: a 12-month follow-up control study.

J Clin Psychiatry. 2004 May;65(5):656-61.

IF = 4,806

Navarro V, **Gasto C**, Lomena F, Torres X, Mateos JJ, Portella MJ, Masana G, **Marcos T**.

Prognostic value of frontal functional neuroimaging in late-onset severe major depression.

Br J Psychiatry. 2004 Apr;184:306-11.

IF = 4,175

Parellada E, Lomena F, Catafau AM, **Bernardo M**, Font M, Fernandez-Egea E, Pavia J, Gutierrez F.

Lack of sex differences in striatal dopamine D2 receptor binding in drug-naive schizophrenic patients: an IBZM-SPECT study

Psychiatry Res. 2004 Jan 15;130(1):79-84.

IF = 1,989

Pintor L, Torres X, Navarro V, Matrai S, **Gasto C**.

Is the type of remission after a major depressive episode an important risk factor to

relapses in a 4-year follow up?
J Affect Disord. 2004 Oct 15;82(2):291-6.
IF =2,703

Poca MA, **Mataro M, Del Mar Matarin M**, Arian F, **Junque C**, Sahuquillo J.
Is the placement of shunts in patients with idiopathic normal-pressure hydrocephalus worth the risk? Results of a study based on continuous monitoring of intracranial pressure.
J Neurosurg. 2004 May;100(5):855-66.
IF = 2,577

Prieto JM, Atala J, Blanch J, Carreras E, Rovira M, Cirera E, **Gasto C**.
Psychometric study of quality of life instruments used during hospitalization for stem cell transplantation.
J Psychosom Res. 2004 Aug;57(2):201-11.
IF = 2,811

Prieto JM, Atala J, Blanch J, Carreras E, Rovira M, Cirera E, **Gasto C**.
Patient-rated emotional and physical functioning among hematologic cancer patients during hospitalization for stem-cell transplantation.
Bone Marrow Transplant. 2005 Feb;35(3):307-14.
IF = 2,101

Pujol J, Soriano-Mas C, Alonso P, Cardoner N, **Menchon JM**, Deus J, **Vallejo J**.
Mapping structural brain alterations in obsessive-compulsive disorder.
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IF = 11,207

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IF = 2,592

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Neuroimage. 2004 Mar;21(3):840-7.
IF = 4,869

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Validity of a measure of readiness to recover in Spanish adolescent patients with anorexia nervosa

Psychol Psychother. 2004 Mar;77(Pt 1):91-9.

IF = 0,333

Setoain X, Arroyo S, Lomena F, Pavia J, Pareto D, **Boget T**, Bargallo N, Rumia J, Fuster D, Fuertes S, Pons F.

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Neurology. 2004 Jun 22;62(12):2241-6.

IF = 5,973

Sierra C, De La Sierra A, **Salamero M**, Sobrino J, Gomez-Angelats E, Coca A.

Silent cerebral white matter lesions and cognitive function in middle-aged essential hypertensive patients.

Am J Hypertens. 2004 Jun;17(6):529-34.

IF = 3,382

Sole-Padulles C, Bartres-Faz D, Junque C, Via M, **Matarin M**, Gonzalez-Perez E, Moral P, Moya A, **Clemente IC**.

Poorer cognitive performance in humans with mild cognitive impairment carrying the T variant of the Glu/Asp NOS3 polymorphism.

Neurosci Lett. 2004 Mar 18;358(1):5-8.

IF = 2,019

Llistat, freqüència i factor d'impacte (ISI JCR 2003) de les revistes que han publicat articles dels membres del departament durant l'any 2004

REVISTA	N	IF
Actas Esp Psiquiatr	1	0,241
Addiction	1	3,006
Alcohol Alcohol	1	1,714
Am J Hypertens	1	3,382
Am J Med Genet B Neuropsychiatr Genet	1	2,000
Am J Psychiatry	1	7,614
Arch Gen Psychiatry	1	11,207
Arch Neurol	1	4,835
Bipolar Disord	1	4,065
Bone Marrow Transplant	1	2,101
Br J Clin Psychol	1	1,119
Br J Psychiatry	1	4,175
Eur Arch Psychiatry Clin Neurosci	1	1,870
Hum Mol Genet	1	7,801
Hum Psychopharmacol	1	1,221
Int J Eat Disord	2	1,867
Int J Geriatr Psychiatry	1	1,971
Int J Primatology	1	1,326
J Adolesc Health	1	1,571
J Affect Disord	1	2,703
J Clin Psychiatry	1	4,806
J ECT	2	1,303
J Neuropsychiatry Clin Neurosci	1	1,817
J Neurosurg	1	2,577
J Neurotrauma	1	2,866
J Psychosom Res	1	2,811
Med Clin (Barc)	2	1,005
Mov Disord	1	3,093
Neuroimage	3	4,869
Neurology	1	5,973
Neuroreport	1	2,351
Neurosci Lett	2	2,019
Psychiatr Genet	1	2,162
Psychiatry Res	4	1,989
Psychol Psychother	1	0,333
Psychophysiology	1	2,257
Psychosomatics	1	2,115
Psychother Psychosom	1	3,987
Schizophr Bull	1	2,592
TOTAL	48	138,613

7. RESUMS DELS ARTICLES AMB FACTOR D'IMPACTE

Adan A, Prat G, Sanchez-Turet M.

Effects of nicotine dependence on diurnal variations of subjective activation and mood. *Addiction*. 2004 Dec;99(12):1599-607.

AIM: To study the influence of nicotine dependence on diurnal variations of subjective activation and mood in smokers, without restrictions in their usual smoking habits, compared with non-smokers. We analysed independently the impact of the postlunch phenomenon, a semicircadian rhythm overlapped with diurnal variations. **DESIGN AND MEASUREMENTS:** Every hour, from 0800 to 2100 hours, 60 students, 40 smokers and 20 non-smokers, responded to questions on eight unipolar visual analogue scales; four referred to subjective activation and four to mood. Based on Fagerstrom's Test for Nicotine Dependence and on carbon monoxide expired air pre- and postsmoking, 20 smokers were classified as high-dependent and 20 as low-dependent smokers. At 0800 hours, smokers were in a state of nicotine deprivation. Circadian typology, sleep habits and other psychoactive substances consumption were controlled. **FINDINGS:** Subjective activation and mood of smokers improved after they smoked their first morning cigarette, and this effect was greater for high-dependent subjects. Mood scores were lower in high-dependent smokers throughout the day, intermediate in low-dependent smokers and greater in non-smokers. Smokers showed a delay in the diurnal maximum of subjective activation of 2 hours for low-dependent and 3 hours for high-dependent smokers. Moreover, high-dependent smokers showed a lower amplitude of diurnal function of subjective activation. We observed a greater postlunch interference in smokers, with a larger decrease of subjective feelings in low-dependent smokers. **CONCLUSIONS:** Our data confirm that differences exist in the circadian rhythmicity between non-smokers and smokers, and that the level of nicotine dependence in smokers is a relevant factor for the interpretation of the diurnal variations. The profiles obtained in smokers are consistent with models of nicotine deprivation-reversal and with the hedonic homeostatic dysregulation nicotine addiction hypothesis.

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PMID: 15585051 [PubMed - indexed for MEDLINE]

Alegret M, Valldeoriola F, Marti M, Pilleri M, **Junque C**, Rumia J, Tolosa E.

Comparative cognitive effects of bilateral subthalamic stimulation and subcutaneous continuous infusion of apomorphine in Parkinson's disease.

Mov Disord. 2004 Dec;19(12):1463-9.

Bilateral subthalamic deep brain stimulation (STN-DBS) and continuous subcutaneous infusion of apomorphine (APM-csi) can provide a comparable improvement on motor function in patients with advanced Parkinson's disease (PD), but the mechanisms by which both therapies exert their effects are different. We analyzed the cognitive effects of APM-csi. We also compared neuropsychological effects induced by STN-DBS and APM-csi in advanced PD to ascertain the neuropsychological aspects relevant in determining the therapeutic procedure that is the most appropriate in a particular patient. We studied 9 patients treated with STN-DBS and 7 patients with APM-csi. Neuropsychological measures included Rey's Auditory-Verbal Learning, Stroop, Trail Making, phonetic verbal fluency, and Judgment of Line Orientation tests. In the APM-csi group, significant changes were not observed in the neuropsychological tests performance. By contrast, in the STN-DBS group, moderate worsening was found in phonetic verbal fluency and Stroop Naming scores that was partially reversible at long-term follow-up and did not have consequences on regular activities. Consequently, these findings could be interpreted as being not relevant in deciding the most suitable treatment in a given patient. 2004 Movement Disorder Society.

Parkinson's Disease and Movement Disorders Unit, Service of Neurology, Institut de Malalties del Sistema Nervios, Hospital Clinic, IDIBAPS, **University of Barcelona**, Barcelona, Spain.

PMID: 15390065 [PubMed - indexed for MEDLINE]

Alonso P, **Menchon JM**, Mataix-Cols D, Pifarre J, Urretavizcaya M, Crespo JM, Jimenez S, Vallejo G, **Vallejo J**.

Perceived parental rearing style in obsessive-compulsive disorder: relation to symptom dimensions.

Psychiatry Res. 2004 Jul 15;127(3):267-78.

Obsessive-compulsive disorder (OCD) runs in families, but the specific contribution of genetic and environmental factors to its development is not well understood. The aim of this study was to assess whether there are differences in perceived parental child-rearing practices between OCD patients and healthy controls, and whether any relationship exists between parental characteristics, depressive symptoms and the expression of particular OCD symptom dimensions. A group of 40 OCD outpatients and 40 matched healthy controls received the EMBU (Own Memories of Parental Rearing Experiences in Childhood), a self-report measure of perceived parental child-rearing style. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and the Hamilton Depression Rating Scale (HDRS) were used to assess the severity of obsessive-compulsive and depressive symptoms. The Y-BOCS Symptom Checklist was used to assess the nature of obsessive-compulsive symptoms, considering the following five symptom dimensions: contamination/cleaning, aggressive/checking, symmetry/ordering, sexual/religious and hoarding. Logistic and multiple linear regression analyses were conducted to study the relationship between parental style of upbringing, depressive symptoms and OCD symptom dimensions. Severe OCD (Y-BOCS: 27.0+/-7.4) and mild to moderate depressive symptoms (HDRS: 14.0+/-5.4) were detected in our sample. Compared with healthy controls, OCD patients perceived higher levels of rejection from their fathers. No differences between the groups with respect to perceived levels of overprotection were detected. The severity of depressive symptoms could not be predicted by scores on any perceived parental characteristics. Hoarding was the only OCD symptom dimension that could be partially predicted by parental traits, specifically low parental emotional warmth. Social/cultural variables such as parental child-rearing patterns, in interaction with biological and genetic factors, may contribute to the expression of the OCD phenotype.

