

Review of
Clinical Pharmacology
and Pharmacokinetics

ΕΡΙΤΗΟΡΕΣΕ ΚΛΙΝΙΚΕΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΗΣ
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CONTENTS

INVITED SPEAKERS

M. GÖTHERT.....	83
<i>Changes in pharmacological and functional properties of human 5-HT receptors by genetic, splice and subunit variation</i>	
P. HONKAKOSKI....	85
<i>The role of nuclear receptor in regulation of CYPs</i>	
C. SAMPAIO.....	86
<i>Neuroprotection: The difficult journey from the bench to the bedside</i>	
P. ATHANASIOU.....	87
Biological factors: New perspectives in the treatment of autoimmune diseases	
CH. FLORDELLIS, P. PAPATHANASSOPOULOS.....	88
<i>Multi-drug targeting as a new basis in Pharmacology</i>	
E. KASTRITIS.....	89
<i>Modern therapy of multiple myeloma</i>	
M. KOUTSILIERIS.....	90
<i>Pathophysiology of osteoplastic metastasis in prostate cancer: Therapeutic implications</i>	
Z. PAPADOPOLOU-DAIFOTI.....	91
<i>Sex differences in drug response</i>	
D. DUKA.....	92
<i>Neurobiological mechanisms underlying drug addiction: Is there a common pathway?</i>	
A. GRAVANIS.....	93
<i>Regenerative Pharmacology</i>	
I. CHINOU.....	94
<i>Introduction to herbs</i>	
P. GALANOPOLOU-COUVARI.....	95
<i>Herbal and dietary supplement – drug interactions: Evidence for clinical significance</i>	
W. KNÖSS.....	97
<i>Herbal medicinal products in Europe</i>	
B. MATHIOUDAKIS.....	98
<i>The legal situation regarding the use of vitamins, minerals and certain other ingredients in foods</i>	
T.C. THEOHARIDES.....	99
<i>Medical foods and dietary supplements: Minimal requirements for safe clinical use</i>	
DRAGO F.....	101
<i>Docendo Discimus: Teaching Pharmacology in the Modern Europe</i>	
T. GRIESBACHER.....	102

Medical curricula between sharpening Universities' individual profiles and the need for speed: Effects on Pharmacology teaching in Austria

S. MAXWELL.....	103
<i>How can we best prepare medical students to be safe and effective prescribers?</i>	
J.S. PAPADOPOULOS.....	104
<i>Knowledge or attitude?</i>	
T.C. THEOHARIDES.....	105
<i>Pharmacology: From basic principles to translational medicine to clinical practice</i>	

ORAL AND POSTERS PRESENTATIONS

I. ANDREADOU, S. PARASCHOS, E.K. ILIDROMITIS, A. ZOGA, P. MAGIATIS, S. MITAKOU, L. KAKLAMANIS, A.L. SKALTOUNIS, D.TH. KREMASTINOS.....	107
<i>Antiatheromatic and hypolipidemic activity of Chios mastic gum in anesthetized rabbits</i>	
O. ASIMAKI, N. SAKELLARIDIS, D. MANGOURA.....	109
<i>CB1R-dependent activation of Fyn tyrosine kinase and protein kinase C delta, PKCδ, in lipid rafts</i>	
E. BEGAS, E. KOUVARAS, V. TSIOKOU, E.K. ASPRODINI.....	113
<i>In vivo evaluation of CYP1A2 and CYP2A6 activities in a Greek population during menopause</i>	
A. BIBIS, G. DIMOGERONTAS, K. KOUZELIS, A. ZARROS, C. LIAPI.....	115
<i>Lazaroids: A new category of neuroprotective agents</i>	
A. BOULTADAKIS, G. GEORGIAOU, P.A. TARANTILIS, N. PITSIKAS.....	118
<i>Effects of the active constituents of Crocus Sativus L., crocins, in an animal model of anxiety</i>	
I. CHARALAMPOPOULOS, V. MINAS, N. AVLONITIS, T. CALOGEROPOULOU, A. GRAVANIS.....	119
<i>Synthetic spiro-neurosteroid analogs exerting structure-specific neuroprotective effects</i>	
E. CHATZAKI, C. PASXOS, M. LAMBROPOULOU, S. ANAGNOSTOULIS, CH. CHARSOU, E. CHOURIDOU, E. MICHAILEDOU, F. PAPACHRISTOU, TH.C. CONSTANTINIDIS, C. SIMOPOULOS.....	122
<i>Corticotropin releasing factor (CRF) and liver apoptosis</i>	

