Object Relations and Reality Testing Inventory (BORRTI; Bell, 1995, Western Psychol. Svs). Twenty subjects endorsed cocaine-induced paranoia on the CEQ (91%). In contrast only 23% received elevated baseline scores of Reality Distortion on the BORRTI, suggesting that CIPPS is episode-specific. Nine (41%) received SAPS ratings of at least mild delusions, and 100% of these responses were paranoid in nature (i.e., persecutory, mind-reading, or referential). Thirteen subjects (59%) reported hallucinations, which occurred in visual, auditory, or somatosensory modalities with approximately equal frequencies. CIPPS specifically reflects cocaine intoxication. CIPPS delusions are exclusively paranoid, but hallucinations are variable, and therefore probably represent a less specific disturbance of brain function than delusions.

551. SUICIDE ATTEMPTS, IMPULSIVITY, AND LOW SERUM CHOLESTEROL LEVELS IN MALE PATIENTS

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Low serum cholesterol has been related to suicidality in epidemiological studies, in animal studies, and even in studies with psychiatric patients. This association appears to be stronger in males than females. The main hypothesis proposed to explain this relationship is the association of low levels of cholesterol, decreased serotonergic neurotransmission, and impulsivity. Currently, no clinical studies have explored the relationship among serum cholesterol levels, suicide attempts, and impulsivity.

During 1996–98, 82 male patients were studied after being admitted to a general hospital in Madrid (Spain) for a suicide attempt. This hospital triages all emergencies for a catchment area of 500,000 persons. Patients were assessed with Beck’s Suicidal Intent Scale, which measures impulsivity defined by three levels of premeditation. This information was recorded into two levels as impulsive or non-impulsive. Serum cholesterol levels were assessed within 24 hours following the suicide attempt. The Mann-Whitney test was used to compare cholesterol levels in these two groups of suicidal behavior (impulsive/non-impulsive).

Suicide attempts were impulsive in 55 male patients and non-impulsive in 27 males. The mean serum cholesterol level in impulsive suicide attempts was 179.4 (SE 6.1), while the mean serum cholesterol level in non-impulsive suicide attempts was higher (196.9) (SE 9.9). The difference between these groups was close to significance (U = 566.5; Z = –1.73; two-tailed p = 0.08).

Low serum cholesterol levels may be associated with impulsive suicide attempts in males.

This study was partly supported by a NARSAD Young Investigator Award to E. Bacpa-García, M.D.

552. ETHANOL INDUCED SUPPRESSIBILITY OF CYTOKINE PRODUCTION IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER (MDD)

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While some patients with MDD—especially those with higher degrees of anxiety—consume alcohol to gain relief of their complaints, symptoms in others even worsen after ethanol ingestion. From the neurobiological viewpoint neither is it known by which pharmacological mechanisms ethanol might influence depressive symptomatology nor whether certain psychopathological patterns of the disease could possibly go along with a distinct neurobiological reaction to ethanol.

We measured the effects of ethanol on cytokine production (ethCP) in blood samples from 37 patients with MDD and from 30 healthy controls and correlated the results with clinical outcome and psychopathometry. We wanted to know whether: a) patients differ from controls with regard to ethCP b) the modulation of ethCP changes from the pretreatment status until remission c) the ethanol effects correlate with specific psychopathological features. There were no differences between patients and controls for TNF-α whereas ethanol suppressed the secretion of IL-6 in untreated patients significantly less compared to controls (p < 0.01). After antidepressive treatment the suppressibility of all patients’ IL-6 secretion had returned to the controls’ values. While MADS and HAMDS yielded only low correlations with ethCP, high scores on the anxiety-specific scales were associated with increased ethanol induced suppression of IL-6 secretion (r = 0.51, p < 0.05).

The altered immunological susceptibility to ethanol may be caused by two antagonizing neurobiological mechanisms one of which accounts for the lower suppressibility of IL-6 secretion pre-treatment and the other for increasing suppressibility correlated with the degree of anxiety as a potential clinical link to relief-seeking drinking in MDD.

553. ELECTROPHYSIOLOGIC PREDICTORS OF RESPONSE TO ANTIDEPRESSANT TREATMENT

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Current diagnostic criteria for depressive disorders are of limited value for selecting an optimal treatment from among the abundance of treatments available for depression. Although relatively few studies have examined the value of neurophysiologic measures in this context, dichotic listening measures of brain laterality, quantitative electroencephalographic (qEEG) measures, and event-related brain potentials (ERPs) to auditory stimuli have been related to responsiveness to treatments for depression. We are examining the value of these measures as predictors of the clinical response of depressed outpatients during 12 weeks of treatment with the SSRI antidepressant fluoxetine (Prozac). Preliminary results for 34 treatment responders and 19 nonresponders replicated our prior dichotic listening findings. Fluoxetine responders had relatively greater left hemisphere advantage for words and less right hemisphere advantage for tones when compared to nonresponders. These