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PMID: 15296826 [PubMed - indexed for MEDLINE]

Ariza M, Mataro M, Poca MA, Junque C, Garnacho A, Amoros S, Sahuquillo J. Influence of extraneurological insults on ventricular enlargement and neuropsychological functioning after moderate and severe traumatic brain injury. *J Neurotrauma*. 2004 Jul;21(7):864-76.

Extraneurological insults secondary to TBI such as hypotension or hypoxia have been associated with mortality and morbidity. The purpose of this study was to investigate the influence of systemic complications on both neuropsychological outcome and cerebral atrophy. Fifty-seven patients selected from 122 consecutive admissions were studied. Data on the type and severity of injury as well as other systemic insults were collected prior to and during the first 3 days of hospitalization. These data included the presence or absence of a hypoxic episode during the pre-hospital period, the presence and degree of hypoxia, hypercapnia, anemia, hypotension and intracranial hypertension, pupillary reactivity, Glasgow Coma Scale score and coma duration. From the last control CT scan image, performed 6 months post-injury, four different indexes of ventricular dilatation were calculated. Neuropsychological assessment at 6 months included tests of verbal and visual memory, visuoconstructive functions, fine motor speed, and frontal lobe functions. Our results showed that hypoxia and hypotension were related to neuropsychological outcome and long-term ventricular enlargement. Hypoxic episodes prior to hospitalization were related to third ventricle dilatation and to adverse neurological and cognitive outcomes, especially to attention, motor speed, mental flexibility, fluency and verbal memory impairments, suggesting fronto-striatal and hippocampal dysfunction. We conclude that the effect of extraneurological insults on brain structure and function may be as important as the severity of the primary injury.

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PMID: 15307899 [PubMed - indexed for MEDLINE]

Ariza M, Junque C, Mataro M, Poca MA, Bargallo N, Olondo M, Sahuquillo J. Neuropsychological correlates of basal ganglia and medial temporal lobe NAA/Cho reductions in traumatic brain injury. *Arch Neurol*. 2004 Apr;61(4):541-4.

BACKGROUND: Proton magnetic resonance spectroscopy can assess neurochemical sequelae in traumatic brain injury. Metabolic abnormalities are present in the acute or subacute period in patients with traumatic brain injury and correlate with outcome on clinical scales. **OBJECTIVE:** To investigate the use of proton magnetic resonance spectroscopy in detecting possible gray subcortical neurochemical impairments and their relationship with neuropsychological performance. **DESIGN:** Group comparisons and correlations of brain metabolites with clinical and neuropsychological variables. **PATIENTS AND METHODS:** Metabolite concentrations were acquired from voxels localized to the basal ganglia and medial temporal region in 20 patients with long-term moderate and severe traumatic brain injury and 20 matched control subjects. Both groups underwent neuropsychological assessment. **RESULTS:** N-acetylaspartate-choline-containing compounds ratios were decreased in patients in the basal ganglia ($t = -3.28$, $P = .002$) and medial temporal region ($t = -3.52$, $P = .001$). The basal ganglia ratio correlated to measures of speed, motor scanning, and attention. **CONCLUSION:** Patients with long-term TBI present a regional correlation pattern that may help identify the neurological basis of cognitive sequelae in traumatic brain injury.

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PMID: 15096403 [PubMed - indexed for MEDLINE]

Benabarre A, Vieta E, Martin F, Lomena F, Martinez-Aran A, Colom F, Corbella B, **Gasto C, Valdes M.**

Clinical value of 99mTc-HMPAO SPECT in depressed bipolar I patients.
Psychiatry Res. 2004 Dec 30;132(3):285-9.

Regional cerebral blood flow was studied in 17 bipolar I depressed patients (DSM-IV criteria) with single photon emission computed tomography (SPECT). Visual analysis of images revealed no abnormality in eight patients and abnormal findings in nine patients. In the nine patients with abnormal findings, all showed regional decreases of the uptake of (99m)Tc-D,L-hexamethylpropylene amine oxime (HMPAO, four in the frontal region, two in the basal ganglia, and three in both the frontal region and the basal ganglia). The patients with visible SPECT abnormalities had significantly higher scores on the Hamilton Rating Scale for Depression (HDRS).

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PMID: 15664800 [PubMed - indexed for MEDLINE]

Castro J, Gila A, Gual P, Lahortiga F, Saura B, **Toro J.**

Perfectionism dimensions in children and adolescents with anorexia nervosa.
J Adolesc Health. 2004 Nov;35(5):392-8.

PURPOSE: To assess the dimensions of perfectionism in adolescents with anorexia nervosa in comparison with adolescents from the general population and to validate the Spanish versions of two measures of perfectionism. **METHODS:** The Child and Adolescents Perfectionism Scale (CAPS), the Perfectionistic Self-Presentation Scale (PSPS) scale, the Eating Attitudes Test (EAT), and the Beck Depression Inventory (BDI) were administered to a group of 71 anorexia nervosa patients (mean age 15.3 years). Moreover, the CAPS and the PSPS were also administered to 113 adolescents from the general population (mean age 14.6 years). The CAPS and the PSPS were administered again after 1 week in 68 subjects to evaluate test-retest reliability. **RESULTS:** Both the CAPS and the PSPS demonstrated good internal consistency (Cronbach alpha for anorexia nervosa patients = .91; Cronbach alpha for general population = .85) and the two scales of the CAPS also had alpha coefficients in excess of .7. One-week test-retest reliability was also adequate ($r = .80$). Anorexia nervosa patients had higher mean scores in Self-oriented perfectionism ($p < .001$) and Perfectionistic self-presentation ($p < .001$) but not in Socially prescribed perfectionism ($p = .292$). There were significant correlations among perfectionism and the EAT and the BDI. A percentage of anorexia nervosa patients between 39% and 42% obtained a score higher than the mean in the comparison group plus two standard deviations in Self-oriented perfectionism and Perfectionistic self-presentation. **CONCLUSIONS:** The Spanish version of the CAPS and the PSPS showed good psychometric properties. A percentage of 40% of adolescent patients with anorexia nervosa show high Self-oriented perfectionism and Perfectionistic self-presentation.

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PMID: 15488433 [PubMed - indexed for MEDLINE]

Castro J, Gila A, Puig J, Rodriguez S, **Toro J**.

Predictors of rehospitalization after total weight recovery in adolescents with anorexia nervosa.

Int J Eat Disord. 2004 Jul;36(1):22-30.

OBJECTIVE: The current study analyzed the variables related to rehospitalization after total weight recovery in adolescents with anorexia nervosa. **METHOD:** One hundred and one patients first admitted for inpatient treatment, aged 11-19 years, were followed up for 12 months after discharge. **RESULTS:** Twenty-five subjects (24.8%) required readmission after complete weight recovery and 76 (75.2%) did not. Duration of disorder, weight loss, body mass index at first admission, and global body image distortion were similar in the two groups. Patients needing readmission had a lower rate of weight gain ($p < .001$), a lower mean age ($p = .007$), a higher mean score on the Eating Attitudes Test (EAT; $p = .009$), and a higher percentage of hips overestimation ($p = .049$). In a stepwise logistic regression analysis, these three variables predicted readmission and correctly classified 77.6% of patients. Taken as discrete variables, age younger than 15 years old, EAT score above 55, and a rate of weight gain lower than 150 grams per day were associated with a higher percentage of readmissions. **DISCUSSION:** The variables most clearly related to readmission were young age, abnormal eating attitudes, and a low rate of weight gain. Copyright 2004 by Wiley Periodicals, Inc.

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PMID: 15185268 [PubMed - indexed for MEDLINE]

Castro J, Deulofeu R, Gila A, Puig J, **Toro J**.

Persistence of nutritional deficiencies after short-term weight recovery in adolescents with anorexia nervosa.

Int J Eat Disord. 2004 Mar;35(2):169-78.

OBJECTIVES: To study nutritional abnormalities in adolescent anorexia nervosa and to establish whether certain abnormalities persist after short-term refeeding. **METHOD:** Sixty-one patients (10-19 years old) admitted to a reference unit for eating disorders between 1999 and 2000 with a diagnosis of anorexia nervosa were evaluated at admission and at discharge. A range of biochemical, nutritional, and hormonal parameters were determined. **RESULTS:** At admission, no protein or lipid deficiencies were found, although many patients presented with hormonal abnormalities and red blood cell folate and zinc deficiencies. Hormonal abnormalities reverted significantly ($p < .000$) after renutrition. There were decreases in erythrocytes and in levels of hemoglobin ($p < .000$) and folic acid ($p < .05$). Red blood cell folate and zinc increased but did not reach normal levels. **CONCLUSIONS:** In a large proportion of adolescent anorexic patients, supplementation of folic acid and zinc is recommended although protein or hormonal replacement does not seem to be necessary. Copyright 2004 by Wiley Periodicals, Inc.

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PMID: 14994354 [PubMed - indexed for MEDLINE]

Cristobal-Azkarate J, Dias PAD, Veja JJ

Causes of intraspecific aggression in *Alouatta palliata mexicana*: Evidence from injuries, demography, and habitat

INTERNATIONAL JOURNAL OF PRIMATOLOGY, 2004;25(4):939-53

Although howlers have been traditionally considered to be pacific, showing one of the lowest rates of aggression among primates, new evidence is emerging to question this image. We present data on injuries in Mexican mantled howlers (*Alouatta palliata mexicana*) in relation to different sociological parameters. We censused howler populations in 19 forest fragments over a 17-month period in the Los Tuxtlas Region, southern Veracruz, Mexico. We conducted detailed observations of scars, torn lips, broken fingers, mutilated tails and other visible injuries. We also collected data on the demography, biogeography and vegetation of each fragment in order to relate injury data to them. We censused 333 howlers, of which we exhaustively observed 254 for injuries. Four resident adult females ($n = 108$) and 29 adult resident males ($n = 76$) had injuries, while none of the solitary males ($n = 16$), solitary females ($n = 1$), juveniles ($n = 23$) and infants ($n = 30$) had them. We discuss possible interpretative scenarios for the distribution of injuries. Although some results suggest that food resource concentration may determine intergroup agonistic encounters, we propose that physical injury is primarily associated with male-male agonistic encounters during takeovers, and consequently it could indicate migration among troops.