O. CHOULIARA, A. POLISSIDIS, M. DOSI, A. GALANOPPOULOS, E.TZAVARA, M. MARSELLOS, Z. PAPADOPOLLOU-DAIFOTI, C. SPYRAKI, K. ANTONIOU.....	124	E.-M. GEORGANTA, G. MAZARAKOU, A. AGALOU, Z. GEORGOUSSI.....	152
<i>Behavioral effects and dopaminergic indices following THC administration in two rat phenotypes</i>		<i>The C-termini of the μ- and δ- opioid receptors differentially bind to signal transducers and Activators of transcription, STAT5A and STAT5B</i>	
TH.C. CONSTANTINIDIS, E. VAGKA, P. DALLIDOU, P. BASTA, V. DRAKOPPOULOS, E. CHATZAKI.....	126	CH. HADJIMICHAEL, S. SAVVA, A. ANDREOU, S. THEOCHAROUS.....	156
<i>Occupational exposure of health care workers to chemotherapeutic agents: A Study in Greek Hospitals</i>		<i>Physicians and the use of antibiotics in Cyprus</i>	
E.P. DASKALOPOULOS, G. RENTESI, M.A LANG, M. MARSELLOS, M. KONSTANDI.....	129	C. HADJICOSTA, M. MIRONIDOU-TZOUVELEKI.....	159
<i>Hepatic drug metabolizing efficacy modifications after exposure to stress</i>		<i>Eph receptors and ephrin ligands: Back to the origin in the therapy of cancer</i>	
E. DIMITRIADI., M. NIKOLAIDOU, P. PAPPAS, M. MARSELLOS.....	131	A. HATZISOTIRIOU, D. KAPOUKRANIDOU, M. ALBANI.....	163
<i>Sex differences in Pharmacokinetics of Doxorubicin</i>		<i>Assessment of motoneuron death during development following central and peripheral deafferentation</i>	
CH. DOKOS, K. KALOUSIS, A. KOUYOUMTZIS, M. MIRONIDOU-TZOUVELEKI.....	133	Z. IAKOVIDOU-KRITSI, K. AKRITOPOULOU, M.T. EKONOMOPOULOU, T. LIALIARIS, D. MOURELATOS AND E. MIOGLOU-KALOUTSI.....	166
<i>Chemotherapy of osteosarcoma: Beyond conventional approaches to future concepts</i>		<i>Genotoxic and cytostatic effect of atypical antipsychotic drugs in normal human lymphocytes cultures</i>	
D. ECONOMOU, E. PAPAKONSTANTINOU, I. KLAGAS, ATH. SAKADAMIS, A. SIOGA.....	138	I. ILIAS, M. ALEXIOU, K. MICHALAKIS, G. MITIOS, E. VENAKI, S. NIKOPOULOU.....	169
<i>Hyaluronic acid induces wound closure by primary human skin fibroblasts in a wound healing model</i>		<i>Study of the effect of statin antilipidemic therapy on the thyroid</i>	
H. FRANGOU, E. NIKOLOUSSIS, N. MASSOURIDOU, T. VAVILIS, E.-N. EMMANOUIL.....	141	M. IORDANIDOU, A. TAVRIDOU, M.V. VASSEILIADIS, K.I. ARVANITIDIS, J. PETRIDIS, D. CHRISTAKIDIS, V.G MANOLOPOULOS.....	170
<i>Caspase-3 activity in pregnant rat spleen and lymph nodes after treatment with Cycloheximide and the development of malignant breast tumor in experimental animals: Case report</i>		<i>The role of polymorphisms in 5-HT_{2c} receptor gene in type 2 diabetes mellitus and obesity in the caucasian population</i>	
A. GALANOPPOULOS, A. POLISSIDIS, O. CHOULIARA, Z. PAPADOPOLLOU-DAIFOTI, K. ANTONIOU.....	145	K. KALOKASIDIS, D. MOLYVA, V. MIRTSOU, H. DEDI, B. KOKKAS, A. GOULAS.....	174
<i>Glutamatergic alterations following cannabinoid administration</i>		<i>The effect of rupatadine on histamine-induced oedema formation and TNF-α gene expression in the rat paw</i>	
C. GIAGINIS, A. ZIRA, S. THEOCHARIS, A. TSANTILLI-KAKOULIDOU.....	146	C. KANI, K. PAPANIKOLAOU, A. PEHLIVANIDIS, Z. PAPADOPOLLOU-DAIFOTI.....	176
<i>Simple physicochemical properties as effective filters for risk estimation of drug transport across the human placental barrier</i>		<i>Cholinesterase inhibitors and memantine in vascular dementia: A systematic review of randomized controlled trials</i>	
M. GIANNAKOULI, A.J. ALETRAS, E. GIANNOPOULOU.....	149	D. KAPOUCRANIDOU, R. KOTAKIDOU, M. PONTIKA, D. HADJIPAVLOU-LITINA.....	178
<i>Antagonistic effect of TGF-β1 on the IL-1β-induced expression of MMP-1 in human fibroblasts of different tissue origin</i>		<i>Effects from chronic iron administration on functional organs: Correlation with free Radicals</i>	
CH. KARACHALIOS.....	181	<i>Salmonella enterica Serovar Typhi Ty21a expressing HPV Type 16 L1 as a potential live vaccine against cervical cancer and typhoid fever</i>	

