

(SD=0.54) were randomly assigned to either a music/silence or a silence/music group sequence. The physiological measures of anxiety assessed in this study were finger temperature and pulse rate. Two additional psychological measures were also collected, the State-Trait Anxiety Inventory (STAI) and Test Anxiety Inventory (TAI). The students in the music group were given a 40-minute group-based music intervention in a classroom, whereas the students in the silence group received the regular test without music. The students had their physiological measures taken and the TAI and STAI were completed both immediately before the intervention/silence period and at the end.

Results: Using paired t-tests, there were no significant difference in pretest scores for STAI, TAI, finger temperature and pulse rate between the two conditions. Nonetheless, the findings indicated that music intervention did effectively decrease examination anxiety and state of anxiety as well as reducing pulse rate and increasing higher finger temperature ($p=0.05$ to 0.001). In addition, significant differences were detected between the pretest and posttest measures for silence ($p=0.001$).

Conclusions: Lento music intervention is beneficial and is able to decrease anxiety among nursing students who are taking an examination. The results suggest that lento music is effective at anxiety reduction.

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Music appreciation and intervention on stress reduction: a randomized crossover trial

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Background: Several clinical studies have indicated the effectiveness of music on stress; however, the study results are inconsistent. Moreover, no known published studies have investigated nurses' appreciation of music and the effects of music on job-related stress.

Objectives: To examine the effects of music preference and intervention on stress indices.

Method: Using a cross-over design, 54 subjects were randomly assigned to music/ chair rest or chair rest/music sequence for 30 minutes respectively. Subjects in the music condition listened to lento music by headphones throughout 30 minutes. In the chair rest condition subjects sat quietly for 30 minutes. Using a repeated measures design, subjects' heart rate, mean arterial pressure (MAP), finger temperature, and cortisol were measured before the study and every 15 minutes interval until the end of the whole procedure. Subjected stress was measured with visual analogue scale before the study, and at the end of each condition. Data were analyzed with repeated-measures analysis of variance.

Results: The mean score of music appreciation was 8.81 (SD = 1.05), and was significantly associated with MAP, cortisol, stress, and finger temperature. Subjects when listened to music compared with chair rest had lower perceived stress level, cortisol, heart rate, and MAP as well as higher finger temperature (all $p < 0.05$ to 0.001). Paired t-test results were also significant for posttest heart rate, cortisol, finger temperature and MAP between the two conditions ($p < 0.05$ to 0.001).

Discussion: The findings provided evidence to use soothing music as a research-based intervention for stress reduction.

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Reaction of panic disorder and somatic illnesses

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Objective: The aim of this study was to indicate on the most common somatic illnesses in patients with panic disorder with agoraphobia and to estimate possible association between panic disorder with agoraphobia and somatic illnesses.

Method: The participants in this study were 93 patients with primary DSM IV diagnosis of panic disorder with agoraphobia and 48 control subjects without psychiatric diagnosis. The presences of somatic illnesses were ascertained from the modified National Institute of Mental Health Panic Questionnaire (NIMH PQ), where the patients and control subjects answered on the questions about presence of specified somatic illnesses.

Results: The most common somatic syndromes in the group of panic disorder patients were hypertension, hypotension, hyperthyroidism, constipation, and hypoglycaemia. Concerning somatic illnesses, in the sample of panic disorder patients most frequent were cardiovascular (61.3%), gastrointestinal (25.8%), endocrinology (19.4%) and urology (17.2%) illnesses. Comparing to control group, psychiatric healthy subjects, patients with panic disorder with agoraphobia have had statistically significant higher rate of cardiovascular (chi square=9.40, $p<0.01$) and endocrinology (chi square=19.31, $p<0.01$) illnesses.

Conclusion: The overall results of the study indicate that: 1. There is a high level of comorbidity between panic disorder with agoraphobia and somatic illnesses, 2. Cardiovascular diseases was the most common illnesses in patients with panic disorder with agoraphobia, 3. Cardiovascular and endocrine illnesses have had statistically significant higher rate in the patients than in the control group.

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Preliminary results evaluating cognitive function in elderly from double-blind, placebo-controlled trial of pregabalin in generalized anxiety disorder (gad)

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Background: Benzodiazepines impair cognitive function, especially in the elderly. The current analysis sought preliminary data on the effect of pregabalin on cognition in elderly patients with GAD.

Methods: Patients aged ≥ 65 years who met DSM-IV criteria for GAD, with HAM-A ≥ 20 and MMSE ≥ 24 , were randomized to 8 weeks of treatment with flexible-dosage pregabalin (150-600 mg/d) or placebo. A subgroup (N=89; 81% female; mean age=70.4 years; mean HAM-A=27.3) completed a cognitive battery including the Digit Symbol Substitution Test (DSST) and the Set Test at baseline and endpoint.