ISI:000221665900011

de la Torre JC, Barrios M, **Junque C.**

Frontal lobe alterations in schizophrenia: Neuroimaging and neuropsychological findings. *Eur Arch Psychiatry Clin Neurosci.* 2004 Nov 22; [Epub ahead of print]

Functional neuroimaging and neuropsychological performance indicate a prefrontal dysfunction in schizophrenia patients. Frontal morphological brain abnormalities are also evident in these patients, but the relationship between neuropsychology and neuroimaging findings remains unclear. In this study, thirty patients with schizophrenia and 30 control participants were assessed using a neuropsychological test battery sensitive to fronto-striatal system dysfunction. Computed tomography (CT) scans were used to calculate the distance from the corpus callosum to the frontal pole corrected for brain size (anterioposterior length) in the group of patients and in a group of control participants with negative radiological findings. Schizophrenia patients performed significantly worse than controls in all frontal lobe tests. Corrected length from the corpus callosum to the frontal pole was reduced in patients with schizophrenia. This easy-to-perform measurement has not been used in previous studies, and indicates that schizophrenia patients have structural frontal abnormalities. However, correlations between structural and functional measures fail to show a clear relationship between the prefrontal performance and the main CT measures. As a rule, the trend observed in the correlation matrix pointed towards a relationship between CT parameters and a dysfunction on neuropsychological tests sensitive to frontal lobe damage.

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PMID: 15551150 [PubMed - as supplied by publisher]

Domenech C, **Bernardo M**, Arrufat F.

[Electroconvulsive therapy in children and adolescents: a review of the literature]
Med Clin (Barc). 2004 Mar 13;122(9):349-54. [Article in Spanish]

It is well-known that electroconvulsive therapy (ECT) is a safe and effective treatment for some mental disorders in adults. However, its use in children and adolescents is still the cause of some fears which may not be justified. The aim of this article is to clarify and to present the state of this question by reviewing the literature about ECT in children and adolescents, with emphasis on efficacy, indications, adverse effects and limitations. Results from studies in this population group show similar safety and efficacy data as those observed in adults. There exists a misinformation about the ECT technique among child psychologists and psychiatrists. Large follow-up studies are needed.

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Publication Types: Review, Tutorial

PMID: 15033057 [PubMed - indexed for MEDLINE]

Fullana MA, Mataix-Cols D, Caseras X, Alonso P, **Manuel Menchon J, Vallejo J**, Torrubia R.

High sensitivity to punishment and low impulsivity in obsessive-compulsive patients with hoarding symptoms.

Psychiatry Res. 2004 Nov 30;129(1):21-7.

Recent factor-analytic studies involving over 2000 patients have reduced the symptoms of obsessive-compulsive disorder (OCD) into a few dimensions or potentially overlapping syndromes. Hoarding consistently emerged as a separate factor in all these studies. This study investigated the relationship between OCD symptom dimensions and normal personality traits in a sample of 56 OCD patients. They were administered the Sensitivity to Punishment and Sensitivity to Reward

Questionnaire and the Eysenck Personality Questionnaire, derived from Gray's and Eysenck's personality models, respectively. The personality scores were correlated with previously identified symptom dimensions from the Yale-Brown Obsessive-Compulsive Scale Symptom Checklist (Y-BOCS-SC), controlling for overall illness severity. High scores on the hoarding dimension of the Y-BOCS-SC were positively correlated with scores on the Sensitivity to Punishment scale and negatively with Eysenck's Psychoticism scale. While high sensitivity to punishment is a personality feature common to many OCD patients, it is more strongly pronounced in patients with hoarding symptoms. These patients also appear to be less impulsive or novelty seeking as reflected by low scores on Eysenck's Psychoticism scale. High sensitivity to punishment and low novelty seeking in OCD hoarders might explain their poor compliance and response to conventional treatments, but this question needs to be explored further in a prospective treatment study.

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PMID: 15572181 [PubMed - indexed for MEDLINE]

Fullana MA, Mataix-Cols D, Trujillo JL, Caseras X, Serrano F, Alonso P, **Menchon JM, Vallejo J**, Torrubia R.

Personality characteristics in obsessive-compulsive disorder and individuals with subclinical obsessive-compulsive problems.

Br J Clin Psychol. 2004 Nov;43(Pt 4):387-98.

OBJECTIVE: To assess the relationship between normal personality traits and obsessive-compulsive (OC) phenomena in individuals with subclinical OC problems and patients whose problems met diagnostic criteria for obsessive-compulsive disorder (OCD).

METHOD: In Study 1, 25 healthy volunteers with high scores on the Padua Inventory (PI) and 28 controls with low scores on the PI were compared on the Sensitivity to Punishment and Sensitivity to Reward Questionnaire (SPSRQ), the Eysenck Personality Questionnaire (EPQ), and measures of depression and state anxiety. In Study 2, 56 treatment-seeking participants meeting DSM-IV criteria for OCD and 40 healthy volunteers of similar sociodemographic characteristics were compared on the same measures. **RESULTS:** Both individuals with subclinical OC problems and OCD patients scored significantly higher than their respective control groups on sensitivity to punishment, neuroticism and psychoticism. OCD patients, but not individuals with subclinical OC problems, scored lower in extraversion than their respective controls. Neuroticism was the strongest predictor of high scores on the PI in Study 1, while psychoticism was the strongest predictor of the presence of an OCD diagnosis in Study 2. **CONCLUSION:** Healthy participants with high scores on OC measures and OCD patients share various personality traits but can also be distinguished according to the level of extraversion, neuroticism and psychoticism.

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PMID: 15530209 [PubMed - indexed for MEDLINE]

Gabrovsek M, Brecelj-Anderluh M, Bellodi L, Cellini E, Di Bella D, Estivill X, **Fernandez-Aranda F**, Freeman B, Geller F, Gratacos M, Haigh R, Hebebrand J, Hinney A, Holliday J, Hu X, Karwautz A, Nacmias B, Ribases M, Remschmidt H, Komel R, Sorbi S, Tomori M, Treasure J, Wagner G, Zhao J, Collier DA.

Combined family trio and case-control analysis of the COMT Val158Met polymorphism in European patients with anorexia nervosa.

Am J Med Genet B Neuropsychiatr Genet. 2004 Jan 1;124(1):68-72.

The high activity Val158 (H) allele of the dopamine-metabolizing enzyme catechol-O-methyltransferase (COMT) was associated with anorexia nervosa (AN) in a recent family trio-based study of patients from Israel. In an attempt to replicate this finding, we performed a combined family trio and case-control study in an European population from seven centers in six different countries (Austria, Germany, Great Britain, Italy [Milan], Italy [Florence], Slovenia, and Spain), together contributing a total of 372 family trios, 684 controls and 266 cases. TDT analyses of high (H) and low (L) alleles in family trios showed that H allele and L allele were each transmitted 101 times ($\chi^2 = 0$, ns). Allele-wise case-control analysis using separate samples simply combined from the centers was also not significant, with the frequencies of the H allele 50% in cases and same in controls. Stratified analysis of data from all centers gave an odds ratio of 0.98 (Cornfield 95% confidence limits 0.78-1.24). Analysis by genotype was likewise not significant (overall $\chi^2 = 0.42$). Because we were not able to support the primary hypothesis that Val158Met is a risk factor for AN, we did not perform secondary analysis of minimum body mass index (mBMI), age at onset or illness subtype (restricting or binge purging anorexia). Overall we found no support for the hypothesis that the Val158 allele of COMT gene is associated with AN in our combined European sample. Copyright 2003 Wiley-Liss, Inc.

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Publication Types: Multicenter Study

PMID: 14681918 [PubMed - indexed for MEDLINE]

Gilabert E, **Rojo E, Vallejo J.**

Augmentation of electroconvulsive therapy seizures with sleep deprivation.
J ECT. 2004 Dec;20(4):242-7.

Electroconvulsive therapy (ECT) is the fastest and most effective treatment for severe or treatment-resistant affective and psychotic disorders. Its therapeutic effect is obtained through a generalized tonic-clonic seizure of adequate duration. Several factors (older age, male gender, and the sessions of ECT themselves) increase seizure threshold and reduce seizure time. In our work, sleep deprivation was used as a strategy to enhance the ECT seizure. A matched sample design was conducted on the basis of the following variables: gender, age range, and seizure threshold. After the first ECT, when the initial seizure threshold was measured, subjects were assigned to ECT (electroconvulsive therapy) or SD+ECT (sleep deprivation + electroconvulsive therapy). Changes in the variable of seizure threshold were studied in both groups during the treatment course. A nonparametric analysis was implemented for 2 independent groups. During the treatment course, the SD+ECT group showed a decreased seizure threshold, from 190.4 mC in the first ECT session to 176.4 mC in the last ECT session, whereas the ECT group showed an increased seizure threshold, increasing from 190.4 mC to 321.91 mC. Sleep deprivation is an effective and safe technique used to lower the seizure threshold of ECT and to obtain an adequate seizure time without increasing the energy applied.

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PMID: 15591858 [PubMed - indexed for MEDLINE]

Gimenez M, Junque C, Narberhaus A, Caldu X, Salgado-Pineda P, Bargallo N, Segarra D, Botet F.

Hippocampal gray matter reduction associates with memory deficits in adolescents with history of prematurity.

Neuroimage. 2004 Nov;23(3):869-77.

Using optimized voxel-based morphometry (VBM), we compared the relationship between hippocampal and thalamic gray matter loss and memory impairment in 22 adolescents with history of prematurity (HP) and 22 normal controls. We observed significant differences between groups in verbal learning and verbal recognition, but not in visual memory. VBM analysis showed significant left hippocampal and bilateral thalamic reductions in HP subjects. Using stereological methods, we also observed a reduction in hippocampal volume, with left posterior predominance. We found correlations between left hippocampal gray matter reductions (assessed by VBM) and verbal memory (learning and percentage of memory loss) in the premature group. The stereological analysis showed a correlation between verbal learning and the left posterior hippocampus. Our results suggest that left hippocampal tissue loss may be responsible for memory impairment and is probably related to the learning disabilities that HP subjects present during schooling.

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PMID: 15528087 [PubMed - indexed for MEDLINE]

Gimenez M, Junque C, Narberhaus A, Caldu X, Segarra D, Vendrell P, Bargallo N, Mercader JM.

Medial temporal MR spectroscopy is related to memory performance in normal adolescent subjects.

Neuroreport. 2004 Mar 22;15(4):703-7.