I. KARAMOUZIS, F. KESIDON, E. HASAPOPOULOU, C. MANOLOPOULOS, B. PAPAGEORGIOU, M. GIANNΟULIS, E. SAMPANOPOULOU, D. MICHAΙLIDOU, TH. DARDAVESSIS, M. KARAMOUZIS, I. PIDONIA.....182 <i>False positive tumour markers CA 15-3, CEA, CA 125 and CA 19-9 in patients with homozygous β-thalassaemia, sickle cell / β-thalassaemia and thalassaemia intermedia</i>	<i>Acute in vivo exposure to fentanyl reduces GABA immunoreactivity in the CA1 area of the rat hippocampus</i>
G. KARKOULIAS, K. KYPREOS, P. PAPATHANASOPOULOS, CH. FLORDELLIS.....185 <i>Sustained activation of CREB is required for neuronal differentiation of α₂-AR transfected PC12 cells</i>	L.J. LEONTIADIS, M.-P. PAPAKONSTANTINOU, M. SARRIS, Z. GEORGOUSSI.....214 <i>RGS4 and RGS2 differentially modulate opioid receptor signaling</i>
D.S. KATSIABAS, S.K. MAVRIDIS, I.S. PAPPAS.....189 <i>Expression of cytochrome P450s and transcription factors Pxr and Car in canine tissues</i>	CH.I. LIAKOU, A. KAMAT, D. NG TANG, H. CHEN, J. SUN, CH. LOGOTHETIS, P. SHARMA.....217 <i>Anti-CTLA-4 therapy in bladder cancer patients alters immune responses by increasing IFNγ production and decreasing the CD4⁺FOXP3⁺ regulatory T cells in the tumor microenvironment</i>
K. KATSIKARIS, I. SKOPELITIS, A. PAPAIONANNOU, A. GOTSI, N. KARAGIANNIDIS....193 <i>A pharmacoeconomic comparison study of an lc/ms method used for the bioequivalence study of Donepezil compared with a similar HPLC method for the same substance</i>	CH. LIAPI, A. ZARROS, S. THEOCHARIS, H. AL-HUMADI, F. ANIFANTAKI, E. GKROUZMAN, Z. MELLIOS, N. SKANDALI, S. TSAKIRIS.....221 <i>Lanthanum effects on the adult rat brain antioxidant status and adenosinetriphosphatase activities: Modulation by L-cysteine</i>
K. KOSMA, A. SIANNI, K. LIATSOS, C. LETSAKOU, A. KALOGEROPOULOU, V. ROUMPOS.....195 <i>Effects of long-term antipsychotic treatment of oxidative defense system parameters</i>	A. LYMPEROPOULOS, W.J. KOCH.....224 <i>Adrenal beta-arrestin 1 promotes physiological aldosterone production</i>
A. KOTSIOU, E. CHATZIGIANNI, A. PITICALI, C. TESSEROMATIS.....198 <i>Cholesteryl ester transfer protein (CETP) changes under the influence of saturated fat diet and anabolic treatment in rats</i>	CH. MAGLARAS, M. PARAVA, P. PAPADOPOULOS, D. TSIPTSIOS, P. BEREDIMAS.....227 <i>Pharmaceutical approach in mild cognitive impairment. Is it advisable? Recent data and prospects</i>
M. KOUTSIOUMPA, M. HATZIAPOSTOLOU, C. MIKELIS, E. PAPADIMITRIOU.....201 <i>The stimulatory effects of aprotinin on human endothelial and prostate cancer cells are mediated by pleiotrophin</i>	I. MAIMARI, CH. DOKOS, M. MIRONIDOU-TZOUVELEKI.....230 <i>Brain wave patterns and steroids administration</i>
M. KOUTSOVITI-PAPADOPOLOU, TH.A. PSARRA, G.C. BATZIAS.....203 <i>Lower esophageal sphincter relaxing agents: An in vitro comparative study in the rabbit</i>	F.M. MALAMAS, C.G. THOMAS, T. STEFOS, A. TSATSOULIS, A.M. EVANGELOU.....232 <i>The antagonizing effects of N-acetyl-cysteine on prolactin induced proliferation of human breast cancer cells</i>
M. KOUTSOVITI-PAPADOPOLOU, L. XU, I. DEPOORTERE, L. THIELEMANS, TH. THIJS, TH.L. PEETERS.....207 <i>In vitro responses of the guinea pig gastrointestinal tract to homologous motilin</i>	G. MANTA, S. TARAVIRAS, E. KOUVELAS, A. MITSACOS.....235 <i>Developmental heterogeneity in splicing of the postnatal rat retinal N-methyl-D-aspartate glutamate receptor 1</i>
E. KOUVARAS, T. KILINDRIS, A. VASILAKI, E.K. ASPRODINI.....212	A. MATRALIS, A. KOUROUNAKIS.....238 <i>Hypolipidaemic and antioxidant properties of novel squalene synthase inhibitors</i>
	M.C. MAVROGIORGOU, P. STAVRINOU, P. PAPPAS, G. MILIARAS, K. POLYZOIDIS, M. MARSELOS.....241 <i>Expression of drug-metabolizing proteins in human brain tumors: Preliminary results</i>
	M. MAVRIKAKI, G.G. NOMIKOS, G. PANGIAS.....242

<i>Evaluation of the effects of different mood stabilizers in a rat model of euphoria</i>	LOU, K. SOURLIS, M.G. MYKONIATIS, G.I. PANOUTSOPoulos.....	267
TH. MAVRAKANAS, E. TSIRELLA, M. MIRONIDOU-TZOUVELEKI.....	243	
<i>Glucagon-like peptide-1 receptor agonists and dipeptidyl peptidase-4 inhibitors in the treatment of type 2 diabetes</i>	<i>Hepatic regeneration after 60-70% and 30-34% partial hepatectomy in the rat</i>	
M. MIRONIDOU-TZOUVELEKI, CH. DOKOS, M. ANDRONOGLOU, P. PAPADIMOULI, K. KALOUSIS.....	P.K. PANAGOPOULOS, S. TSARTSALIS, CH. DOKOS, M. MIRONIDOU-TZOUVELEKI.....	269
<i>Administration of antiplatelet agents in cardiovascular disorders: Results from a clinical study</i>	<i>New kids on the block: Statins in the fight against Alzheimer's Disease</i>	
M. MIRONIDOU-TZOUVELEKI, CH. DOKOS, K. KALOUSIS.....	P. PAPAIOANNIDOU, A. KAMBAROUDIS, V. VLAHOVIC-PALCEVSKI, A. SABO, L. PEJAKOV, B. BEOVIC, R. VELICKOVIC-RADOVANOVIC, E. KARAMANLIS, A. RASKOVIC, C. PAPANIKOLAOU, M. JAKOVLJEVIC, H. CARAGEORGIOU, I. DIAMANTIS, G.M. BENONI, L. CUZZOLIN, J. PETROVIC, S. JANKOVIC, G. HATZITHEOHARIS, G. VELO, N. HARLAFTIS, TH. GERASIMIDIS.....	273
<i>Serum butyrycholinesterase activity as a marker of aging process in drug metabolism: Study in Greek aging population</i>	<i>Quality of perioperative chemoprophylaxis in General Surgery: Preliminary results of ASPPOC in South Europe</i>	
M. MIRONIDOU-TZOUVELEKI, CH. DOKOS.....	P. PAPAIOANNIDOU, K. NANASSIS, A. SABO, V. VLAHOVIC-PALCEVSKI, L. PEJAKOV, O. HORVAT, M. JAKOVLJEVIC, P. SELVIARIDIS, G.-M. BENONI, L. CUZZOLIN, Z. TOMIC, S. JANKOVIC, G. VELO.....	276
<i>Statins and bone formation: Proposed methods of implementing statins innovation in osteoporosis</i>	<i>Quality of perioperative chemoprophylaxis in Neurosurgery: Preliminary results of ASPPOC in South Europe</i>	
M. MIRONIDOU-TZOUVELEKI, A. ANOGEIANAKI, CH. DOKOS, D. KOUTSONIKOLAS, J. LIAGOURIS, G. ANOGIANAKIS.....	P. PAPAIOANNIDOU, P. AKRITOPOULOS, G.-M. BENONI, L. CUZZOLIN, G. VELO.....	279
<i>The effect of orlistat on blood glucose and body weight in an onset diabetic rat model</i>	<i>Quality of perioperative chemoprophylaxis in Orthopedics Surgery: Preliminary results of ASPPOC in Greece and Italy</i>	
K. NAZOS, M.-T. BASSI, N. BRESOLIN, K. PANTOS.....	P. PAPAIOANNIDOU, D. VAVILIS, G.-M. BENONI, L. CUZZOLIN, G. VELO, B. TARLATZIS, J. BONTIS.....	282
<i>The first identified mutation associated to alternating hemiplegia of childhood (AHC) in a Greek Family: Clinical and genetical approach</i>	<i>Quality of perioperative chemoprophylaxis in Obstetrics and Gynecology: Preliminary results of ASPPOC in Greece and Italy</i>	
M. NIKOLAIDOU, P. PAPPAS, K. ANTONIOU, M. MARSELOS.....	P. PAPAIOANNIDOU.....	285
<i>Effects of a selective cyclooxygenase inhibitor on behavioural and neurochemical parameters</i>	<i>Theoretical and practical issues of cognitive development in problem based learning</i>	
Z. PANAGI, P. BOUNTOURIS, E. PAPADIMITRIOU, M. SKOUROLIAKOU, F. KALFARENTZOS.....	M. PARAVA, CH. MAGLARAS, D. TSIPTSIOS, M. DOULGERAKIS, P. BEREDIMAS.....	288
<i>Preliminary evaluation of preoperative and short-term (1 year) postoperative serum fat-soluble vitamin levels in super-obese patients undergoing A rouxen-Y gastric bypass with biliopancreatic diversion (RYGBP/BPD) malabsortive operation</i>	<i>Succinylcholine in rapid sequence induction (RSI): How safe is its use when there is evidence of intracranial changes?</i>	
M. PANTELIDOU, K. DIMAS, A. GEORGOPoulos, S. HATZIANTONIOU, C. DEMETZOS.....	S.M. PIPERAKIS, K. KONTOGIANNI, G. KARANASTASI, C. SIFFEL, A. CEBULSKA-WASILEWSKA, R. MARKOS, Z. IAKOVIDOU-KRITSI, M.M. PIPERAKIS.....	291
<i>Preparation, characterization and in vitro evaluation of liposome-incorporated curcumin on colorectal cancer cell lines</i>	<i>Effects of pesticides on exposed populations from four European Countries</i>	
G.K. PAPADIMAS, K.N. TZIROGIANNIS, M.D. DEMONAKOU, S.D. SKALTAS, A.D. GRYPOUTI, K.T. KOURENTZI, K.N. ALEXANDROPOU-		

