

The study group consisted of 162 patients with a principal diagnosis of Major Depression (MDD), Bipolar Disorder I (BD-I) or Dysthymic Disorder (Dy), according to DSM IV criteria, assessed by the SCID I and II. Patients were also assessed with the HAM-D, the YMRS, the DDERS and the GAF. Current and prior medical health problems were documented also using the CIRS.

The most frequent diagnosis in our sample was found to be MDD (50.6%), followed by BD-I (35.8%) and Dy (13.6%). Psychotic symptoms were detected in 12.9% of the patients. MDD presented the higher level of depressive symptoms followed by BD-I and Dy. The latter showed the longer duration of illness and the longer untreated period compared with those of BD-I and MDD, and also presented the greater number of comorbid conditions, both medical and psychiatric. In addition, the mean CIRS severity index for Dysthymia was significantly higher than that of MDD and BD-I. All affective patients showed a low level of global functioning, with no significant differences between the three diagnostic groups.

Affective patients in long-term residential facilities show significant impairment probably due to the complexity and severity of the psychopathology and in particular to the high rates of comorbidity, thus calling for a greater awareness in diagnosing and treating these patients in a residential setting.

P075

Postpartum depression and early life events: Influences of the dysregulation of the pituitary-thyroid axis

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Objective: To examine the postpartum thyroid dysfunction (PPTD) and positive thyroid antibodies (Ab+) frequency in the Postpartum Depression (PPD) and to investigate if the PPD patients subgroup with PPTD and/or Ab+ have different characteristics.

Methods: Eighty one (N=81) patients with PPD, according with DSM-IV criteria, were included. Thyroid function (Free T3, Free T4, TSH), autoimmune status of the thyroid (Thyroperoxidasa antibodies, Thyroglobulin antibodies) and severity of depression (EPDS and 21-item Hamilton scales), were assessed joint with other several demographics, psycho-social and reproductive variables.

Results: Twenty per cent of the patients with PPD had positive thyroid antibodies and 14% present PPTD. Prior history of early stressors in the PPD patients were significantly related with the presence of Ab+: the presence of childhood maltreatments and/or sexual abuse increased thirteen times the probability of Ab+ (OR: 13.01, 95% CI, 2.01-84.02). Greater number of total stressors were associated with Ab+ ($p < 0,030$), and Ab+ women showed a higher average of total stressors (2,1) than antibody negative women (1,52). Depressed women with PPTD had positive correlation with previous depressive episodes ($p < 0,008$).

Conclusion: The depressed postpartum women with dysregulation of pituitary-thyroid axis have more early childhood stressors and previous depressive episode. The implication of the immunary system and the HPT axis in the etiopathogenesis of the PPD through the activation of the response in front to stress is discussed.

P076

The efficiency of atypical antidepressants in late life depression

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Objective: The study aimed to evaluate the efficiency of Mirtazapine in late life depression's treatment.

Methods: The study was conducted on 60 old patients hospitalized in the Psychiatric Clinic of Arad, during January 2004–January 2006, diagnosed with first depressive episode or unipolar major depressive disorder. The diagnostic was established on DSM-IV-TR and ICD-10 operational criteria. The research was conducted comparatively by dividing the patients into two groups: groupA:30 patients treated with Mirtazapine and groupB:30 patients treated with amitriptyline. In the study was included a group C:30 young depressed patients, treated with Mirtazapine. The depression's severity has been evaluated with HAM-D, MADRS, GAF score and therapeutically response(TR) at admission, after 3weeks and 6months of treatment.

Results: The average of the statistical HAMD and MADRS scores after 3weeks and 6months of evolution reveals a real improvement in groupA(5,1;7,2/8,1;15) in comparison to groupB(3,7;5,6/4,4;9,3) and were the best in groupC(7,6;12,5/10,6;18,3). The GAF score of 90-81, 80-71, 70-61 points, which was calculated after 3weeks and 6months of clinical evolution, was recorded in a higher percentage in the patients of groupA in comparison to those in groupB. The GAF scores were better in groupC. The values of the TR at 3weeks and 6months in groupA(29,3%;41,34%) were definitely better than those in groupB(22,55%;31,1%), and so was the clinical evolution. In group C de TR were the best (36,5%;60,1%).

Conclusion: The evolutions of HAMD, MADRS, GAF scores and TR in groupA were considerably better than of those in groupB and were the best in groupC.

P077

Suicide and antidepressants: risk, benefits and response to treatment

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The potential prognostic value of suicidal ideation for responses of depressed patients to antidepressant treatment remains unknown.

Our findings appear to represent the first evidence that being suicidal may predict lesser response to antidepressant and mood-stabilizing treatments in depressed unipolar and bipolar affective disorder patients, independent of diagnosis or overall symptomatic severity.

Interest in this topic has been greatly stimulated by recently suggested associations between treatment with serotonin reuptake inhibitor (SRI) antidepressants and increased suicidal ideation, and perhaps suicide attempts, in juveniles with depressive or anxiety disorders.