In addition to the study of pathological conditions, magnetic resonance spectroscopy can provide useful information about brain-behavior relationships in normal subjects. Recently, there have been reports of correlations between N-acetylaspartate (NAA) values and cognitive functions in normal adults. We tested the possible specific relationship between the NAA/choline (Cho) ratio in the medial temporal lobe and memory performance in normal adolescents. The medial temporal NAA/Cho ratio was unrelated to age, gender and general intelligence but presented a clear correlation with several memory measures. In the regression analysis two memory variables (RAVLT learning and a face-name recognition task) explained 55.6% of NAA/Cho variance. We conclude that NAA values in the medial temporal lobe are related to memory abilities but not to global intelligence in normal adolescent subjects.

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PMID: 15094480 [PubMed - indexed for MEDLINE]

Gomez-Gil E, Gasto C, Carretero M, Diaz-Ricart M, Salamero M, Navines R, Escolar G. Decrease of the platelet 5-HT_{2A} receptor function by long-term imipramine treatment in endogenous depression.

Hum Psychopharmacol. 2004 Jun;19(4):251-8.

BACKGROUND: Animal studies have found that many antidepressants induce decreases in both the density and the functional activity of the serotonin 2A (5-HT_{2A}) receptor subtype. However, the extrapolation of findings to humans has been inconclusive. A physiological platelet response mediated by this receptor, the serotonin-amplified platelet aggregation, was measured to study whether long-term antidepressant treatment induces changes in 5-HT_{2A} receptor functioning in endogenous depressed patients. **METHOD:** The percentage of serotonin-amplified platelet aggregation to adenosine diphosphate (ADP) was studied in 15 untreated patients with major depressive disorder (DSM-IV) with endogenous features (Newcastle scale). This index was used as an indirect measurement of the functional status of platelet 5-HT_{2A} receptors. Aggregation studies were repeated once remission of the symptoms was achieved during treatment with imipramine (150-300 mg/day). A group of 15 concurrent normal subjects was used as a control. **RESULTS:** A statistically significant decrease ($p = 0.038$) in the percentage of serotonin-amplified platelet aggregation to ADP was observed when remission was achieved (after 145 ± 27 days). **CONCLUSIONS:** The results showed a decrease in a platelet functional response mediated by 5-HT_{2A} receptors following effective imipramine treatment, suggesting that desensitization or down-regulation of the 5-HT_{2A} receptor function could be linked to the therapeutic effect of some antidepressants. The data also support the use of platelet aggregometry as a surrogate measurement of antidepressant action, particularly in intra-subject designs. Copyright 2004 John Wiley & Sons, Ltd.

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Publication Types: Clinical Trial

PMID: 15181653 [PubMed - indexed for MEDLINE]

Gonzalez M, **de Pablo J**, Fuente E, **Valdes M**, Peri JM, Nomdedeu M, Matrai S.
Instrument for detection of delirium in general hospitals: adaptation of the confusion assessment method.
Psychosomatics. 2004 Sep-Oct;45(5):426-31.

Delirium is a common and severe disorder that is often misdiagnosed. The use of screening instruments is advisable for its early detection and treatment. In this study, the authors present an adaptation of the Confusion Assessment Method in order to improve its psychometric properties. One hundred fifty-three elderly inpatients were assessed in a four-phase procedure. Interrater reliability was high ($\kappa = 0.89$). Sensitivity was 90%, and specificity was 100%; the value for negative predictive accuracy was 97%, and the value for positive predictive accuracy was 100%. The adaptation has convergent agreement with two other mental status tests, the Mini-Mental Status Examination and the Delirium Rating Scale. Our results suggest that the adaptation of the Confusion Assessment Method is sensitive, specific, reliable, and easy to use by clinicians.

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PMID: 15345788 [PubMed - indexed for MEDLINE]

Guarch J, **Marcos T**, **Salamero M**, Blesa R.
Neuropsychological markers of dementia in patients with memory complaints.
Int J Geriatr Psychiatry. 2004 Apr;19(4):352-8.

OBJECTIVES: To identify neuropsychological markers able to predict evolution towards dementia, through the detection of differential neuropsychological characteristics in a group of subjects complaining of memory loss, in a longitudinal, two-year follow-up study. **METHODS:** Longitudinal and retrospective comparisons of neuropsychological performance in: (a) subjects complaining of memory loss who, after a two-year period, met neurological and clinical diagnostic criteria for probable AD, and (b) subjects from the same group who did not progress towards dementia. A sample of 43 subjects were administered a comprehensive neuropsychological battery evaluating orientation, logical-verbal and visuoperceptive reasoning, immediate and delayed verbal and visual memory, attention, learning, executive functions and semantic and phonemic verbal fluency. **RESULTS:** Of the 43 subjects evaluated and then re-evaluated two years later, ten (23%) progressed to dementia according to the NINCS-ADRDA criteria for probable Alzheimer's disease. The neuropsychological performance of the rest of the subjects ($n=33$) over the two examinations was stable. In the retrospective analysis the principal differences between the two groups were found in the intensity of the initial memory deficits (WMS-R) and in the impairment of other cognitive areas in the dementia group: formation of concepts, vocabulary and similarities (WAIS), learning (WMS-R) and several executive functions. **CONCLUSIONS:** The deficits in cognitive areas other than memory are significant in subjects with memory complaints who progress towards dementia within two years. Memory complaints represent a risk factor that is at least as important as actual memory loss. Recent proposals for adding descriptive labels to the diagnosis of Mild Cognitive Impairment (MCI) in order to reflect the neuropsychological functions impaired in addition to memory (Petersen, 2001a), may be decisive from the prognostic viewpoint. Copyright 2004 John Wiley & Sons, Ltd.

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PMID: 15065228 [PubMed - indexed for MEDLINE]

Gumenyuk V, Korzyukov O, Alho K, **Escera C**, Naatanen R.

Effects of auditory distraction on electrophysiological brain activity and performance in children aged 8-13 years.

Psychophysiology. 2004 Jan;41(1):30-6.

Distractibility was investigated in three age groups of children (8-9, 10-11, and 12-13 years) with event-related brain potentials (ERPs) and performance measures in a forced-choice visual task. Distraction was reflected by increased reaction times (RTs) and decreased performance accuracy in the visual discrimination task following presentation of unexpected novel sounds. The amplitude of the late portion of the P3a elicited by novel sounds was largest for the youngest group and showed a centrally dominant scalp distribution and smallest for the oldest group with a frontal scalp distribution. A frontally dominant late negativity (LN) that was largest in the youngest group followed the P3a. Correlation between the RT increase caused by the distracting novel sounds and the amplitude of the LN elicited by these sounds suggested that the LN is associated with the degree of attention engaged by the distracting sounds.

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PMID: 14692998 [PubMed - indexed for MEDLINE]

Gutierrez-Zotes JA, Bayon C, Montserrat C, Valero J, Labad A, Cloninger CR, **Fernandez-Aranda F**.

[Temperament and Character Inventory Revised (TCI-R). Standardization and normative data in a general population sample]

Actas Esp Psiquiatr. 2004 Jan-Feb;32(1):8-15. [Article in Spanish]

INTRODUCTION: The revised version of the Temperament and Character Inventory (TCI-R), a tool designed by C. R. Cloninger for the evaluation of the seven dimensions defined in his psychobiological model of personality, was translated and adapted to Spanish. The aim of the study was to obtain normative data and scales with T-scores in a incidental sample of the general Spanish population. **METHODS:** After adaptation to Spanish, the tool was administered to 400 subjects from several areas of Spain. The sample is stratified according to age and gender according to the year 2001 Spanish population census. We have studied the differences between men and women and the association between age and dimensions. We have checked the normal distribution of the traits, and proceeded with the standardization and normalization of the scores. **RESULTS:** We present the mean and standard deviation according to sex for each of the main dimensions and subscales. The scores of the main dimensions obtained for general population according to gender show a normal distribution that has allowed us to standardize them into T-scores. The reliability of the dimensions is high. There are differences in the means depending on gender: women scored higher in Harm Avoidance, Reward Dependence and Cooperativeness. Men scored higher in Persistence. There were no high correlations between age and the dimensions. **CONCLUSIONS:** The Spanish version of the new TCI-R is an adequate tool for the study of personality dimensions of normal population.

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Publication Types: Validation Studies

PMID: 14963776 [PubMed - indexed for MEDLINE]

Gutierrez B, Arias B, **Gasto C**, Catalan R, Papiol S, Pintor L, Fananas L.

Association analysis between a functional polymorphism in the monoamine oxidase A gene promoter and severe mood disorders.

Psychiatr Genet. 2004 Dec;14(4):203-8.

Monoamine oxidase A (MAOA) has been suggested to be involved in human behaviour and physiology due to its key role in the metabolism of several different biological amines including the neurotransmitters serotonin, norepinephrin and dopamine. Recently, a 30 bp repeat in the MAOA gene promoter (uMAOA) has been demonstrated to be polymorphic and to affect transcriptional activity. In the context of an association case-control study design, we analysed the uMAOA polymorphism in 389 unrelated patients affected by severe mood disorders (88 bipolar subjects and 301 major depressive individuals) and in 156 controls. No association was found between the uMAOA locus and bipolar disorder or major depression. However, an increase of high-activity uMAOA alleles was found in major depression female patients presenting a seasonal pattern ($\chi^2=3.013$, $P=0.05$) or psychotic symptoms in their episodes ($\chi^2=2.679$, $P=0.07$). In female bipolar disorder patients, long alleles were associated with longest times of admission ($F=4.604$, $P=0.037$). A trend for association with seasonal pattern was also defined in this group (data not corrected for multiple testing). Our results suggest that MAOA gene variation may modulate the expression of some clinical aspects of severe mood disorders, especially in females, and support the existence of a genetic and aetiologic heterogeneity underlying the diagnoses of bipolar disorder and major depression.

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PMID: 15564894 [PubMed - indexed for MEDLINE]

Marco-Pallares J, Grau C, Ruffini G.

Combined ICA-LORETA analysis of mismatch negativity.

Neuroimage. 2005 Apr 1;25(2):471-7. Epub 2005 Jan 26.