- N. PITSIKAS, S. ZISOPPOULOU, I. PAPPAS, N. SAKELLARIDIS.....294
The selective 5-HT₆ receptor antagonist Ro 04-6790 attenuates psychotomimetic effects of the NMDA receptor antagonist MK-801
- P.M. PITYCHOUTIS, K. NAKAMURA, P.A. TSONIS, Z. PAPADOPPOULOU-DAIFOTI.....295
Neurochemical alterations following acute immune stimulation: A male versus female study
- S. PLAKAS, I. SPANOS, G. DIMOGERONTAS, E. ROKAS, M. PAPADOPPOULOS, A. ROVLIAS, E. KONSTANDINIDIS.....296
Gliadel wafers in the treatment of malignant glioma: Our experience
- E. POLAKIS, M. LAMBROPOULOU, C. CHAR-SOU, C. CHEIMONIDOU, K. CHALKIADAKI, E. CHATZAKI.....297
The expression of the corticotropin releasing factor (CRF) system of neuropeptides and receptors in mouse microglia cells
- A. POLISSIDIS, O. CHOULIARA, A. GALANO-POULOS, E. TZAVARA, M. MARSELLOS, Z. PAPADOPPOULOU-DAIFOTI, K. ANTONIOU.....300
Dopaminergic modifications following win 55,212-2 administration in the conditioned place preference paradigm
- CH. POURZITAKI, TH. TZELLOS, CH. SARDELI, G. PAPAZISIS, E. AMANITI, D. KOUVELAS.....302
Evidence-based evaluation of emergency care treatment algorithms: 15 dominant myths
- C. POURZITAKI, G. KANELLOS, I. KLAGAS, A. KRITIS.....304
Combined treatment of aspartyl protease inhibitor and NMDA antagonist in PC12 cells after glutamate excitotoxicity
- C. POURZITAKI, H. LOGOTHETI, C. SARDELI, G. PAPAZISIS, P. ARAMPATZIS, D. KOUVELAS.....308
Pregabalin combined with epidural analgesia in chronic cancer pain patients
- TH.A. PSARRA, TH. THIJS, A. DIEZ-FRAILE, I. DEPOORTERE, G.C. BATZIAS, TH.L. PEETERS, M. KOUTSOVITI-PAPADOPPOULOU.....310
Pharmacologic characteristics of the rabbit lower esophageal sphincter
- G. RAGIA, A. TAVRIDOU, K. ARVANITIDIS, E. NIKOLAIDIS, G. BOUGIOUKAS, V.G. MANOLO-POULOS.....315
Frequencies of eNOS gene polymorphisms - 786T>C and 894G>T in the Greek Population
- G. RENTESI, K. ANTONIOU, M. MARSELLOS, M. SYRROU, M. KONSTANDI.....318
Long-term consequences of early maternal deprivation in behavioral and neurobiological responses of adult rat
- A. RUCINSKA, K. GARDIKIS, M. IONOV, M. JOKIEL, T. FELEKIS, B.R. STEELE, C.G. SCRETTAS, C. DEMETZOS, M. MICHA-SCRETTAS, M. BRYSZEWSKA, T. GABRYELAK.....319
Cell toxicity and fluorescence spectroscopy studies of carboxyl, amine and hydroxyl terminated dendrimers
- CH. SARDELI, TH. TZELLOS, E. AMANITI, G. PAPAZISIS, K. KARAKOULAS, CH. POURZITAKI, D. KOUVELAS.....320
Deciding on the best treatment strategy for recurrent febrile seizures: An evidence-based Medicine approach
- P. SEMERTZIDIS, S. DOUMA, K. PETIDIS, A. TRIANTAFYLLOU, E. GALIAGOUDI, P. PAPAEFTHIMIOU, N. PAPADOPoulos, N. KARTALI, A. PYRPASOPOULOU, M. DOUMAS, C. ZAMBOULIS.....322
Efficacy of amlodipine in older hypertensive patients (>55 years) not controlled with inhibitors of the renin-angiotensin system or beta blockers
- A. SIANNI, A. GANOTOPOULOU, K. KOSMA, K. LIATSOS, N. KARAGIANNI, E. LASKOS, D. VASILOPOULOS.....323
Effects of statins on key biochemical indexes of patients with acute ischemic cerebrovascular stroke
- F. SIGALA, A. PAPALAMBROS, K. FILIS, S. MARKANTONIS, M. DEMOPOULOU, P. SIGALAS, A. KOTSINAS, A. NIFOROU, B. GORGOLIS, I. ANDREADOU.....326
The role of oxidative and nitrosative stress mechanisms in symptomatic carotid disease
- V. SOURLAS, V. ATHANASIOU, A. VASILAKI.....327
Effect of somatostatinergic analogues on the ischemia-induced release of [³H]-D-aspartate and [³H]-GABA from rat retina and hippocampus
- H. SOUKI, G. VRIONI, M. KATRAMADOU, D.G. HEZA, H. CARAGEORGIOU.....329
Serum pseudocholinesterase levels after chronic exposure to fenthion and correlation with morbidity (cancer, liver diseases, respiratory and neurological diseases)
- C. SPANOU, N. ALIGIANNIS, A. L. SKALT-SOUNIS, D. KOURETAS.....336
Effect of leguminosae family plant extracts and polyphenolic fractions on topoisomerase I-induced nicking of DNA

