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Background: Bipolar I Disorder (BD) has a poorer longer-term outcome than previously thought, with persistent cognitive impairment and functional decline. The neurobiological underpinnings that might underlie these changes remain unknown. Changes in BDNF levels and cytokines are potential candidates. **Objectives:** To examine both cytokines and BDNF levels and their relationship in BD patients in early and late stages of the disorder. **Methods:** We measured serum BDNF, TNF- C, IL-6 and IL-10 levels in a total of 60 patients with BD I and we compared those in early stages of illness with those in late stages of illness and also both groups with 60 matched healthy control group. **Results:** BDNF was decreased only in those patients in late stage of bipolar disorder. Also, BDNF levels were negatively correlated with length of illness. In contrast, all interleukins and TNF- C were increased in the early stages of BD, when compared to controls. While TNF- C and IL-6 continued to be significantly higher than controls at late stages of BD, IL-10 did not. When levels were compared between patients at early and late stages of illness, there was a significant decrease in BDNF and IL-6 in later stage of BD when compared to early stage. Inversely, TNF- C showed a significant increase at later stage. **Conclusion:** Failure of inflammatory defences in late stage of disorder may account for reduction in BDNF and continued elevations in cytokines; thus these may have the potential to serve as markers of illness progression in BD.

VALIDITY OF A SHORT FUNCTIONING TEST (FAST) IN BRAZILIAN OUTPATIENTS WITH BIPOLAR DISORDER

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Objectives As the use of functioning outcomes is increasingly being advocated in multinational clinical trials and comparative studies, making available instruments with known validity and reliability in several languages is required. Here we present data on the Portuguese validation of the Functioning Assessment Short Test (FAST), which was explicitly designed to gauge functioning dimensions empirically linked to bipolar disorder. **Method** One-hundred patients with bipolar disorder and matched controls were assessed with the FAST, which was evaluated regarding discriminant, content and construct validity, concurrent validity with functioning instruments, internal consistency and test-retest reliability. **Results** The FAST displayed a five-factor structure very similar to its conceptualization, successfully discriminated patient and control groups and correlated highly with other

functioning measures; it also showed excellent test-retest reliability and internal consistency. **Conclusions** The FAST is a measure with sufficient validity and reliability, with potential for the use in international clinical trials and comparative studies.

DO SLUGGISH COGNITIVE TEMPO SYMPTOMS PREDICT RESPONSE TO METHYLPHENIDATE IN PATIENTS WITH ADHD INATTENTIVE TYPE?

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Introduction: In this naturalistic study, we assessed the effect of Sluggish Cognitive Tempo (SCT) symptoms in the response to methylphenidate in 69 children and adolescents with ADHD-Inattentive Type (ADHD-I) according to DSM-IV criteria. **Objective:** To test the validity of the SCT symptoms in the diagnosis of the core ADHD pathology. **Methods:** SCT symptoms were collected in these subjects through the CBCL scale. The response to MPH after 1 month of treatment was assessed by parental scores in the SNAP-IV scale. **Results:** No significant differences were found between subjects with and without SCT symptoms in the response to MPH either assessing presence of SCT symptoms categorically (at least 1 symptom) or dimensionally ($p > 0.7$ for both analyses; $ES < 0.2$). **Conclusion:** Our findings corroborate previous phenotypic data suggesting that SCT symptoms do not define a clinically relevant type of ADHD-I.

Radiologia Médica

MEDIASTINITE FIBROSANTE - RELATO DE CASO

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INTRODUÇÃO: A Mediastinite Fibrosante é uma doença rara caracterizada pela proliferação de colágeno e tecido fibroso no mediastino com sintomas compressivos nas vias aéreas centrais, esôfago, veia cava superior, e vasculatura pulmonar. **OBJETIVO:** Relatar caso com diagnóstico de Mediastinite Fibrosante, ocorrido em 2008 no HCPA, correlacionando com a literatura. **MATERIAL E MÉTODOS:** Relato de caso e revisão bibliográfica. **RESULTADOS E CONCLUSÕES:** Paciente feminina, 28 anos, com história de disfagia desde os 8 anos e de Tuberculose aos 5. REED e TC de tórax de 1998 evidenciam compressão de via aérea e digestiva e calcificação ganglionar. TC em 2008 demonstra redução progressiva do calibre das vias aéreas centrais, infiltração mediastinal por material com densidade de partes moles e obliteração dos planos de