A major challenge for neuroscience is to map accurately the spatiotemporal patterns of activity of the large neuronal populations that are believed to underlie computing in the human brain. To study a specific example, we selected the mismatch negativity (MMN) brain wave (an event-related potential, ERP) because it gives an electrophysiological index of a "primitive intelligence" capable of detecting changes, even abstract ones, in a regular auditory pattern. ERPs have a temporal resolution of milliseconds but appear to result from mixed neuronal contributions whose spatial location is not fully understood. Thus, it is important to separate these sources in space and time. To tackle this problem, a two-step approach was designed combining the independent component analysis (ICA) and low-resolution tomography (LORETA) algorithms. Here we implement this approach to analyze the subsecond spatiotemporal dynamics of MMN cerebral sources using trial-by-trial experimental data. We show evidence that a cerebral computation mechanism underlies MMN. This mechanism is mediated by the orchestrated activity of several spatially distributed brain sources located in the temporal, frontal, and parietal areas, which activate at distinct time intervals and are grouped in six main statistically independent components.

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PMID: 15784426 [PubMed - in process]

Marco J, Fuentemilla L, Grau C.

Auditory sensory gating deficit in abstinent chronic alcoholics.
Neurosci Lett. 2005 Mar 3;375(3):174-7. Epub 2004 Dec 8.

P50 event-related potential was studied in abstinent chronic alcoholics to determine whether they had normal sensory gating. Repeated tones were presented to 17 recently detoxified chronic alcoholic patients and 17 healthy subjects while EEG was recorded. Low-resolution tomography (LORETA) was performed to obtain cerebral sources of P50. Abstinent chronic alcoholics showed reduced P50 sensory gating. Present results suggest an inhibitory deficit in early pre-attentive auditory sensory processing in chronic alcoholism.

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PMID: 15694255 [PubMed - in process]

Marcos T, Godas T, Corominas J.

[Nicotine replacement therapy versus gradual smoking withdrawal in smoking cessation]
Med Clin (Barc). 2004 Jun 26;123(4):136-7. [Article in Spanish]

BACKGROUND AND OBJECTIVE: The aim was to study the effectiveness of the gradual nicotine withdrawal without nicotine replacement therapy (NRT) as a method of smoking cessation during a three years follow-up period in the cognitive-behavioural context in the clinical work of the Clinic Hospital Unit. **PATIENTS AND METHOD:** Two groups of patients with similar sociodemographic and clinical characteristics and the same degree of nicotine dependence according to the Fagestromtest were compared. We included 111 patients treated for smoking cessation in the Unit

Hospital: 84 patients, under the cognitive-behavioural model, were treated with NRT and 27 patients, under the same model, were treated only with gradual nicotine withdrawal without NRT. **RESULTS:** There was not a significant difference between the effectiveness of the NRT (65.3%) and that of the gradual nicotine withdrawal without the NRT (51.8%) on smoking cessation ($X^2 = 1.612$; $p = 0.204$) at the first year or during a 3 years follow-up period (NRT: 41% and gradual nicotine withdrawal: 36%; $X^2: 0.124$; $p = 0.725$).

CONCLUSIONS: The gradual nicotine withdrawal without NRT scheme shows the same degree of effectiveness at the first year and during a three years follow-up period as that of the nicotine replacement therapy scheme on smoking cessation.

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PMID: 15274804 [PubMed - indexed for MEDLINE]

Martinez-Aran A, Vieta E, Colom F, Torrent C, Sanchez-Moreno J, Reinares M, Benabarre A, Goikolea JM, Brugue E, Daban C, **Salamero M**.

Cognitive impairment in euthymic bipolar patients: implications for clinical and functional outcome.

Bipolar Disord. 2004 Jun;6(3):224-32.

OBJECTIVE: Cognitive impairment in bipolar disorder may be a stable characteristic of the illness, although discrepancies have emerged with regard to what dysfunctions remain during remission periods. The aim of this study was to ascertain whether euthymic bipolar patients would show impairment in verbal learning and memory and in executive functions compared with healthy controls. Secondly, to establish if there was a relationship between clinical data and neuropsychological performance. **METHODS:** Forty euthymic bipolar patients were compared with 30 healthy controls through a battery of neuropsychological tests assessing estimated premorbid IQ, attention, verbal learning and memory, and frontal executive functioning. The effect of subsyndromal symptomatology was controlled. **RESULTS:** Remitted bipolar patients performed worse than controls in several measures of memory and executive function, after controlling for the effect of subclinical symptomatology, age and premorbid IQ. Verbal memory impairment was related to global assessment of function scores, as well as to a longer duration of illness, a higher number of manic episodes, and prior psychotic symptoms. **CONCLUSIONS:** Results provide evidence of neuropsychological impairment in euthymic bipolar patients, after controlling for the effect of subsyndromal depressive symptoms, suggesting verbal memory and executive dysfunctions. Cognitive impairment seems to be related to a worse clinical course and poor functional outcome.

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PMID: 15117401 [PubMed - indexed for MEDLINE]

Martinez-Aran A, Vieta E, Reinares M, Colom F, Torrent C, Sanchez-Moreno J, Benabarre A, Goikolea JM, Comes M, **Salamero M.**

Cognitive function across manic or hypomanic, depressed, and euthymic states in bipolar disorder.

Am J Psychiatry. 2004 Feb;161(2):262-70.

OBJECTIVE: The study aims were to address neuropsychological functioning across different states of bipolar illness and to determine relationships among clinical features, neuropsychological performance, and psychosocial functioning. **METHOD:** Several domains of cognitive function were examined in 30 depressed bipolar patients (DSM-IV criteria for major depression, Hamilton Depression Rating Scale score ≥ 17), 34 manic or hypomanic bipolar patients (DSM-IV criteria for manic or hypomanic episode, Young Mania Rating Scale score ≥ 12), and 44 euthymic bipolar patients (6 months of remission, Hamilton depression scale score ≤ 8 , and Young Mania Rating Scale score ≤ 6). The comparison group consisted of 30 healthy subjects without history of neurological or psychiatric disorders. A neuropsychological battery assessed executive function, attention, and verbal and visual memory. **RESULTS:** The three groups showed cognitive dysfunction in verbal memory and frontal executive tasks in relation to the comparison group. Low neuropsychological performance was associated with poor functional outcome. Impairment of verbal memory was related to the duration of illness and the numbers of previous manic episodes, hospitalizations, and suicide attempts. **CONCLUSIONS:** A poorer performance was observed in all bipolar groups regarding executive function and verbal memory in relation to the healthy comparison subjects. These cognitive difficulties, especially related to verbal memory, may help explain the impairment regarding daily functioning, even during remission. Further studies should focus on testing, whether optimizing prophylactic pharmacological treatment and psychoeducation might reduce cognitive impairment, and whether bipolar patients would benefit from neuropsychological rehabilitation in order to reduce the impact of cognitive impairment in their overall functioning.

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PMID: 14754775 [PubMed - indexed for MEDLINE]

Mataix-Cols D, Fullana MA, Alonso P, **Menchon JM, Vallejo J.**

Convergent and discriminant validity of the Yale-Brown Obsessive-Compulsive Scale Symptom Checklist.

Psychother Psychosom. 2004 May-Jun;73(3):190-6.

BACKGROUND: The factor structure of the Yale-Brown Obsessive-Compulsive Scale Symptom Checklist (Y-BOCS-SC) has been well established, but its convergent and divergent reliability have yet to be studied. **METHODS:** Fifty-six obsessive-compulsive disorder (OCD) patients were administered the clinician-administered Y-BOCS-SC and Hamilton Rating Scale for Depression (HRSD), together with the self-administered Maudsley Obsessive Compulsive Inventory (MOCI), Padua Inventory (PI), State-Trait Anxiety Inventory (STAI), and Beck Depression Inventory (BDI). **RESULTS:** Overall, the correspondence between the Y-BOCS-SC and self-administered measures of OCD symptoms was poor to moderate. Its convergent validity was adequate for its washing dimension but poor for its other dimensions. The discriminant validity of the Y-BOCS-SC was adequate, showing little overlap with overall illness severity (total Y-BOCS) and state measures (BDI, STAI, HRSD). In contrast, self-administered OCD measures were significantly correlated with overall illness severity and state measures. **CONCLUSIONS:** The convergent validity of the Y-BOCS-SC was generally poor and this could only be partially explained by the incomplete coverage of some OCD symptoms in the self-administered scales. Its discriminant validity was good. Both self- and clinician-administered measures should be used in OCD research, as they seem to measure relatively non-overlapping constructs. Further research on the psychometric properties of the Y-BOCS-SC is needed. Copyright 2004 S. Karger AG, Basel

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Publication Types: Validation Studies

PMID: 15031592 [PubMed - indexed for MEDLINE]

Narberhaus A, Segarra D, Gimenez M, Caldu X, Junque C, Bargallo N, Botet F.

Differential cerebral and neuropsychological consequences in dizygotic twins with prenatal alcohol exposure.

Alcohol Alcohol. 2004 Jul-Aug;39(4):321-4.

AIM: To relate structural and functional findings in one adolescent dizygotic twin pair with prenatal alcohol exposure. **METHOD:** Neuropsychological and volumetric magnetic resonance studies were carried out on a 13-year-old preterm dizygotic twin pair with prenatal alcohol exposure. **RESULTS:** Neuropsychological and brain structural findings differed between the twins. The child with the more affected phenotype had large-scale cognitive deficits and presented significant atrophy in several brain structures. Both subjects had white matter volume reductions relative to the whole cerebral volume. **CONCLUSION:** The neuropsychological and neuroimaging data reflect long-term consequences of prenatal alcohol exposure.

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Publication Types: Case Reports

PMID: 15208164 [PubMed - indexed for MEDLINE]

Navarro V, **Gasto C**, Lomena F, Mateos JJ, Portella MJ, Masana G, **Bernardo M, Marcos T**.

No brain perfusion impairment at long-term follow-up in elderly patients treated with electroconvulsive therapy for major depression.

J ECT. 2004 Jun;20(2):89-93.

No functional neuroimaging study has previously assessed the long-term effects of electroconvulsive therapy (ECT) on brain perfusion. In this study, long-term follow-up brain perfusion in elderly patients treated with ECT for severe unipolar major depression was assessed. In 14 elderly major depressed patients who were ECT remitters, 22 elderly major depressed patients who were pharmacological treatment remitters and 25 age- and sex-matched healthy controls, a medication-free brain ^{99m}Tc -HMPAO-SPECT was performed after a minimum period of 12 months of euthymia and, in the case of the ECT remitters, at least 12 months after the last ECT session. Brain perfusion ratios in major depressed patients administered ECT were similar to those in major depressed patients receiving pharmacological treatment and in control subjects. This result suggests that elderly patients given ECT for severe unipolar major depression do not suffer brain perfusion abnormalities at long-term follow-up. Our study adds new evidence in favor of the safety of the ECT, particularly in elderly subjects.

