

(n=151) and placebo (n=157). Primary endpoint: baseline to Week 6 change in MADRS total score. Secondary variables included: baseline to Week 6 change in HAM-D total and Item 1 (depressed mood) scores. Safety assessments included AE reporting.

**Results:** Mean MADRS total score (overall baseline mean, 30.15) was significantly reduced at Week 6 by quetiapine XR 150mg/day, 300mg/day and duloxetine versus placebo (−14.81, −15.29, −14.64, −11.18, respectively;  $p \leq 0.001$ ).

At Week 6, mean HAM-D total scores (overall baseline mean, 25.25) were significantly reduced versus placebo (−10.26) by quetiapine XR 150mg/day, 300mg/day (−13.12, −14.02, respectively,  $p \leq 0.001$ ) and duloxetine (−12.37,  $p < 0.05$ ). Mean HAM-D item 1 scores (overall baseline mean, 3.03) were significantly reduced versus placebo (−1.07) by quetiapine XR 150mg/day, 300mg/day (−1.49, −1.56, respectively,  $p \leq 0.001$ ) and duloxetine (−1.53,  $p < 0.001$ ).

Incidence of serious AEs were low ( $\leq 2\%$ ) in all groups. Most common AEs ( $>10\%$ ) were dry mouth, sedation, somnolence, dizziness, headache and nausea with quetiapine; dizziness and headache with placebo; and dry mouth, sedation, somnolence, dizziness, headache, constipation, nausea, diarrhoea and insomnia with duloxetine. Most AEs were mild-to-moderate in intensity.

**Conclusion:** Quetiapine XR monotherapy at 150 and 300mg/day was effective and well tolerated in the treatment of patients with MDD.

## P0229

The study of correlation between depression, quality of life and glycemic control in a sample of Iranian diabetic patients

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**Background:** The prevalence of depression in diabetic patients is 2-3 times more than general population. The quality of life (QOL) and glycemic control are 2 important outcome measures of diabetes management. The aim of this research is to study the relationship between depression, glycemic control and QOL in a sample of Iranian diabetic patients.

**Methods:** One hundred diabetic patients who were referred to diabetes clinic of Dr. Shariati Hospital were included in the study consecutively. The depression subscale of Hospital Anxiety and Depression Scale (HADS-D) were used to determine depression. The World Health Organization Quality of life brief version questionnaire (WHOQOL-BREF) was used to measure QOL. The status of glycemic control was evaluated through measuring HbA1c. Other measured variables included: demographic variables, smoking, diabetes type, body mass index, duration and complications of diabetes and previous history of depression. The linear regression method was implemented to analyze the data.

**Results:** Depression was observed in 30% of the patients. Glycemic control had a reverse significant correlation with diabetes complications. No significant relationship was found between HbA1c and scores of HADS-D. WHOQOL-BREF subscales scores had no significant relationship with glycemic control. There was a significant relation between scores of HADS-D and WHOQOL-BREF subscales.

**Conclusion:** Improving quality of life (QOL) is one of the main outcomes in the management of diabetes. According to the result of

this study, depression had a more prominent relationship with QOL than glycemic control. Thus, careful management of depression may be necessary to improve QOL of diabetic patients.

## P0230

Influence of moderate physical exercise on mood and quality of life in older patients with atrial fibrillation

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**Background and Aims:** Affective disorder has not been considered appropriately in patients with atrial fibrillation (AF) representing a chronic disorder with reduced quality of life. Adequate ventricular rate (VR) control in permanent atrial fibrillation (AF) is not easy to accomplish. The aim was to assess whether regular moderate physical activity elevates the parasympathetic tone to the atrioventricular node and decreases VR during permanent AF but also improves psychic wellbeing.

**Methods:** 10 patients (59±10y) with permanent AF underwent moderate physical exercise (45min walking/jogging, 2/week). To analyze VR control, we performed Holter-ECG recordings, physical exercise treadmill tests, and stepwise lactate tests before, during and after 4 months of training. Psychiatric interviews and psychometric examinations of mood and quality of life (SKID, BDI, HAM-D, SF-36) were obtained, too.

**Results:** Out of 10 patients, six revealed a previous psychiatric history, four subclinical depressive symptoms and one a depressive syndrome. After training there were significant ( $p < 0.05$ ) improvements with decrease in VR (24 hours, exercise) and increase of lactate threshold (exercise), accompanied by improved general health perceptions in 7/8 quality of life dimensions. Enhanced global physical health was significantly higher in case of more pronounced depressive symptoms ( $r=0.86$ ;  $p < 0.01$ ). Importantly, in three patients reductions/terminations of cardiac drugs could be undertaken.

**Conclusions:** Physical training should be accounted for VR control during AF. Regarding the high prevalence of affective symptoms in our AF patients, bodily-oriented rehabilitation might minimize comorbid chronic affective disorder.

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## P0231

An interdisciplinary approach to postpartum depression

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