TH. STROUBINI, A. PERELAS, CH. LIAPI, D. PERREA, I. DONTAS, M. TRAPALI, P. GALANOPOULOU.....	339	TH. TZELLOS, G. PAPAZISIS, E. AMANITI, CH. SARDELI, CH.POURZITAKI, D. TAHMATZIDIS, D. KOUVELAS.....	355
<i>Effects of sibutramine treatment on food intake, serum lipoproteins and TNF-α levels in rats fed standard laboratory or three isocaloric diets</i>			
A. TRIANTAFYLLOU, S. DOUMA, K. PETIDIS, P. SEMERTZIDIS, E. GALIAGOUSI, P. PAEFTHIMIOU, N. PAPADOPoulos, N. KARTALI, A. PYRPASOPOULOU, M. DOUMAS, C. ZAMBOULIS.....	343	TH. TZELLOS, I. KLAGAS, E. PAPAKON-STANTINOU, K. VAHTSEVANOS, S. TRIARIDIS, ATH. KYRGIDIS, ATH. PRINTZA, E. ZVINTZOU, G. KARAKIULAKIS.....	358
<i>The implementation of British Hypertension Society Guidelines results in improved blood pressure control in young hypertensives</i>			
B. TSAKMAKI, G. PAPADOPoulos.....	344	<i>Differential expression of matrix metalloproteinases 2 and 9 in basal cell carcinoma, photo-exposed and photo-protected skin</i>	
<i>The introduction of the use of stimulants for attention deficit and hyperactivity in children (and adolescents)</i>			
ATH. TSIOKANOS, ATH. JAMURTAS, P. SCHAMASCH, P. PAPALEXIS, CHR. TSITSIMPIKOU.....	347	A.S. VESKOUKIS, M.G. NIKOLAIDIS, A. KYPAROS, D. KOKKINOS, E. VARAMENTI, D. KOURETAS.....	360
<i>Statistical data collected during urine collection for doping control at the Athens 2004 Olympic Games and recommendations to improve the urine collection process</i>			
E. TSIRELLA, M. MIRONIDOU-TZOUVELEKI.....	350	E. YIANNAKOPOULOU.....	363
<i>Nitrous oxide for conscious sedation in Pediatric Dentistry</i>			
E. TSIRELLA, M. MIRONIDOU-TZOUVELEKI.....	353	<i>Cephalosporin induced haemolytic anaemia in surgical patients: Systematic review</i>	
<i>Side effects of agents used in local anaesthesia</i>			
C. GIAGINIS, A. ZIRA, S. THEOCHARIS, A.TSANTILI-KAKOULIDOU.....	368	C. GIAGINIS, A. ZIRA, S. THEOCHARIS, A.TSANTILI-KAKOULIDOU.....	368
<i>Property distribution in the chemical space of PPAR-γ agonists: Evaluation of drug-like characteristics</i>			
A.I. LIAKOU, K. ARABATZI, C.I. LIAKOU, M.J. THEODORAKIS.....	366	A.I. LIAKOU, K. ARABATZI, C.I. LIAKOU, M.J. THEODORAKIS.....	366
<i>Impact of obesity on cytokine secretion patterns following an oral glucose tolerance test in individuals with normal glucose tolerance</i>			

Letter from Guest Editor

The progress and contributions of 20th century pharmacology has been immense with over 20 pharmacologists to have received Nobel Prizes. This field of medical studies covers many areas; it is built upon and at the same time incorporates many disciplines such as biochemistry, biology physiology, pathology, anatomy, molecular biology, while the development of new analytical and experimental techniques and instruments has given a new boost in pharmacological research. Yet, although a remarkable progress has been made in developing new drugs and in understanding how they act, the challenges are endless. Integrating a depth of knowledge in many related scientific disciplines, pharmacologists offer a unique perspective to solving drug and chemical related problems which impinge on human health, with ultimate goal the treatment and prevention of major diseases.

The 5th Panhellenic Congress of Pharmacology focuses on four *hot* subjects: Regenerative Pharmacology, Herbal Medicines, Pharmacology of Abuse and Dependence, and Education in Pharmacology.

- *Regenerative Pharmacology* is one of the newest areas in Pharmacology, represents a groundbreaking field of research and has the potential to radically alter the treatment of diseases and disorders.
- *Herbal Medicines* have acquired an important percentage among the drug used; according to WHO 80% of people worldwide rely on herbal medicines for some aspect of their primary health care. This continuously increasing use of plant medicines imposes the need for establishing new regulations.
- *Pharmacology of Abuse and Dependence*, still not a well defined area, presents a lot of challenge for researchers and clinicians.
- *Education in Pharmacology* remains a hot subject in the Medical education, following the knowledge *explosion* of the last decades accompanied by a decreasing reliance on didactic teaching. The crucial question is: how and what should we teach?