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PMID: 15167424 [PubMed - indexed for MEDLINE]

Navarro V, **Gasto C**, Lomena F, Mateos JJ, Portella MJ, Massana G, **Bernardo M, Marcos T**.

Frontal cerebral perfusion after antidepressant drug treatment versus ECT in elderly patients with major depression: a 12-month follow-up control study.

J Clin Psychiatry. 2004 May;65(5):656-61.

BACKGROUND: Little is known about the evolution of brain perfusion alterations in patients with major depression, and still less about the changes in functional neuroimage produced by different antidepressant biological treatments. **METHOD:** Between January 2001 and December 2003, long-term follow-up frontal brain perfusion was compared in 2 subgroups of elderly patients (≥ 60 years) treated for severe unipolar major depression (DSM-IV): one subgroup of 16 patients administered electroconvulsive therapy, and another of 26 patients receiving pharmacologic treatment. All patients were remitters. A medication-free brain single photon emission computed tomography was performed in baseline conditions and after a minimum period of 12 months of euthymia. Twenty-eight age- and sex-matched healthy controls were also assessed. **RESULTS:** No significant differences were found between the 2 subgroups in frontal uptake ratios after a 12-month follow-up period of euthymia. During the acute episode, patients presented significant anterior hypofrontality; 12 months later the hypofrontality had disappeared. **CONCLUSION:** The long-term evolution of frontal perfusion in elderly major depressives who respond to antidepressant biological treatment is essentially the same in those who receive electroconvulsive therapy and in those who receive medication.

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PMID: 15163251 [PubMed - indexed for MEDLINE]

Navarro V, **Gasto C**, Lomena F, Torres X, Mateos JJ, Portella MJ, Masana G, **Marcos T**. Prognostic value of frontal functional neuroimaging in late-onset severe major depression. *Br J Psychiatry*. 2004 Apr;184:306-11.

BACKGROUND: There is growing evidence of a relationship between frontal neuroimaging and neuropsychological abnormalities and the physiopathology and course of late-onset major depression. **AIMS:** To assess acute antidepressant response in late-onset major depression in relation to baseline frontal perfusion ratios. **METHOD:** A 99mTc HMPAO single photon emission computed tomographic brain scan was performed in medication-free patients with late-onset major depression, who were then included in a 12-week antidepressant treatment regimen. Logistic regression was used to define a predictive model of non-remission. **RESULTS:** A total of 47 patients completed the study, 34 of whom were classed as remitters and 13 as non-remitters. The variable left anterior fronto-cerebellar perfusion ratio had a global predictive power of 87%. Analysing this variable together with the baseline variables age of onset and duration of index episode, the predictive power of the model rose to 94%. **CONCLUSIONS:** Our study suggests that a specific frontal functioning could predict the acute antidepressant response in late-onset severe major depression.

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PMID: 15056574 [PubMed - indexed for MEDLINE]

Parellada E, Lomena F, Catafau AM, **Bernardo M**, Font M, Fernandez-Egea E, Pavia J, Gutierrez F.

Lack of sex differences in striatal dopamine D2 receptor binding in drug-naive schizophrenic patients: an IBZM-SPECT study
Psychiatry Res. 2004 Jan 15;130(1):79-84.

Differences in antipsychotic treatment response, clinical course and outcome of schizophrenia could be related to gender-related cerebral differences in anatomy and function. The aim of the study was to assess sex differences in the striatal dopamine D2 receptor binding in 15 drug-naive schizophrenic patients (seven males, eight females) using (123)I-IBZM single photon emission computed tomography. Basal ganglia/frontal cortex (BG/FC) uptake ratios were obtained. No significant differences were found in global, left and right BG/FC ratios or laterality indices between males and females. No correlation was found between BG/FC ratios and age, duration of illness or scores on symptom rating scales. Our data indicate a lack of sex differences in striatal D2 receptor binding in drug-naive schizophrenic patients and do not support previous reports of left lateralized striatal asymmetry in male schizophrenic patients.

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PMID: 14972370 [PubMed - indexed for MEDLINE]

Pintor L, Torres X, Navarro V, Matrai S, **Gasto C.**

Is the type of remission after a major depressive episode an important risk factor to relapses in a 4-year follow up?

J Affect Disord. 2004 Oct 15;82(2):291-6.

BACKGROUND: Rates of relapse and predictive relapse factors were studied over more than 4 years in a sample of Spanish outpatients with DSM-III-R criteria for unipolar major depressive episode. **METHODS:** A final sample of 139 outpatient was followed monthly in a naturalistic study. The Structured Clinical Interview for DSM-III-R was used. Phases of evolution were recorded using the Hamilton Depression Rating Scale, applying the Frank criteria. Survival analysis, Kaplan-Meier product limit and proportional hazards models were used. **RESULTS:** A higher rate of relapses was observed in the partial remission group (91.4%) compared to the complete remission one (51.3%). The four factors with predictive relapse value were: "partial remission versus complete remission", "the intensity of clinical symptoms", "the age" and "the number of previous depressive episodes". The existence of partial remission was the most powerful predictive factor. **LIMITATIONS:** The decreasing sample size during the follow-up and the difficulty in warranting the treatment compliance. **CONCLUSIONS:** At medium term, relapse rates for a major depressive episode are high. Partial remission after a depressive episode seems to be an important predictive factor for relapses in a 4-year follow-up. **CLINICAL RELEVANCE:** Not reaching complete remission is a strong risk factor for relapses in a 4-year follow up study.

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Poca MA, **Mataro M, Del Mar Matarin M**, Arian F, Junque C, Sahuquillo J.

Is the placement of shunts in patients with idiopathic normal-pressure hydrocephalus worth the risk? Results of a study based on continuous monitoring of intracranial pressure. *J Neurosurg.* 2004 May;100(5):855-66.

OBJECT: Data from many studies have demonstrated that shunt insertion in patients with idiopathic normal-pressure hydrocephalus (NPH) is associated with high morbidity and a lack of significant improvement; however, the use of strict diagnostic and treatment protocols can improve the results of surgery in these patients. The primary aim in

this prospective study was to analyze the results of shunt placement in 43 patients with idiopathic NPH. A secondary aim was to determine the relationship between several clinical and neuroimaging factors, and patient outcome after surgery. **METHODS:** Thirty men and 13 women with a mean age of 71.1 +/- 6.9 years participated in this study. All patients underwent clinical, neuropsychological, and radiological assessment before and 6 months after surgery. In all patients continuous monitoring of intracranial pressure was performed using a fiberoptic extradural sensor. In 31 patients cerebrospinal fluid dynamics were also determined. Eighty-six percent of patients showed clinical improvement after shunt insertion, 11.6% showed no change, and 2.3% exhibited some worsening. Gait improved in 81.4% of the patients, sphincter control in 69.8%, and cognitive dysfunction in 39.5%. There was no treatment-related death. Early or late postsurgical complications occurred in six patients (14%), although all of these complications were minor or were satisfactorily resolved. The complete clinical triad, cortical sulci size, and periventricular lucencies were related to outcome, whereas patient age, symptom duration, ventricular dilation, and the degree of presurgical dementia were unrelated to outcome. **CONCLUSIONS:** Given the correct diagnosis, shunt insertion can produce marked improvement in patients with idiopathic NPH syndrome, causing few deaths and few clinically relevant complications.

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PMID: 15137605 [PubMed - indexed for MEDLINE]

Prieto JM, Atala J, Blanch J, Carreras E, Rovira M, Cirera E, **Gasto C.**

Psychometric study of quality of life instruments used during hospitalization for stem cell transplantation.

J Psychosom Res. 2004 Aug;57(2):201-11. Related Articles, Links

OBJECTIVE: To test the psychometric properties of four patient-rated quality of life (QoL) instruments devised by the authors: three single-item instruments measuring (1) overall physical status, (2) overall emotional status, and (3) energy level, and one eight-item instrument measuring systemic symptoms. **METHOD:** In a prospective inpatient study conducted from July 1994 to August 1997, 220 patients aged 16-65 years received hematopoietic stem cell transplantation (SCT) for hematologic cancer at a single institution. Patients were assessed at hospital admission and then on a weekly basis during hospitalization until discharge or death. **RESULTS:** Internal consistency reliability and test-retest reliability of the tested scales were adequate. Convergent, divergent, criterion, and predictive validities as well as responsiveness to change of our scales were demonstrated by significant associations with their tested constructs. **CONCLUSION:** Our data indicate that the four QoL instruments are reliable and valid for use during hospitalization for SCT.

Department of Psychiatry, Clinical Institute of Psychiatry and Psychology, IDIBAPS, Hospital Clinic, **University of Barcelona**, Barcelona, Spain.

PMID: 15465077 [PubMed - indexed for MEDLINE]

Prieto JM, Atala J, Blanch J, Carreras E, Rovira M, Cirera E, **Gasto C.**

Patient-rated emotional and physical functioning among hematologic cancer patients during hospitalization for stem-cell transplantation.

Bone Marrow Transplant. 2005 Feb;35(3):307-14.

In this 3-year prospective inpatient study, 220 patients received stem-cell transplantation (SCT) for hematologic cancer at a single institution. The objective of the study is to provide data on patient-rated emotional (depression and anxiety) and physical (overall physical status, energy level, and systemic symptomatology) functioning during hospitalization for SCT and to compare whether these differ between autologous and allogeneic SCT. Patients were assessed at hospital admission (T1), day of SCT (T2), and 7 days (T3) and 14 days (T4) after SCT, yielding a total of 852 evaluations. For the overall sample, anxiety was highest at T1 and decreased afterwards; a marked worsening in physical health status variables corresponded with a sharp increase in depression from T1 to T3, and was followed by an improvement in physical health and a reduction of depression. Compared to allogeneic SCT, a better physical outcome for autologous SCT was demonstrated by the significant group effect for systemic symptomatology and by the significant group x time interaction for overall physical status and energy level; there were no significant differences in depression or anxiety between SCT groups. These findings have implications for treatment decision making, coping with the transplantation process, and improving prevention and treatment strategies.

Department of Psychiatry, Clinical Institute of Psychiatry and Psychology, IDIBAPS, Hospital Clinic, **University of Barcelona**, Barcelona, Spain. jmprieto@comg.es

PMID: 15580279 [PubMed - indexed for MEDLINE]

Pujol J, Soriano-Mas C, Alonso P, Cardoner N, **Menchon JM**, Deus J, **Vallejo J**. Mapping structural brain alterations in obsessive-compulsive disorder. Arch Gen Psychiatry. 2004 Jul;61(7):720-30.

