

The antidepressive therapy proves its efficiency in the pain syndrome due to the analgesic properties which are not related to the timoanaleptic effect.

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Women and depression

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Objectives: This study presents the psychometric characteristics of the Centre for Epidemiological Studies Depression Scale (C.E.S.-D) in a sample of Portuguese young women analysing the severity.

Methods: The sample was randomly selected using stratification by age. 177 young women with mean age of 20 participated in the study. The outcome variables included the C.E.S.-D and specific sub-scales. Internal consistency and factor analysis were conducted, as well as correlations.

Results: Cronbach's alpha and factor analysis show a very similar pattern of psychometric characteristics found in the original study.

Conclusion: The implications of the results for both theory and practice were discussed. Future research topics were discussed in terms of the development of new depression evaluation instruments for women.

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Clinical diagnoses and behavioural symptoms of Hungarian adolescent outpatients suffering from self-injurious behaviour

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Background and Aims: Deliberate self-harm is an increasing problem (6-7% prevalence rate) in teenagers. The aims of the study was to present diagnoses of Hungarian self-injurious adolescents and to identify features of SIB.

Sample. 48 female adolescent outpatients collected from a total of 396 new outpatients recently referred and treated in 4 Child Psychiatric centres of Western-Hungary over a one-year admission period.

Assessment methods. a) Hungarian pilot version of the Ottawa Self-injury Inventory for adolescents (OSI), b) M.I.N.I. Plus diagnostic clinical interview, Hungarian standard version.

Results: The leading diagnoses were major depression, one from the anxiety syndromes (social phobia or GAD) and the third leading diagnosis was suicidal behavior. 83 and 64 % reported comorbid suicidal behaviour. The more frequent type is that of self-cutters, the regions affected best are upper and low-arm, hand, thigh, legs. The preferred methods are cutting, scarifying, wound-making and burning of a body region. 40% of SIB patients shares no information (even with her closest friend) about her self-destructive impulses. Motivations are: crisis in romantic relationship, academic or social failure and feeling of denial. The task the girls aim at are to appease her rage, depression, irritable mood and feelings of hurt. 40% continues the risk behavior although she is highly conscious of the disadvantageous consequences.

Conclusions: The majority of SIB adolescents suffer from an episode of MD often in comorbidity with anxiety disorder or with suicidal behavior. SIB has not only an impulsive but an incubated form too. Few SIB patients utilize substitute activities to divert herself from self-destructions and only half is motivated to change.

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Premenstrual dysphoric disorder and major depressive disorder

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A number of mood, behavioural, and somatic symptoms are reported by woman during the late luteal phase of the menstrual cycle. A subset of symptoms comprises premenstrual dysphoric disorder, which is found in the DSM-IV.

The objective of the present paper was to assess associations between premenstrual dysphoric disorder and development of major depressive disorder, as well as to define the possible correlation between clinical course and duration of PMDD and development of MDD.

We surveyed 40 out-treated women, with mean age of 35,6 years. 35 of them had positive family history for premenstrual dysphoric disorder, and 21 of them had positive family history for major depressive disorder. All of the female patients were followed during period of one year. They fulfil criteria for Premenstrual dysphoric disorder according to the DSM-IV criteria. They were treated with fluoxetine or sertraline during the luteal phase of the menstrual cycle. During one year period 27 of these women developed major depressive episode. They fulfilled the DSM-IV criteria for MDD. These female out treated patients were also rated with HAMD rating scale. The authors also observed correlation between the duration of PMDD in the number of days in the luteal phase with the development of MDD.

We can conclude that there may be correlation between the PMDD and MDD in the way that PMDD can be predisposing factor for development of MDD. Possibility of some same etiological factors in the development of PMDD and MDD could be one of the explanations for these results.

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Treatment effects of Venlafaxine on work activity compared to SSRIs in the treatment of MDD according to baseline severity

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Objectives: In this meta-analysis we compared the effects of venlafaxine and SSRIs on work activity in MDD patients classified according to baseline severity

Methods: Data from the work and activity item 7 of the HAMD17 of 31 pooled studies comparing venlafaxine with SSRIs were used. Subjects were divided into two groups based on their baseline HAMD17 total score ≥ 30 / < 30 . Score distributions and the proportions of patients achieving full work functionality were summarized for both LOCF and Completers at week 8. Fisher's exact test was used to compare the treatment effects.

Results: 5836 patients with a baseline HAMD17 < 30 were identified. The OR for all subjects achieving full work functionality is

1.22 (95%CI 1.08, 1.36), $p < 0.001$ for LOCF and 1.19 (95%CI 1.04, 1.38), $p = 0.015$ for completers. The OR for subjects with work impairment at baseline is 1.17 (95%CI 1.02, 1.35), $p = 0.029$ for LOCF and 1.13 (95%CI 0.95, 1.35), $p = 0.18$ for completers. 656 patients with a baseline HAMD17 > 30 were identified. The OR for all subjects achieving full work functionality is 1.80 (95%CI 1.24, 2.63), $p = 0.002$ for LOCF and 1.64 (95%CI 1.05, 2.58), $p = 0.032$ for completers. The OR for subjects with work impairment at baseline is 1.93 (95%CI 1.30, 2.87), $p = 0.001$ for LOCF and 1.81 (95%CI 1.12, 2.92), $p = 0.017$ for completers.