We hope that the round table discussions along with the invited lectures, included in this abstract book, will raise new and intriguing ques-

tions that will further stimulate research, and will contribute to new therapeutic approaches and attitudes.

I would like to thank the Editorial Board of *Review of Clinical Pharmacology and Pharmacokinetics* in particular Journal Editors Prof. S.T. Plessas and Dr C.T. Plessas for invitation and for providing the suitable and high-standard forum through which new research findings will become available to the scientific community.

*The Guest Editor
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Antiatheromatic and Hypolipidemic Activity of Chios Mastic Gum in Anesthetized Rabbits

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Key words: Chios mastic gum, antiatheromatic, hypolipidemic, infarct size

INTRODUCTION

Chios Mastic gum, the resin of the trunk and branches of *Pistacia lentiscus* var. Chia, has been used since antiquity in traditional Greek medicine and its healing properties are mentioned by most medical writers of the classic era. The main compounds of mastic are triterpenes, both acidic and neutral. Tirucallol and butyrospermol, the main neutral components, possess phytosterolic structure. This led to the hypothesis that mastic and particularly its neutral phytosterolic fraction could possess antiatheromatic activities, because of the known effect of plant sterols on the atheromatic disease. The aim of the present study was to evaluate the potential antiatheromatic activity *in vivo*.

METHODS

Mastic Total Extract without Polymer (TMEWP) and the phytosterolic fraction (Neutral Mastic Fraction, NMF), were administered to rabbits in the form of sunflower oil solution. Anesthetized rabbits were subjected to 30 min regional ischemia of the heart, followed by 3 hrs of reperfusion and were randomized into 6 groups as follows: *Normal fed animals: Control* with no additional intervention, *Group A*, treated with 46.3mg/(kg-d) of TMEWP for 6 weeks, *Group B*, treated with 45.8mg/(kg-d) of NMF for 6 weeks. *Animals fed with cholesterol-enriched diet for 6 weeks: CHOL* group no additional intervention, *Group C*, treated

with 46.3mg/(kg-d) of TMEWP for 6 weeks, *Group D*, treated with 45.8mg/(kg-d) of NMF for 6 weeks. At the end of the experiment the area at risk and the infarct zone were determined with the aid of fluorescent particles and triphenyl tetrazolium chloride staining, and small segments of the ascending and descending aorta and the heart were taken for histologic examination. Blood samples were collected at several time points, for malondialdehyde (MDA) evaluation as an index of lipid peroxidation and for total cholesterol determination.

RESULTS

The phytosterolic fraction (NMF) reduced the infarct size ($18.3 \pm 3.4\%$, $p < 0.05$), while the administration of mastic total extract (TMEWP) did not reduce the infarct size significantly ($30.3 \pm 4.7\%$ vs $47.0 \pm 1.9\%$ in the control group) in the normal fed rabbits. In the hypercholesterolemic rabbits no reduction on infarct size was observed by both treatments. Atherogenesis was detected in the form of subintimal accumulation of lipids and foamy macrophages. There was no detection of atherosclerosis in Group A and Group B. Treatment for 6 weeks with TMEWP and NMF reduced the total cholesterol concentration by 47 and 88% respectively ($p < 0.01$). Lipid peroxidation product levels were elevated in all study groups at the 20th min of reperfusion compared to the baseline values.

CONCLUSIONS

Long-term treatment for 6 weeks of Mastic Total Extract without Polymer (TMEWP) and the phytosterolic fraction (NMF) possesses significant antiatheromatic and hypolipidemic activities in the

hypercholesterolemic rabbits *in vivo* without decreasing the oxidative stress during reperfusion. The phytosterolic fraction reduces significant the infarct size in the normal fed rabbits.