Results: At baseline, scores for pregabalin and placebo on the DSST were 13.75 ± 3.51 vs 13.39 ± 3.89 and on the Set Test 37.88 ± 3.25 vs 37.63 ± 3.69 . There was significant ($P<0.05$) inverse Pearson correlation between HAM-A item-5 (intellectual) and DSST (-0.32) and Set Test (-0.30) scores. There were also moderate inverse correlations between the DSST and HAM-A total score (-0.35) and age (-0.25). Weaker correlations (with the same directionality) were observed between the Set Test and these variables. At 8-week LOCF-endpoint, scores were comparable on the DSST (13.82 vs 14.54) and the Set Test (38.24 vs 37.95). Endpoint improvement in the HAM-A was moderately correlated with improvement in the Set Test (-0.23, $P<0.05$) but not with DSST. Univariate and

multivariate analyses showed treatment with pregabalin had no effect on endpoint cognitive function.

Conclusions: Pregabalin significantly improved the symptoms of GAD in patients aged ≥ 65 years and caused no impairment of cognitive function. A more extensive cognitive battery is needed to confirm this preliminary finding.

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Pregabalin for the treatment of generalized anxiety disorder (GAD): Efficacy and safety in elderly patients

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Objective: To evaluate the safety and efficacy of pregabalin in relieving the symptoms of GAD in patients ≥ 65 years of age.

Methods: This was a multicenter, randomized, flexible-dose, placebo-controlled, double-blind, parallel-group trial of pregabalin in the treatment of GAD. Randomization was 2:1, pregabalin:placebo. Patients underwent an 8-week double-blind, flexible-dosage (150–600 mg/d) treatment phase, including a 1-week dose-escalation period (50 mg/d to 150 mg/d). The primary efficacy assessment was change from baseline to endpoint-LOCF in HAM-A total score. Additionally, change from baseline to week 8 (observed cases) in HAM-A psychic and somatic factors was evaluated.

Results: Mean age at GAD onset was 56 years; 77% of patients were women; mean age at enrollment was 72 years; mean duration of GAD was 17 years. Mean change from baseline in HAM-A total score was -12.84 ($n=177$) for the pregabalin group and -10.7 ($n=96$) for the placebo group ($P=.0437$). At week 8, patients treated with pregabalin had significant improvement in both the HAM-A psychic (-7.8 vs -6.3 , $P=.0111$) and somatic (-6.6 vs -5.4 , $P=.0248$) factors. The most common adverse events (AEs) among pregabalin-treated patients were dizziness (20.3%), somnolence (13.0%), headache (10.2%), and nausea (9.0%). Most AEs were mild-to-moderate and self-limiting. Discontinuation rates due to AEs were 10.7% and 9.4% in the pregabalin and placebo groups, respectively.

Conclusions: Pregabalin was effective in reducing the symptoms of GAD in patients aged 65 years and older, and it was safe and well tolerated in this population.

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A case control study of the psychiatric status of elderly versus younger trauma victims.

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There are very few studies which report on the outcome of older people following trauma, whether in a civil or military context. We previously reported on the elderly survivors of the Lockerbie disaster [1] and found that the elderly were no more adversely affected than younger survivors. We now report on a sample of 114 older people, assessed for medico-legal purposes following their initiation of a personal injury claim. The older subjects were matched on a case

by case basis with a younger subject, also seen in a medico-legal context. They were matched in terms of the trauma experienced e.g. older road traffic accident victims with younger road traffic victims. The majority of the subjects were victims of road traffic accidents. Others had experienced work related accidents, civil disaster (a local factory explosion) and injuries sustained during conflict. We report here on the nature of the physical injuries sustained by the older subjects, their DSM IV psychiatric diagnoses, past and family psychiatric histories and the treatment they received.

References

- [1] Livingston HM, Livingston MG, Fell S. The Lockerbie Disaster: A three year follow-up of elderly victims. *International Journal of Geriatric Psychiatry* 1995;9:989–94.

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Can IBS (irritable bowel syndrome) be conceptualized as an anxiety disorder and what treatment implications would that have?

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Background and aims: IBS is a heterogeneous condition of unknown etiology. With a one-year prevalence above 10%, it is second only to common cold in terms of causes for work absenteeism.

An association of psychiatric disturbance and the gastrointestinal system is well established:

- Psychiatric comorbidity, mainly anxiety and depression, is common.
- In what is known as the Brain-gut axis, noxious stimulation to the gut activates parts of the central nervous system involved in fear and arousal.
- Negative evaluation of symptoms has been shown to predict the amount of worry about symptoms that patients experience
- Patients with IBS frequently display abnormal illness behaviors, such as excessive requests for medical help.

This suggests that IBS can be conceptualized as a disorder in which negative evaluation of bodily symptoms increases intensity, frequency, and duration of symptoms. Trials of CBT for IBS have been conducted, but few studies have evaluated group treatment. Since treatment-needs presently cannot be met, more cost-effective ways of delivering CBT for IBS are needed.

Methods: We are currently conducting a pilot study of group-delivered manualized CBT for 19 IBS-patients.

Results: Treatment is ongoing, and results from the first 9 patients taking part in the treatment will be presented as single case studies. For a subgroup of patients, 6-month follow up data will be available.

Conclusions: Preliminary post-treatment data suggest that group-delivered CBT may be feasible for this group. Experiences from this trial will be used in a larger study comparing group treatment to web-based treatment, further utilizing scarce CBT resources.

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Clinical outcome of multimodal rehabilitative care for young patients with multiple drug abuse

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