BACKGROUND: Recent technical developments have made it feasible to comprehensively assess brain anatomy in psychiatric populations. **OBJECTIVE:** To describe the structural brain alterations detected in the magnetic resonance images of a large series of patients with obsessive-compulsive disorder (OCD) using imaging procedures that allow the evaluation of volume changes throughout the brain. **DESIGN:** Case-control study. **SETTING:** Referral OCD unit in a tertiary hospital. **PARTICIPANTS:** A consecutive sample of 72 outpatients with OCD and 72 age- and sex-matched control subjects. **INTERVENTIONS:** Three-dimensional sequences were obtained in all participants. A statistical parametric mapping approach was used to delineate possible anatomical alterations in the entire brain. To preserve volumetric information, voxel values were modulated by the Jacobian determinants (volume change measurement) derived from spatial normalization. **MAIN OUTCOME MEASURES:** Voxelwise brain volumes. **RESULTS:** The brains of patients with OCD showed reduced gray matter volume in the medial frontal gyrus, the medial orbitofrontal cortex, and the left insulo-opercular region. A relative increase in gray matter volume was observed bilaterally in the ventral part of the putamen and in the anterior cerebellum. All these brain alterations were abnormally correlated in patients with OCD, and age statistically significantly contributed to the relative enlargement observed in the striatal areas. Disease severity, the nature of symptoms, and comorbidities were not related to the changes described. Nevertheless, patients with prominent aggressive obsessions and checking compulsions showed reduced amygdala volume in the right hemisphere. **CONCLUSIONS:** The pattern of anatomical features depicted by this voxelwise approach is consistent with data from functional studies. The reported anatomical maps identified the specific parts of the frontostriatal system that were altered in patients with OCD and detected changes in anatomically connected distant regions. These data further define the structural brain alterations in OCD and may contribute to constraining the prevailing biological models of this psychiatric process.

Magnetic Resonance Center of Pedralbes, Barcelona, Spain. jpujol@cetir.es
PMID: 15237084 [PubMed - indexed for MEDLINE]

Rami L, **Bernardo M**, **Boget T**, Ferrer J, Portella MJ, Gil-Verona JA, **Salamero M**. Cognitive status of psychiatric patients under maintenance electroconvulsive therapy: a one-year longitudinal study. J Neuropsychiatry Clin Neurosci. 2004 Fall;16(4):465-71

In recent years, maintenance electroconvulsive therapy (M-ECT) has been a common treatment within psychiatric practice. Little information is available regarding the cognitive risks of this treatment, however. In this study, twenty psychiatric outpatients were assessed during M-ECT and 1 year later on treatment. A comprehensive cognitive battery was administered, and a separate comparison group was used to calculate the Reliable Change Index. Global cognitive measures showed no significant difference in scores over time. Our results concur with those described in case reports and suggest that there is no significant association between cognitive decline and M-ECT.

Clinic Institute of Psychiatry and Psychology, Hospital Clinic, Barcelona, Spain.
PMID: 15616173 [PubMed - indexed for MEDLINE]

Rami L, **Bernardo M, Valdes M, Boget T**, Portella MJ, Ferrer J, **Salamero M.**

Absence of additional cognitive impairment in schizophrenia patients during maintenance electroconvulsive therapy.

Schizophr Bull. 2004;30(1):185-9.

This study examines the cognitive impairment profile of schizophrenia patients during maintenance electroconvulsive therapy (M-ECT). Ten schizophrenia patients treated with M-ECT and ten control patients matched for diagnosis, sex, and age who had never been treated with ECT were assessed with a comprehensive neuropsychological battery. M-ECT patients did not show a higher level of memory, attention, or frontal function impairment than the control group. The absence of additional memory dysfunction may favor the functional adaptation of these patients during M-ECT.

Clinic Institute of Psychiatry and Psychology, Clinic Hospital of Barcelona, and **Department of Psychiatry and Clinical Psychobiology, University of Barcelona**, Spain.

Publication Types: Clinical Trial

PMID: 15176772 [PubMed - indexed for MEDLINE]

Ribas M, Gratacos M, **Fernandez-Aranda F**, Bellodi L, Boni C, Anderluh M, Cavallini MC, Cellini E, Di Bella D, Erzegovesi S, Foulon C, Gabrovsek M, Gorwood P, Hebebrand J, Hinney A, Holliday J, Hu X, Karwautz A, Kipman A, Komel R, Nacmias B, Remschmidt H, Ricca V, Sorbi S, Wagner G, Treasure J, Collier DA, Estivill X.

Association of BDNF with anorexia, bulimia and age of onset of weight loss in six European populations.

Hum Mol Genet. 2004 Jun 15;13(12):1205-12. Epub 2004 Apr 28.

Several genes with an essential role in the regulation of eating behavior and body weight are considered candidates involved in the etiology of eating disorders (ED), but no relevant susceptibility genes with a major effect on anorexia nervosa (AN) or bulimia nervosa (BN) have been identified. Brain-derived neurotrophic factor (BDNF) has been implicated in the regulation of food intake and body weight in rodents. We previously reported a strong association of the Met66 allele of the Val66Met BDNF variant with restricting AN (ANR) and low minimum body mass index in Spanish patients. Another single nucleotide polymorphism located in the promoter region of the BDNF gene (-270C>T) showed lack of association with any ED phenotype. In order to replicate these findings in a larger sample, we performed a case-control study in 1142 Caucasian patients with ED consecutively recruited in six different centers from five European countries (France, Germany, Italy, Spain and UK) participating in the 'Factors in Healthy Eating' project. We have found that the Met66 variant is strongly associated to all ED subtypes (AN, ANR, binge-eating/purging AN and BN), and that the -270C BDNF variant has an effect on BN and late age at onset of weight loss. These are the first two variants associated with the pathophysiology of ED in different populations and support a role for BDNF in the susceptibility to aberrant eating behaviors.

Genes and Disease Program, Center for Genomic Regulation, Barcelona Biomedical Research Park, Barcelona, Spain.

PMID: 15115760 [PubMed - indexed for MEDLINE]

Salgado-Pineda P, Junque C, Vendrell P, Baeza I, Bargallo N, Falcon C, Bernardo M.

Decreased cerebral activation during CPT performance: structural and functional deficits in schizophrenic patients.

Neuroimage. 2004 Mar;21(3):840-7.

Voxel-based morphometry (VBM) allows the output of structural data in a Statistical Parametric Map of the brain in the same way that the SPM can do with functional data. Using functional magnetic resonance (fMR), we studied brain activation in 14 patients with schizophrenia and 14 matched normal controls. We found significant hypoactivation in patients in several regions, especially in the right hemisphere, in the dorsolateral frontal and temporal regions and in the inferior parietal. Subcortically, we found strong hypoactivity in the thalamus. The optimized VBM method revealed gray matter (GM) abnormalities in the bilateral supramarginal gyrus and cingulate cortex, and in the right inferior temporal regions. Three regions involved in attentional processes showed both structural and functional deficits: the thalamus, the anterior cingulate and the inferior parietal. The results suggest that these regions may be involved in the attentional deficit in schizophrenia.

Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Institut d'investigacions Biomediques August Pi i Sunyer, Casanova 143, 08036 Barcelona, Spain.

Publication Types: Clinical Trial

PMID: 15006650 [PubMed - indexed for MEDLINE]

Serrano E, Castro J, Ametller L, Martinez E, Toro J.

Validity of a measure of readiness to recover in Spanish adolescent patients with anorexia nervosa

Psychol Psychother. 2004 Mar;77(Pt 1):91-9.

The objective of the present study was to evaluate readiness to recover in adolescent patients with anorexia nervosa with a Spanish version of the Anorexia Nervosa Stages of Change Questionnaire (ANSOCQ). Three measures-the ANSOCQ, the Eating Disorders Inventory-2 (EDI-2) and the Beck Depression Inventory (BDI)-were administered to a group of 70 anorexia nervosa patients (mean age = 15.6 yrs) who were receiving treatment at a specialized eating disorder unit and had reached different stages of the treatment programme. The ANSOCQ was administered again after one week in 42 patients to evaluate test-retest reliability. The ANSOCQ demonstrated good internal consistency (Cronbach's alpha = .94) and one week test-retest reliability ($r = .90$). Negative, significant correlations were found between the ANSOCQ and several scales on the EDI-2 (r between $-.50$ and $-.72$) and the BDI ($r = -.68$). The Spanish version of the ANSOCQ seems a reliable instrument to evaluate readiness to recover in adolescents with anorexia nervosa.

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

Publication Types: Validation Studies

PMID: 15025906 [PubMed - indexed for MEDLINE]

Setoain X, Arroyo S, Lomena F, Pavia J, Pareto D, **Boget T**, Bargallo N, Rumia J, Fuster D, Fuertes S, Pons F.

Can the Wada test evaluate mesial temporal function? A SPECT study.
Neurology. 2004 Jun 22;62(12):2241-6.

OBJECTIVE: To assess the value of SPECT during intracarotid amobarbital procedure (IAP) to discriminate which patients performed the test with the hippocampus inactivated and correlate it with the risk of amnesia after anterior temporal lobectomy (ATL). **METHODS:** The authors studied 40 consecutive patients undergoing ATL for refractory epilepsy. SPECT was performed after IV injection of 99mTc-HMPAO during the IAP (IAP-SPECT). Interictal SPECT and IAP-SPECT were realigned to obtain the perfusion change percentage (PCP), allowing a quantitative measurement. Wechsler Memory Scale Revised (WMS-R) before and during the first year of follow-up was used to assess memory impairment after surgery. **RESULTS:** A decrease between 10 and 12% of the mean PCP values was observed in the frontal, parietal, and lateral temporal lobes of the injected side and in the contralateral cerebellum. However, no significant PCP changes were observed in the occipital or mesial temporal lobes. Thirty-eight passed the memory evaluation of the IAP and in 6 of those 38 patients a decline in memory was demonstrated 1 year after ATL. However, high preoperative neuropsychological score (in two patients) and IAP asymmetry scores (in other three patients) predicted postoperative memory risk in five of these six patients. Fourteen of the 38 patients (40%) had hypoperfusion of the hippocampus during the IAP-SPECT (i.e., the hippocampus was inactivated) and only 1 of these 14 patients (2.5%) developed memory impairment after temporal lobectomy. On the other hand, 5 of the 24 patients (13%) who had a functional hippocampus on IAP-SPECT developed memory impairment. **CONCLUSIONS:** The results suggest that the combination of SPECT, intracarotid amobarbital procedure, and neuropsychological testing predicted risk for all patients who had postoperative memory decline, indicating that risk prediction should be based on multiple factors. IAP-SPECT results demonstrated that the hippocampus is not inactivated in over 60% of patients and that the lack of accuracy of the IAP alone in predicting the risk of amnesia is probably related to an insufficient inactivation of the ipsilateral hippocampus during the test.

