

**P007**

Depression in patients with coronary heart disease

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**Background:** Depression is a risk factor for coronary heart disease (CHD) and for other cardiovascular diseases. It cause high mortality in known patients. SSRIs are safe and have a negligible effect on the cardiovascular system, even in cases of overdose.

**Objective:** To examine the antidepressant effect of sertraline and paroxetine in patients with CHD after the incidence of an acute coronary event.

**Method:** 46 patients (26 female, mean age 59,8; 20 male, mean age 57,8) diagnosed with CHD, after 1-3 months from an acute coronary syndrome, no depression in the past, met the criteria for major depressive disorder (MDD) according to ICD10. It was performed HAMD 17 items.

**Results:** Patients received either sertraline 75-150 mg/day (n=23; mean dose 104,3 mg/day) or paroxetine 20-30 mg/day (n=23; mean dose 22,6 mg/day). They were examined on baseline and days 7, 28, 56, 112, 168 using cardiologic evaluation, and depression rating scale HAMD. All treated patients had a significant improvement on HAMD score (from mean 21,8 to 10,6). Significant improvement was noted at 28 days of treatment. 12/46 (26,08%) were mildly improved and 34/46 (73,92%) were much or very much improved. No important side effects were recorded.

**Conclusions:** 1) Patients with no recent history of depression suffering a cardiovascular event were more likely to be diagnosed with depression. 2) Diagnosis and treatment of depression should be incorporated into the clinical management of CHD 3) Sertraline and paroxetine are a safe and effective treatment in patients with CHD without other life-threatening medical conditions.

**P008**

Testing ters and mads on 567 pre-OLTx patients

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**Background and aims:** Orthotopic Liver Transplantation (OLTx) is a therapeutic option for selected patients with severe hepatopatic diseases. Resources are precious and limited, and selection of “ideal” candidates is tough but necessary; the psychiatrist is involved in the assessment of compliance and adherence to the therapeutic process by the patient. Moreover, the inclusion in the waiting list for OLTx activates multiple psychological reactions in the patient, mainly anxiety and depression, and a need to test patients’ coping capacity is also crucial.

**Methods:** 567 patients from the Liver Transplantation Surgery Unit of Modena General Hospital were assessed by professionally-trained psychiatrists between January 2002 and December 2005. After a standard psychiatric assessment, the Transplant Evaluation Rating Scale (TERS) and Montgomery-Asberg Depression Rating Scale (MADRS) scales were administered to each patient. The TERS scale was specifically developed to test the attitude of the patient to receive a transplant. The MADRS quantifies the presence of anxious and depressive symptoms.

**Results:** TERS and MADRS scores show a statistically significant inverse correlation one to each other: patients showing high levels of

anxious and/or depression symptoms appear to be worse candidates at the TERS evaluation.

**Conclusions:** Psychiatric assessment of patients waiting for OLTx is relevant, not only for selection of candidates, but also to activate a psychological support and/or a psychopharmacological therapy, to improve patients’ coping strategies in facing both a debilitating physical illness and a difficult therapeutic pathway.

**P009**

Efficacy of fluoxetine compared to amitriptyline in patients with premenstrual dysphoric disorder

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**Objective:** To assess efficacy of fluoxetine, 60 mg per menstrual cycle, in the treatment premenstrual dysphoric disorder (PMDD).

**Method:** 114 female outpatients aged between 18 and 45 years old, who met DSM-IV-TR criteria for PMDD, were randomly assigned to receive either fluoxetine or amitriptyline during luteal phase for 4 menstrual cycles. Fluoxetine was administered in 3 doses according to the following scheme: 20 mg/day for 2 consecutive days starting from the beginning of luteal phase and 20 mg/day after 7 days since first dose. Amitriptyline was administered in dose of 25 mg/day continuously during the whole luteal phase. Efficacy measures included HAMD17 total score, individual HAMD17 items, HAMA total score, individual HAMA items, CGI-S and CGI-I scales.

**Results:** Compared with amitriptyline, 60 mg of fluoxetine per menstrual cycle produced significantly greater baseline-to-endpoint mean change in HAMD17 total score, and items 8 (Retardation), and 13 (Somatic symptoms general) as well; HAMA total score, and items 5 (Intellectual), 8 (Somatic symptoms – Sensory), and 9 (Cardiovascular symptoms) as well; and the CGI-I scale (LOCF analyses;  $p < .01$  for each variable). 50%-reduction from baseline of HAMD17 total score, as well as HAMA total score was observed at the end of 1 course of therapy (end of 1 luteal phase) in both treatment groups. There was no significant difference in CGI-S scale baseline-to-endpoint mean change between fluoxetine and amitriptyline groups.

**Conclusions:** 60 mg of fluoxetine per menstrual cycle demonstrated comparative or superior efficacy as compared with amitriptyline in standard dose in the treatment of PMDD.

**P010**

Relationship between depression and hostility among teachers

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**Aims:** The purpose of the present study was to examine the relationship between depression and hostility among teacher.

