reduction of BMI ($p < 0.05$) was measured between t0 and t1, however body weight remained static over the 6-week period. The power of the test was, however, quite low (14.2%).

Conclusions: Our results suggest that magnesium citrate supply is useful in promoting adherence to a hypocaloric diet, in terms of reduction in BMI, in overweight and obese middle-aged women. In particular, this effect seems to be mediated by a major capacity to impose a voluntary control on disordered alimentary habits in response to hedonic signals derived from highly palatable foods typical of today's diet.

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P.8.b.015 Mood stabilizers in the treatment of impulsive behavioral dyscontrol in borderline personality disorder: a systematic review

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Purpose of the study: No one drug has therapeutic effects for the causes of borderline personality disorder, but it can only treat specific symptoms of the disorder. Moreover, the therapeutic effect remains modest. For these reasons, the aim of this systematic review is to analyze the use of mood stabilizers and antiepileptics in randomized clinical trials for the treatment of impulsive behavioral dyscontrol in borderline personality disorder without any Axis I disorders.

Methods: A literature seach was conducted in March, 2014. PubMed and Scopus databases were used to find studies for inclusion in the systematic review. Keywords used in the literature selection criteria were: 'borderline personality disorder'; 'lithium'; 'valproate'; 'carbamazepine'; 'topiramate'; 'lamotrigine'. In each search, keywords were used together with logical operators: 'and'.

The following criteria were used by reviewers to select articles to introduct in the systematic review: 1. a diagnosis of borderline personality disorder confirmed using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders Text Revision interview; 2. Randomized clinical trials; 3. Impulsive behavior dyscontrol scores using the State-Trait-Anger-Expression-Inventory scales; 4. No comorbid Axis I disorder. In this way, four ($n = 4$) potentially relevant studies were obtained for the systematic review.

Summary: Nickel et al. (2004, 2005) and Tritt et al. (2005) found in the medication groups, respectively with topiramate and with lamotrigine, significant improvements in State-Anger, Trait-Anger, Anger-Out, and Anger-Control subscales of the State-Trait-Anger-Expression-Inventory scales.

Conclusions: Randomized clinical trial made for impulsive behavior dyscontrol, scored with the State-Trait-Anger-Expression-Inventory scales, in borderline personality disorder without any Axis I disorders are based on topiramate and lamotrigine. Each medication group reported a significant improvement in the total scores for impulsive behavioral dyscontrol. More studies with more numerous participants are needed. There is much to say for international collaboration as a means to devise a suitable battery of outcome instruments for effectiveness studies in borderline personality disorder.

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Table (abstract P.8.b.015): Studies included in the systematic review

Authors	Diagnosis	N	Medications	Dosages	Study design	Results
Nickel et al. 2004	borderline personality disorder	31 females	Topiramate	Began with 50 mg/d, then increased to 250 mg/d by last 3 wk	Parallel design, 8 wk	Significant improvements in State-Anger, Trait-Anger, Anger-Out, and Anger-Control subscales of STAXI
Nickel et al. 2005	borderline personality disorder	44 males	Topiramate	Began with 50 mg/d, then increased to 250 mg/d by last 3 wk	Parallel design, 8 wk	Significant improvements for medication group in State-Anger, Trait-Anger, Anger-Out, and Anger-Control subscales of STAXI
Tritt et al. 2005	borderline personality disorder	27 females	Lamotrigine	Started at 50 mg/d, then increased to 100 mg/d during week 3, 150 mg/d during wk 4 and 5, and 200 mg/d during wk 6–8	Parallel design, 8 wk	Significant improvement on State-Anger, Trait-Anger, Anger-Out, and Anger-Control subscales of STAXI in medication group

STAXI, State-Trait-Anger-Expression-Inventory scales.