VOLUME 22, 2008 ♦ No 2
CONTENTS

- | | | |
|---|--|---|
| AGALOU A. 152
AKRITOPOULOS P. 279
AKRITOPOULOU K. 166
ALBANI M. 163
ALETRAS A.J. 149
ALEXANDROPOULOU K.N. 267
ALEXIOU M. 169
AL-HUMADI H. 221
ALIGIANNIS N. 336
AMANITI E. 302,320,355
ANAGNOSTOULIS S. 122
ANDREADOU I. 107,326
ANDREOU A. 156
ANDRONOGLOU M. 246
ANIFANTAKI F. 221
ANOGEIANAKI A. 256
ANOGIANAKIS G. 256
ANTONIOU K. 124,145,263, 300,318
ARABATZI K. 369
ARAMPATZIS P. 308
ARVANITIDIS K.I. 170,315
ASIMAKI O. 109
ASPRODINI E.K. 113,212
ATHANASIOU P. 87
ATHANASIOU V. 327
AVLONITIS N. 119
BASSI M.-T. 259
BASTA P. 126
BATZIAS G.C. 203,310
BEGAS E. 113
BENONI G.M. 273,276,279,282
BEOVIC B. 273
BEREDIMAS P. 227,288
BIBIS A. 115
BONTIS J. 282
BOUGIOUKAS G. 315
BOULTADAKIS A. 118
BOUNTOURIS P. 264
BRESOLIN N. 259
BRYSZEWSKA M. 319
CALOGEROPOULOU T. 119
CARAGEORGIOU H. 273,329
CEBULSKA-WASILEWSKA A. 291
CHALKIADAKI K. 297
CHARALAMPOPOULOS I. 119
CHARSOU C. 122,297
CHOUREDOUN E.122
CHATZAKI E. 122,126,297 | CHATZIGIANNI E. 198
CHEIMONIDOU C. 297
CHEN H. 217
CHINOU I. 94
CHOULIARA O. 124,145,300
CHRISTAKIDIS D. 170
CONSTANTINIDIS TH.C. 122, 126
CUZZOLIN L. 273,276,279,282
DALLIDOU P. 126
DARDAVESSIS TH. 182
DASKALOPOULOS E.P. 129
DEDI H. 174
DEMETZOS C. 265,319
DEMONAKOU M.D. 267
DEMOPOULOU M. 326
DEPOORTERE I. 207,310
DIAMANTIS I. 273
DIEZ-FRAILE A. 310
DIMAS K. 265
DIMITRIADI E. 131
DIMOGERONTAS G. 115,196
DOKOS CH. 133,230,246,250, 254,256,269
DONTAS I. 339
DOSI M. 124
DOULGERAKIS M. 288
DOUMA S. 322,343
DOUMAS M. 322,343
DRAKOPoulos V. 126
DRAGO F. 101
DUKE D. 92
ECONOMOU D. 138
EKONOMOPOULOU M.T. 166
EMMANOUIL E.-N. 141
EVANGELOU A.M. 232
FELEKIS T. 319
FILIS K. 326
FLORDELLIS CH. 88, 185
FRANGOU H. 141
GABRYELAK T. 319
GALANOPoulos A. 124,145, 300
GALANOPoulos-COUVARI P. 95,339
GALIAGOUSI E. 322,343
GANOTOPOULOU A. 323
GARDIKIS K. 319
GEORGANTA E.-M. 152
GEORGIADOU G. 118
GEORGOPoulos A. 265 | GEORGOUSSI Z. 152,214
GERASIMIDIS TH. 273
GIAGINIS C. 146,368
GIANNAKOULI M. 149
GIANNOPoulos E. 149
GIANNOULIS M. 182
GKROUZMAN E. 221
GORGULIS B. 326
GÖTHERT M. 83
GOTSI A. 193
GOULAS A. 174
GRAVANIS A 93,119
GRIESBACHER T. 102
GRYPIOTI A.D. 267
HADJICOSTA C. 159
HADJIMICHAEI CH. 156
HADJIPAVLOU-LITINA D. 178
HARLAFTIS N. 273
HASAPOPOULOU E. 182
HATZIANTONIOU S. 265
HATZIAPOSTOLOU M. 201
HATZISOTIRIOU A. 163
HATZITHEOHARIS G. 273
HEla D.G. 329
HONKAKOSKI P. 85
HORVAT O. 276
IAKOVIDOU-KRITSI Z. 166, 291
ILIAS I. 169
ILIODROMITIS E.K. 107,
IONOV M. 319
IORDANIDOU M. 170
JAKOVLJEVIC M. 273,276
JAMURTAS ATH. 347
JANKOVIC S. 273,276
JOKIEL M. 319
KAKLAMANIS L. 107
KALFARENTZOS F. 264
KALOGEROPOULOU A. 195
KALOKASIDIS K. 174
KALOUSIS K. 133,246,250
KAMAT A. 217
KAMBAROUDIS A. 273
KANELLOS G. 304
KANI C. 176
KAPOUCRANIDOU D. 163,178
KARACHALIOS CH. 181
KARAGIANNI N. 323
KARAGIANNIDIS N. 193
KARAKIULAKIS G. 358
KARAKOULAS K. 320 |
|---|--|---|

- KARAMANLIS E. 273
 KARAMOUZIS I. 182
 KARAMOUZIS M. 182
 KARANASTASI G. 291
 KARKOULIAS G. 185
 KARTALI N. 322,343
 KASTRITIS E. 89
 KATRAMADOU M. 329
 KATSIBAS D.S. 189
 KATSIKARIS K. 193
 KESIDON F. 182
 KILINDRIS T. 212
 KLAGAS I. 138,304,348
 KNÖSS W. 97
 KOCH W.J. 224
 KOKKAS B. 174
 KOKKINOS D. 360
 KONSTANDI M. 129,318
 KONSTANDINIDIS E. 296
 KONTOGIANNI K. 291
 KOSMA K. 195,323
 KOTAKIDOU R. 178
 KOTSINAS A. 326
 KOTSIOU A. 198
 KOURENTZI K.T. 267
 KOURETAS D. 336,360
 KOUROUNAKIS A. 238
 KOUTSILERIS M. 90
 KOUTSIOUMPA M. 201
 KOUTSONIKOLAS D. 256
 KOUTSOVITI-
 PAPADOPOULOU M. 203,207,
 410
 KOUVARAS E. 113,212
 KOUVELAS D. 235,302,308,
 320,355
 KOUYOUMTZIS A. 133
 KOUZELIS K. 115
 KREMASTINOS D.TH. 107
 KRITIS A. 304
 KYPAROS A. 360
 KYPREOS K. 185
 KYRGIDIS ATH. 358
 LAMBROPOULOU M. 122,297
 LANG M.A. 129
 LASKOS E. 323
 LEONTIADIS L.J. 214
 LEOTSAKOU C. 195
 LIAGOURIS J. 256
 LIAKOU A.I. 369
 LIAKOU CH.I. 217,369
 LIALIARIS T. 166
 LIAPI C. 81,115,221,339
 LIATSOS K. 195,323
 LOGOTHETI H. 308
 LOGOTHETIS CH. 217
 LYMPEROPOULOS A. 224
 MAGIATIS P. 107
 MAGLARAS CH. 227,288
 MAIMARI I. 230
 MALAMAS F.M. 232
 MANGOURA N. 109
 MANOLOPOULOS C. 182
 MANOLOPOULOS V.G. 170,
 315
 MANTA G. 235
 MARKANTONIS S. 326
 MARKOS R. 291
 MARSELOS M. 124,129,131,
 241,263,300,318
 MASSOURIDOU N. 141
 MATHIOUDAKIS B. 98
 MATRALIS A. 238
 MAVRAKANAS TH. 243
 MAVRIDIS S.K. 189
 MAVRIKAKI M. 242
 MAVROGIORGOU M.C. 241
 MAXWELL S. 103
 MAZARAKOU G. 152
 MELLIOS Z. 221
 MICHAILIDOU D. 182
 MICHAILIDOU E. 122
 MICHALAKIS K. 169
 MICHA-SCRETTAS M. 319
 MIKELIS C. 201
 Miliaras G. 241
 MINAS V. 119
 MIOGLOU-KALOUPTSI E. 166
 MIRONIDOU-TZOUVELEKI M.
 133,159,230,243,246,250,254,
 256,269,350,352
 MIRTSOU V. 174
 MITAKOU S. 107
 MITIOS G. 169
 MITSACOS A. 235
 MOLYVA D. 174
 MOURELATOS D. 166
 MYKONIATIS M.G. 267
 NAKAMURA K. 295
 NANASSIS K. 276
 NAZOS K. 259
 NG TANG D. 217
 NIFOROU A. 326
 NIKOLAIDIS E. 315
 NIKOLAIDIS M.G. 360
 NIKOLAIDOU M. 131,263
 NIKOLOUSSIS E. 141
 NIKOPOULOU S. 169
 NOMIKOS G.G. 242
 PANAGI Z. 264
 PANAGIS G. 242
 PANAGOPoulos P.K. 269
 PANOUTSOPoulos G.I. 267
 PANTElidou M. 265
 PANTOS K. 259
 PAPACHristou F. 122
 PAPADIMAS G.K. 267
 PAPADIMITRIOU E. 201,264
 PAPADIMOUli P. 246
 PAPADOPoulos G. 344
 PAPADOPoulos J.S. 104
 PAPADOPoulos M. 296
 PAPADOPoulos N. 322,343
 PAPADOPoulos P. 227
 PAPADOPoulou-DAIFOTI Z.
 91,124,145,176,295,300
 PAPAEFTHIMIOU P. 322,343
 PAPAGEORGIOU B. 182
 PAPAIOANNIDOU P. 273,276,
 279,282,285
 PAPAIONANNOU A. 193
 PAPAKONSTANTINOU E. 138,
 358
 PAPAKONSTANTINOU M.-P.
 214
 PAPALAMBROS A. 326
 PAPALEXIS P. 347
 PAPANIKOLAOU C. 273
 PAPANIKOLAOU K. 176
 PAPATHANASOPoulos P.
 88,185
 PAPAZISIS G. 302,308,320,
 355
 PAPPAS I. 294,189
 PAPPAS P. 131,241,263
 PARASCHOS S. 107
 PARAVA M. 227,288
 PASCHOS C. 122
 PEETERS TH.L. 207,310
 PEHLIVANIDIS A. 176
 PEJAKOV L. 273,276
 PERELAS A. 339
 PERREA D. 339
 PETIDIS K. 322,343
 PETRIDIS J. 170
 PETROVIC J. 273
 PIDONIA I. 182
 PIPERAKIS M.M. 291
 PIPERAKIS S.M. 291
 PITSCALI A. 198
 PITSIKAS N. 118,294
 PITYCHOUTIS P.M. 295
 PLAKAS S. 296
 POLAKIS E. 297
 POLISSIDIS A. 124,145,241