Several recent reviews of large numbers of placebo-controlled, and case-control clinical studies involving various types of antidepressants among patient-subjects of widely varied ages have found little aggregate evidence of altered rates of suicide or attempts (decreases or increases), even though such events occurred surprisingly often despite efforts to screen acutely suicidal persons from most antidepressant trials.

In contrast to a lack of convincing evidence of either increases or decreases in risks of suicides or life-threatening attempts during

antidepressant treatment, several studies of antidepressants, including SRIs, have found that rating scale scores of suicidal ideation decreased along with other depressive symptoms.

An hypothesis has been reported that the brain-derived neurotrophic factor (BDNF) may be related to both suicidality and poor clinical response to antidepressants.

The authors presents a broad overview on the topic based on unpublished and published meta-analyses as well as new data regarding response to antidepressant by suicidal patients that appear to be innovative in the interantional literature.

P078

Depression in hemodialysis patients: association with inflammatory and nutritional markers

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Depression, malnutrition and inflammation are highly prevalent in hemodialysis (HD) patients, representing important predictors of morbidity and mortality.

The aim of the study was to screen for depression in HD patients and analyze, among other factors, its association with inflammatory and nutritional indices. C-reactive protein, Body Mass Index, albumin, cholesterol, phosphate and hemoglobin levels, dialysis adequacy, the presence of co-morbidities, stages of rehabilitation, education level and marital status were observed.

Thirty five patients (19F,16M) aged 53.1±9.4 years, on thrice-weekly HD for 77.7±57.1 months were studied. Depression was assessed via Beck Depression Inventory (BDI). The scores on the BDI ranged from 0 to 45 (16.9±11.1). 31.4% and 28.6% prevalences of inflammation and malnutrition were observed.

Patients were divided into two groups according to score obtained: 9 not depressed (NonD) subjects (2F, 7M, BDI 0-9) and 26 patients (17F, 9M) with depressive symptoms (D group, score of 10+). Depression was significantly more frequent in females (p=0.05). None of the patients working full or part time had depressive symptoms, as opposed to 3 without job and 13 who were retired (p=0.02). Insignificant difference in prevalence of inflammation, malnutrition and other analyzed parameters was found. Subdivision of D group revealed mild depressive patients (10-15) to be significantly younger than both nonD patients and subjects with moderate or severe depression (16+); p= 0.02.

Depression, inflammation and malnutrition are common in HD patients. It is of great importance for long-term outcome of this population to identify them early and initiate treatment.

P079

Affective temperament-types and suicidal behaviour

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Background: As the different affective temperament-types (depressive, hyperthymic, cyclothymic, irritable and anxious) play a significant role in the development and symptom-formation of bipolar and unipolar major mood episodes, the aim of this study was to examine these affective temperaments in persons making suicide attempts.

Method: Using the Hungarian version of the full-scale 110-item version of the TEMPS-A questionnaire. we compared the affective temperament profiles of 150 nonviolent (106 female and 44 male) suicide attempters (121 of them have had current major depressive episode) and 717 normal controls (438 females and 279 males).

Results: Compared to controls, both female and male suicide attempters scored significantly higher in four of the five temperaments, containing mWre or less depressive component (depressive, cyclothymic, irritable and anxious). On the other hand, however, no significant difference between suicide attempters and controls was found for the hyperthymic temperament scores. Significantly higher rate of suicide attempters (135/150=90.0%) than controls (138/717=19.2%) have had some kind of dominant (mean score + 2 SD or above) affective temperament (p=0.0001).

Conclusion: The findings support the strong relationship between depression and suicidal behaviour even on temperamental level, suggesting that hyperthymic temperament has no predisposing role for suicidal behaviour at least in case of nonviolent attempters. As current depression and dysregulated central serotonergic function are well-known suicide risk factors, these findings are also in good agreement with recent results on the significant relationship between the s allele of the serotonin transporter gene and depressive, cyclothymic, irritable and anxious temperaments, but not with hyperthymic temperament.

P080

The relationships between the severity of depression and behavioral attitudes

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The tasks of the investigation were to estimate behavioral attitudes in major depression and to check whether they are determined by the level of depression.

Subjects: 44 patients with major depression.

Methods: 21-item Hamilton Rating Scale for depression; Test BASE (projective questionnaire) for the estimation of: search activity (SA), stereotyped activity (St), chaotic behavior (Ch), passive behavior (Pa). As a normal configuration of BASE we have estimated BASE with positive values (>0) of Sa and St and negative values (<0) of Ch and Pa (without taking into consideration the absolute values).

Results: 1. SA is decreased and Pa is increased in patients. Patients with the Hamilton scale <22.7 and > 31.1 do not display significant differences in BASE scales. Both groups displayed abnormal configuration of BASE. Correlations between behavioral attitudes and Hamilton scale are absent. 2. In patients with the abnormal configuration of BASE Hamilton scale was significantly higher (27.7) than in patients with normal configuration (24.6).