

Results: Thirty percent of our subjects were diagnosed as PPD. Patients with PPD had more severe depressive symptoms during the last 3 months of pregnancy, higher rates of history of depression, PPD, postpartum blues, premenstrual dysphoric disorder, parental depression, poor social support, stressful life events during last 1 year, and problems in marriage as compared those without PPD. There was no significant difference between groups with respect to type of birth and pregnancy, history of abortion and curettage, and emotional response to oral contraceptive drugs.

Conclusions: Assessing the factors that increase the liability to PPD would make it easier to detect the individuals with high risk and to provide earlier professional support to those individuals.

P004

Depressive disorder in patients with multiple sclerosis

A. Alajbegovic¹, N. Loga², N. Tiro³, E. Mehmedika-Suljic³, S. Alajbegovic³. ¹Neurology Clinic, Clinical Center, University of Sarajevo, Sarajevo, Bosnia-Herzegovina ²Psychiatry Clinic, Clinical Center, University of Sarajevo, Sarajevo, Bosnia-Herzegovina ³Cantonal Hospital Zenica, Sarajevo, Bosnia-Herzegovina

Introduction: Depression is one of the most frequent psychical disorders in patients with multiple sclerosis (MS).

Aims: The aim of this paper is to present the demographic characteristics of the depressive disorder in patients with MS with special emphasis on the character of the depressive manifestation.

Material and Methods: We have prospectively evaluated 50 randomly chosen patients with various types of MS, who were clinically followed up for demyelinating diseases in the outpatient department at the Neurology Clinic Sarajevo. The depression was assessed with Beck Depression Inventory (BDI) scale.

Results: There was 66% of males and 34% of females, mean age 40.47 years, SD 9.236. In 56% of patients a depression that ranged from mild depressive mood (30%) to severe depression (10%) was established with no statistically significant difference between the two sexes. Statistically significant difference between sexes ($p < 0.05$) was found in the presence of suicidal thoughts and ideas which were marked in 17% of males. All patients older than 51 (31.9%) were in normal mood (X^2 -test = 13.749, $p < 0.05$). The depression was present in all divorced patients (10.7%), in most unmarried (35.8%), a number of widowers (21.4%), in patients with higher education (46.4%), in unemployed and in retired (75%).

Conclusion: Depression more frequently occurs in younger unemployed patients suffering from MS who have no spouse and have high education without significant difference between sexes. The clinical presentation of depression with its symptomatology often intertwines with some symptoms of multiple sclerosis which sometimes may pose diagnostic and therapeutic dilemma.

P005

Health-related quality of life in patients with pain related to depression (Results from UK subsample of the European Finder study)

A. Azough¹, R.D.A.S. Gupta¹, B. Wong¹, C. Barradell², Y. Jogessar², L. Poole², J. Watkins², A. Tylee³, R. Peveler⁴, P. Gandhi⁴. ¹Boehringer-Ingelheim Limited, Bracknell, United Kingdom ²Eli Lilly and Company, Basingstoke, United Kingdom ³Institute of Psychiatry, London, United Kingdom ⁴University of Southampton, Southampton, United Kingdom

Objectives: To estimate the health-related quality of life (HRQOL) and impact of concurrent pain on HRQOL in patients seeking treatment for depression in a 6 month observational study in the United Kingdom (subsample results from pan-European study).

Methodology: HRQOL was measured using two generic quality of life instruments: the Short Form 36 Health Status Survey (SF-36) and the EuroQol (EQ-5D). Pain was assessed using a visual analogue scale (range 0-100, no/mild pain [NMP] 0-29, clinically significant pain ≥ 30).

Results: 608 eligible patients were enrolled, mean age 42.8 years (SD 14.7) and 61.2% were female. 49.4% of patients reported NMP; 10.8% had significant pain from a co-morbid medical condition known to cause pain (PMC) and 39.8% had significant pain associated with a medical disorder not known to cause pain or without further co-morbidity (PD). SF-36 physical component scores were lowest in the PMC group, 36.7 (SD 9.7); with improving scores in the PD group, 44.4 (SD 10.0) and the NMP group, 54.5 (SD 8.3). There was no marked variation in mental component summary scores between the groups; 23.0 (SD 8.5), 20.4 (SD 9.1) and 21.7 (SD 10.8) respectively. A similar trend in HRQOL loss was observed for the EQ-5D health state index, where scores of 0.30 (SD 0.32), 0.41 (SD 0.30) and 0.60 (SD 0.25) were observed respectively.

Conclusions: A high proportion of patients presented with pain presumably related to depression. The presence of concurrent pain appears to be associated with reductions in SF-36 physical component scores and overall HRQOL (EQ-5D).

P006

Effect of the depressive symptoms and life events to the quality of life in a school population

I. Baji¹, L. Mayer², E. Kiss², D. Skulteti², K. Boda³, J. Gadoros¹, A. Vetro². ¹Vadaskert Korhaz Budapest, Budapest, Hungary ²SZTE Gyermek-Es Ifjúságpszichiatriai Osztály, Szeged, Hungary ³SZTE AOK Orvosi Informatikai Intezet, Szeged, Hungary

Background/aims: Life events play a role in the development of childhood depression. According to the literature major depression lowers subjective quality of life (QL). There are few studies about factors decreasing QL in general and even less on child and adolescent samples. The relationship between mental disorders and QL is not well studied either. In the present research we studied the quality of life in a school population and the relationship of QL to the number of stressful life events (SLE) and the severity of depressive symptoms.

Methods: The sample consisted of 9 elementary schools in Hungary. 2620 children were tested between 7-15 years of age (mean age: 10.45 years (s.d. 2.2)). There were 1160 boys (44%) and 1460 girls (56%). Stressful life events were collected by parental report, depressive symptoms were assessed by short version of CDI, quality of life was measured by self-report and parental questionnaires (ILK).

Results: Both stressful life events and depressive symptoms have a significant negative effect on subjective QL overall and individual QL domains. The effect of depressive symptom severity is much larger than that of the SLE. When comparing the parent and child opinions about the QL of the child, we can see that depressive symptoms are more important in children's opinion while SLE is more negative in parents' opinion. Stressful life events effect subjective QL directly (50%), indirectly (50%) through depressive symptoms. A complex study of the QL in childhood onset mental disorders would be important.