Conclusion: This analysis demonstrates that venlafaxine is superior to SSRIs in improving work functionality in both mild/moderate and even more pronounced in severe depression. These results emphasize the impact of the treatment with venlafaxine on patients returning to normal social life.

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Personality and coping styles contribution to physical co-morbidity in unipolar depression

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Objective: Increased physical co-morbidity in depressive individuals is a clinical reality often confronted by clinical practitioner. Frequently, there are no evidence for a linear connection between severity symptoms of depression and the physical co-morbidity levels. Despite this, the causality of high physical co-morbidity remains an important challenge that continues to concern researchers and clinicians.

Material and Method: We performed a cross-over study, on 45 subjects admitted in our Clinic for unipolar depression. After, collecting socio-demographic and clinical data, we administered COPE scale (Coping Orientations to Problem Experience) to identify the profile of coping styles and Karolinska Scales of Personality for a dimensional assessment of personality traits. All data were statistical analyzed.

Results: In our sample we found highly statistical prevalences for physical disease, especially for cardiovascular disease, comparatively with prevalence data coming from National Health System. The cardiovascular disease was correlated with impulsiveness ($p = 0.056$) and aggressiveness ($p = 0.202$) Karolinska scales, but the scores remains as trends that possibly became statistical significant in larger samples. Also, regarding coping styles, those having cardiovascular disease showed statistical significant high levels of acceptance ($p = 0.034$) and psychoactive substance ($p = 0.038$) use in COPE scales.

Conclusion: We consider that personality and coping styles aspects could explain the high clinical association of unipolar depression with physical disease, in general, and with cardiovascular co-morbidity especially rather than clinical and demographical data. We must take into account this results in our therapeutically approach, giving the sense for psychotherapeutically efforts in this cases.

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Clinical relevance of changes in the Montgomery-Asberg depression rating scale using the minimum clinically important difference approach

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Background & Aims: To identify the minimal clinically important difference (MCID) for the Montgomery-Asberg Depression Rating Scale (MADRS) in randomised studies of depression, and to cross-validate the estimated MCID.

Methods: Placebo-treated patients from three similarly-designed, 8-week, double-blind, randomised depression trials with a stable health status between baseline and Week 1 ('no change' rating on the Clinical Global Impression-Improvement scale) were eligible. To calculate the MCID using the distribution-based approach, the standard deviation was estimated using baseline MADRS data while the reliability parameter was measured as the Intraclass Correlation Coefficient (ICC) between baseline and Week 1. For cross-validation, patients from an observational study were matched to identify the 'MCID change' (MADRS change from baseline to endpoint score plus the estimated MCID) and 'control' groups. Comparisons of clinical and health-related quality of life (HRQoL) measures were performed.

Results: In total, 177 placebo-treated patients were identified. MCID estimates for MADRS ranged from 1.6 to 1.9. A total of 105 matched pairs were identified for the cross-validation analyses. Mean change from baseline in MADRS scores (10.6 +/- 8.5 vs. 12.5 +/- 7.9, $p = 0.038$) and remission rates (71.6% vs. 57.1%, $p < 0.05$) significantly differed between the 'MCID change' and 'control' groups at endpoint. Numerically higher response rates and greater improvements in HRQoL scores in the 'MCID change' group were also found.

Conclusions: These preliminary findings support the value of the estimated MCID for the MADRS and may aid decision makers in evaluating antidepressant treatment effects and improving long-term patient outcomes.

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Neuroendocrine response to traumatic dissociation in patients with unipolar depression

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Background and Aims: Dissociation is traditionally attributed to trauma and other psychological stress that are linked to dissociated traumatic memories. Although recent studies regarding the neuroendocrinology of traumatic dissociation are rare, they suggest possible dysregulation of the hypothalamus-pituitary-adrenal (HPA) axis. The aim of the present study is to perform examination of HPA axis functioning indexed by basal prolactin and cortisol and test their relationship to psychic and somatoform dissociative symptoms.

Method: In clinical and laboratory study of 35 consecutive inpatients with diagnosis of unipolar depression (mean age 42.71, SD=12.21) assessment of psychic and somatoform dissociation (DES, SDQ-20), depressive symptoms (BDI-II) and basal serum prolactin and cortisol was performed.

Result: Data show that prolactin and cortisol as indices of HPA axis functioning manifest significant relationship to dissociative symptoms. Main results represent highly significant correlations between psychic dissociative symptoms (DES) and serum prolactin ($r = 0.55$, $p < 0.01$), and relationship between somatoform dissociation (SDQ-20) and serum cortisol ($r = -0.38$, $p < 0.01$).