**Method:** Participants were 531 teachers of education organization of Golestan province in Iran. The mean age of the participants was 37.49 years (SD = 5.58) and ages ranged from 21 to 50 years old. There were 215 men and 316 women.

**Measures:** All participants completed a questionnaire booklet containing one self-report measures: The Symptom Checklist-90-R (SCL-90-R).

**Results:** The results of the present study demonstrate that: 1) Correlation between depression and student’s hostility is meaningful and positive ( $r = 0.714$ ,  $p < 0.001$ ).

**Conclusions:** The present study revealed that a more depression is associated with a high level of self-reported hostility

## P011

Analysis of individual items of the Hamilton depression scale in a study of eszopiclone/fluoxetine co-therapy

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**Background:** Results of a co-morbid insomnia and depression study of eszopiclone and fluoxetine demonstrated that co-therapy produced greater improvements in sleep and depression than fluoxetine monotherapy. To determine if changes in the HAMDD17 were due to sleep, individual HAMDD17 items were evaluated.

**Methods:** Patients met DSM-IV criteria for MDD and insomnia, with screening HAMDD17 >14. All patients received fluoxetine QAM for 10 weeks, and randomly received double-blind eszopiclone 3mg or placebo QHS for 8 weeks, followed by a single-blind placebo 2-week run-out. HAMDD17 was completed at Weeks 4, 8, and 10. Individual items were compared with ANCOVA using an LOCF approach.

**Results:** Mean baseline HAMDD17 scores were 22 for each group. At Week 4, differences were noted between treatment groups in the total score, and the individual items of insight, the three insomnia items ( $p < 0.02$  vs monotherapy), with a trend for guilt ( $p = 0.07$ ). At Week 8, significant differences between groups were noted in total score ( $p = 0.0005$ ), in the clinician-administered Bech subscale ( $p < 0.001$ ), in the three insomnia items ( $p < 0.001$ ), guilt, work/activities, and anxiety psychic ( $p < 0.05$ ). At Week 10, the total score, guilt, the three insomnia items, work/activities, retardation, agitation, anxiety psychic, general somatic symptoms, and hypochondriasis demonstrated significant improvements ( $p < 0.05$  vs monotherapy) despite discontinuation of eszopiclone.

**Conclusions:** Eszopiclone/fluoxetine co-therapy resulted in significant improvements in the insomnia items of the HAMDD17. In addition, several items related to core depressive symptoms were also improved with co-therapy compared with monotherapy.

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## P012

Psychical disorder and chest pain

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**Introduction:** One of the most frequent causes of going to cardiovascular clinics is chest pain. The origin of Chest pain can be cardiac or noncardiac. Noncardiac chest pain may be due to psychical disorders such as obsession, violence, anxiety, depression, paranoid, phobia, somatization, psychosis.

**Materials and Methods:** Present survey is a descriptive, cross-sectional study which has been carried out on 400 patients with chest pain referred to Semnan Fatemeh hospital. These patients did not have cardiovascular diseases and related test and exercise test were negative. Data from these patients were collected by questionnaire.

**Finding:** Fifty three percentage of patients were men and 47% were women. The most prevalence psychical disorder in this study was depression with 66.2% and the least one was psychosis with 16%. Depression intensity in 73% of patients was light. Moderate and vigorous intensities in patients were 26% and 1% respectively. The percentages of anxiety and obsession with different level intensities (light, moderate and vigorous) were 85%, 15%, 0% and 79%, 18%, 3% respectively.

**Discussion:** In this study depression and agitation were the most common of psychical disorder agents in patients with chest pain, origin noncardiac. This fact showed a similarity with other studies, while agitation was the most common agent of the chest pain in some studies. It seems this difference arising from cultural diversity of patients. The most prevalence of psychical disorders in men and women (mid ages) were 47.18% and 47.8% respectively.

## P013

Maternal depression and its impact in children

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To determine the impact of maternal depression in children.

The study sample included 24 depressed women and 14 control mothers who each had a 3 – 5 y.o. child. The subjects had been selected on the basis of a screening health questionnaire and a follow-up interview. Mothers and children were observed in their homes for 2 hours on 2 occasions within a month. Child disorders were assessed at these visits and scored according to the number of areas in which children showed dysfunction in eating, sleeping, and relationships with peers. All mothers were re-interviewed and revisited 6 months later.

**Results:** There were children with emotional and behavioural problems in the depressed group than in the control group. Children of depressed mothers commonly had eating difficulties, problems in relationships with peers or parents, and poor attention with over activity. However, there was no difference in sleep problems, mood disturbances, general intellectual levels, or language comprehension between children from the study group and the control group.

At the 6 month follow-up, 14 depressed mothers had recovered, whereas 10 were still depressed. Children of recovered mothers were somewhat less disturbed than those whose mothers were still depressed but more disturbed than children of non-depressed mothers.

Depressed mothers appeared to be less responsive to their children than non-depressed mothers. Children of depressed mothers were more often distressed than children of non-depressed mothers. There was a wide variation in the quality of mother – child interaction within the depressed group.

## P014

The course of coronary artery disease in relation to personality traits and symptoms of depression in hospitalized male patients

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