Department of Nuclear Medicine, Hospital Clinic of Barcelona, **University of Barcelona**, Spain. setoain@clinic.ub.es

PMID: 15210889 [PubMed - indexed for MEDLINE]

Sierra C, De La Sierra A, **Salamero M**, Sobrino J, Gomez-Angelats E, Coca A.
Silent cerebral white matter lesions and cognitive function in middle-aged essential hypertensive patients.
Am J Hypertens. 2004 Jun;17(6):529-34.

BACKGROUND: An association between midlife blood pressure levels and late-life cognitive impairment has been reported. Hypertension is one of the most important factors related to the presence of cerebral white matter lesions, which is a prognostic factor for the development of cognitive impairment. Studies have shown a relationship between white matter lesions and cognitive decline in elderly hypertensive patients. The aim of the present study was to evaluate cognitive function in asymptomatic middle-aged hypertensive patients according to the presence or absence of white matter lesions. **METHODS:** Sixty never-treated essential hypertensive patients (38 men, 22 women), aged 50 to 60 years (mean age, 54.4 ± 3.8 years), without clinical evidence of target organ damage, were studied. All patients underwent brain magnetic resonance imaging to establish the presence or absence of white matter lesions, using the Rotterdam criteria. Cognitive function was evaluated by a neuropsychologic test battery measuring attention, memory, intelligence, anxiety, and depression. **RESULTS:** Twenty-three hypertensive patients (38%) were found to have white matter lesions on brain resonance. These patients exhibited a significantly worse performance on digit span forward, a standardized measure of attention than hypertensives without white matter lesions (4.86 ± 1.14 v 5.51 ± 0.97; $P = .027$). Hypertensive patients with white matter lesions showed no differences on both visual and logical memory tests when compared with patients without lesions. **CONCLUSIONS:** We conclude that the presence of silent cerebral white matter lesions in middle-aged hypertensive patients is associated with a mild decline in basic attention.

Hypertension Unit, Department of Internal Medicine, Hospital Clinic, **University of Barcelona**, Barcelona, Spain. csierra@clinic.ub.es
Publication Types: Evaluation Studies
PMID: 15177527 [PubMed - indexed for MEDLINE]

Sole-Padulles C, Bartres-Faz D, Junque C, Via M, Matarin M, Gonzalez-Perez E, Moral P, Moya A, Clemente IC.

Poorer cognitive performance in humans with mild cognitive impairment carrying the T variant of the Glu/Asp NOS3 polymorphism.

Neurosci Lett. 2004 Mar 18;358(1):5-8.

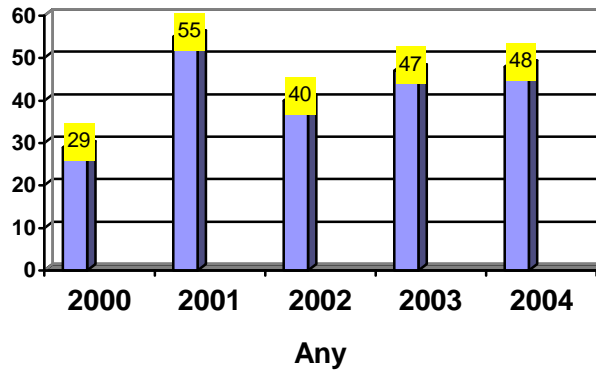
Mild cognitive impairment (MCI) is a transitional state between normal aging and Alzheimer's disease (AD) and is a high-risk condition for dementia. The endothelial nitric oxide synthase (NOS3) gene encodes endothelial NOS, an enzyme that regulates the production of the vasodilatory nitric oxide associated with the cerebral small vessel pathology observed in early AD. We studied the distribution of genotype and allele frequencies of the NOS3 Glu/Asp polymorphism in a sample of 62 MCI subjects and 136 controls. Though no association between NOS3 gene variation and MCI status was observed, MCI cases carrying the Asp variant (T+) performed worse in the Mini-Mental State Examination, Wechsler Memory Scale (Revised) long-term visual memory and the phonetic verbal fluency tests. These results suggest that the T allele is a genetic risk factor for cognitive impairment in the elderly.

Department of Psychiatry and Clinical Psychobiology, Facultat de Medicina, University of Barcelona, Casanova 143, 08036 Barcelona, Spain.

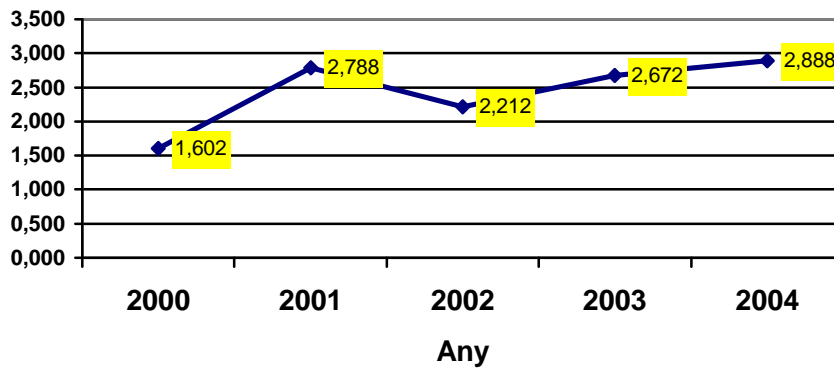
PMID: 15016421 [PubMed - indexed for MEDLINE]

8. GRÀFIQUES DE PUBLICACIONS

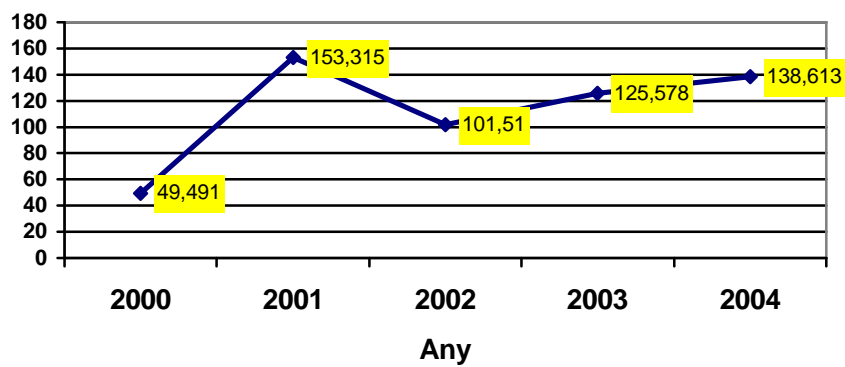
Nombre total de publicacions amb IF



Mitjana de IF



Suma total de IF



9. DOCÈNCIA

CURS 2003-2004

9.1. Docència de pregrau

ASSIGNATURA	CRÈD/ Gups	TIPUS	ENSENY
Bases Psicològiques dels Estats de Salut i Malaltia	7,0/2	OBL	Med (C)
Bases Psicològiques dels Estats de Salut i Malaltia	7,0/1	OBL	Med (B)
Psiquiatria	11,0/2	OBL	Med (C)
Psiquiatria	11,0/1	OBL	Med (B)
Psicologia	4,5/1	OBL	Odon
Ciències de la Conducta	4,5/1	OBL	Pod
Psicofarmacologia	6,0/7	OBL	Psi
Practicum	15,0/-	OBL	Psi
Neuropsicologia Humana	6,0/7	OBL	Psi
Fonaments de Psicobiologia	6,0/8	OBL	Psi
Psicobiologia	9,0/8	OBL	Psi
Psicofisiologia	6,0/8	OBL	Psi
Adquisició i Anàlisi de les Habilitats Socials	4,5/1	OPT	Med (C)
Competències de comunicació	10,0	OPT	Med (C)
Drogodependències	4,5/1	OPT	Med (C)
Habilitats de comunicació en la pràctica assistencial	4,5	OPT	Odon
Habilitats de comunicació en la pràctica mèdica	2,0	OPT	Med (B)
Habilitats de Detecció i Maneig dels Trastorns Psicopatològics	4,5	OPT	Pod
Introducció a l'Etoprimitologia	4,5/1	OPT	Med (C)
Introducció a la Psicoanàlisi	4,5/1	OPT	Med (C)
Introducció a la Sexologia Mèdica	4,5/1	OPT	Med (C)
Introducció als trastorns de la conducta alimentària: Anorèxia	2,5	OPT	Med (B)
Medicina Psicosomàtica i Conductual	4,5	OPT	Med (C)
Neurociència Cognitiva	4,5	OPT	Med (C)
Psiquiatria de la Infància i l'Adolescència	6	OPT	Med (C)
Psiquiatria d'Enllaç. Interconsulta Psiquiàtrica	4,5	OPT	Med (C)
Tractament dels Trastorns d'Ansietat i Depressió en Atenció Primària	4,5	OPT	Med (B)
Neuropsicologia infantil	6,0/3	OPT	Psi
Drogodependències	6,0/3	OPT	Psi
Psicofisiologia clínica	6,0/2	OPT	Psi
Etologia dels primats	6,0/2	OPT	Psi
Treball pràctic	6,0/-	OPT	Psi
Drogodependències	5,0/1	OPT	Far
Psicologia de la sexualitat	3,8/-	OPT	Psi
Bases de Biologia	3,0/5	LE	Psi

OBL= Obligatòria, OPT= Optativa, LE= Lliure elecció, Med(C)= Medicina-Casanovas, Med(B)= Medicina-Bellvitge, Psi= Psicologia, Odon= Odontologia, Pod= Podologia, Far= Farmàcia, DIV= Divisó IV (Ciències de la Salut)

9.2. Doctorat de Neurociències

2004-06	1er	Electrofisiologia en neurociència cognitiva	Carles Escera
		Neuropsicologia i Neuroimatge	C. Junqué, P. Vendrell,
		Genètica i trastorns degeneratius del SNC	D Segarra, I. Clemente
		Medicina psicosomàtica i conductual	I. Clemente, M. Sánchez Turet
		Psicopatologia d'adults	M. Valdés, J. Toro
			C.Gastó, J.Vallejo