- POLYZOIDIS K. 241
 PONTIKA M. 178
 POURZITAKI C. 302,304,308,
 320,355
 PRINTZA ATH. 358
 PSARRA TH.A. 203,310
 PYRPASOPOULOU A. 322,
 343
 RAGIA G. 315
 RASKOVIC A. 273
 RENTESI G. 129,318
 ROKAS E. 296
 ROUMPOS V. 195
 ROVLIAS A. 296
 RUCINSKA A. 319
 SABO A. 273,276
 SAKADAMIS ATH. 138
 SAKELLARIDIS N. 109,294
 SAMPAIO C. 86
 SAMPANOPOULOU E. 182
 SARDELI C. 302,308,320,355
 SARRIS M. 214
 SAVVA S. 156
 SKALTSAS S.D. 267
 SCHAMASCH P. 347
 SCRETTAS C.G. 319
 SELVIARIDIS P. 276
 SEMERTZIDIS P. 322,343
 SHARMA P. 217
 SIANNI A. 195,323
 SIFFEL C. 291
 SIGALA F. 326
 SIGALAS P. 326
 SIMOPOULOS C. 122
 SIOGA A. 138
 SKALTSONIS A.L. 107,336
 SKANDALI N. 221
- SKOPELITIS I. 193
 SKOUROLIAKOU M. 264
 SOUKI H. 329
 SOURLAS V. 327
 SOURLIS K. 267
 SPANOS I. 296
 SPANOU C. 336
 SPYRAKI C. 124
 STAVRINOU P. 241
 STEELE B.R. 319
 STEFOS T. 232
 STROUBINI TH. 339
 SUN J. 217
 SYRROU M. 318
 TAHMATZIDIS D. 355
 TARANTILIS P.A. 118
 TARAVIRAS S. 235
 TARLATZIS B. 282
 TAVRIDOU A. 170
 TAVRIDOU A. 315
 TESSEROMATIS C. 198
 THEOCHARIS S. 146,221,368
 THEOCHAROUS S. 156
 THEODORAKIS M.J. 369
 THEOHARIDES T.C. 99,105
 THIELEMANS L. 207
 THIJS TH. 207,310
 THOMAS C.G. 232
 TOMIC Z. 276
 TRAPALI M. 339
 TRIANTAFYLLOU A. 322,343
 TRIARIDIS S. 358
 TSAKIRIS S. 221
 TSAKMAKI B. 344
 TSANTILI-KAKOULIDOU A.
 146,368
 TSARTSALIS S. 269
- TSATSOULIS A. 232
 TSIOKANOS ATH. 347
 TSIOKOU V. 113
 TSIPTSIOS D. 227,288
 TSIRELLA E. 243,250,353
 TSITSIMPIKOU CHR. 347
 TSONIS P.A. 295
 TZAVARA E. 124,300
 TZELLOS TH. 302,320,355,358
 TZIROGIANNIS K.N. 267
 VAGKA E. 126
 VAHTSEVANOS K. 358
 VARAMENTI E. 360
 VASILAKI A. 212,327
 VASILOPOULOS D. 323
 VASSEILIADIS M.V. 170
 VAVILIS D. 282
 VAVILIS T. 141
 VELICKOVIC-RADOVANOVIC
 R. 273
 VELO G. 273,276,279,282
 VENAKI E. 169
 VESKOUKIS A.S. 360
 VLAHOVIC-PALCEVSKI V.
 273,276
 VRIONI G. 329,
 XU L. 207
 ZAMBOULIS C. 322,343
 ZARROS A. 115,221
 ZIRA A. 146,368
 ZISOPOULOU S. 294
 ZOGA A. 107
 ZVINTZOU E. 358
 YIANNAKOPOULOU E. 363

