Method: Consecutively admitted 112 inpatients with a first psychotic episode were included at baseline and followed up yearly over a 4-year period. Patients were assessed at baseline with Positive and Negative Symptoms Scale (PANSS), Young Mania Rating Scale (YMRS), Hamilton Depression Rating Scale (HDRS-21), and Cincinnati Criteria for Dysphoric Mania (CCDM). Suicidal behaviour was registered over the 4 years of follow-up. Data were analysed by Pearson chi-squareD and *T*-test for independent samples.
Results: Nine inpatients (8%) had previous history of suicidal behaviour at admission. Over the follow-up period, 15% of the patients displayed suicidal behaviour and two of them died. Lower scores in the item 'Euphoria' of the YMRS ($t = 3.2$; $P = 0.003$) is the strongest baseline affective predictor of suicidal behaviour. Moreover a high level of suicidal behaviour was also associated with more depressive symptoms measured by CCDM ($t = -1.82$; $P = 0.07$).
Conclusions: The rates of suicide attempts are high during the first years of follow-up after a first psychotic episode. Depressive symptoms during the first episode seems to be early predictors for the risk of suicide during the further course of psychotic illness while euphoria without concomitant depressive symptoms (measured by CCDM) seems to be a protective factor. Early interventions of depressive feelings are necessary to reduce future suicide risk in patients with a first psychotic episode.

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TNF-alpha levels in patients with a first psychotic episode and a review of evidence

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Objective: To determine the levels of TNF alpha in patients with a first psychotic episode and to compare them with a control group.
Methods: This is a prospective and longitudinal study in 33 consecutively admitted inpatients with a first psychotic episode and 33 matched control voluntaries followed up for 4 weeks. First psychotic episode is defined as the first time patient displayed positive psychotic symptoms of delusions or hallucinations. Patients were treated with antipsychotics (no clozapine). TNF-alpha levels were obtained by ELISA in plasma. The data were analysed by *T*-test for paired samples.
Results: This is the first report of increased TNF-alpha levels at baseline and at 4 weeks follow-up in patients with a first psychotic episode (affective and non-affective). Our results show a increase of TNF-alpha levels in patients, but there is no significant difference between the level at baseline (172.47 ± 44.17 pg/ml) and after 4 weeks (118.20 ± 24.61 pg/ml).
Conclusion: Although still contradictory, there is some evidence of immune activation derived from the detection of abnormal levels of pro-inflammatory cytokines and their receptors in peripheral blood and cerebrospinal fluid from schizophrenic patients. In previous reports TNF-alpha levels were significantly higher in schizophrenic patients compared with healthy donors but there were some controversial data about the effect of treatment on TNF-alpha levels, especially with clozapine. We do not find a decrease in TNF-alpha after 4 weeks of treatment, independently of the antipsychotic used. The aetiology of these discrepancies it is not clear yet.
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Acamprosate as adjunctive treatment in rapid cycling bipolar disorder: an open pilot study

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Introduction: Even though treatment options have increased in recent years, still many patients are refractory to currently available treatments and new approaches need to be developed. In particular patients with co-morbid psychiatric disorders like anxiety disorders or substance abuse/ dependence seem to have a worse treatment outcome, especially when treated with lithium. We therefore examined the effects of acamprosate, a calcium antagonist with a mixed NMDA receptor profile, as add-on treatment in rapid cycling bipolar disorder with or without comorbid alcohol abuse. Given the highly prevalent comorbidity of bipolar disorder and alcohol abuse/dependence, a drug such as acamprosate might provide dual treatment benefit of mood stabilization and sobriety maintenance.
Methods: Twenty-one patients with rapid cycling bipolar disorder according to DSM-IV and no or insufficient response to two standard agents (lithium, carbamazepine, valproate, lamotrigine, etc.) were recruited from the Dutch and the German outpatient clinics affiliated with the Stanley Foundation Bipolar Network (SFBN). Acamprosate was added to the ongoing treatment in a dosage of 1300–2000 mg/day. Patients had a thorough medical examination including EEG, ECG and blood tests, and gave written informed consent before entering the study. During the study period of 6 month, patients were seen weekly for the first 4 weeks and then monthly thereafter. Ratings included the IDS, YMRS, CGI-BP, the prospective NIMH-Life Chart and the Obsessive Compulsive Drinking Scale (OCDS). Treatment response was defined by pre–post comparisons of the number and severity of recurrences using the prospective Life Chart Methodology by AUC analysis and substantial clinical improvement on the CGI-BP as revealed by a rating of 'much improved' or 'very much improved'. Preliminary results will be presented on the poster.
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Combination Quetiapine therapy in the long-term treatment of patients with refractory bipolar I disorders

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Objective: To determine the long-term effectiveness of combination therapy with quetiapine in preventing relapses in patients with refractory type I bipolar disorders.
Methods: Twenty-one outpatients with type I bipolar disorder who had responded inadequately to standard treatments were treated in an open-label study with ongoing medication in combination with quetiapine (increasing doses until clinical response, 518 ± 244 mg/day) for 26–78 weeks ($n = 13$, > 52 weeks). Illness response was