

P0235

The outcome of depression and cancer diseases

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Objective: The purpose of this study is to diagnose MDD and to determine its influence to the prognostic and outcome of cancer diseases.

Material and Methods: The study comprises 30 patients diagnosed with cancer. These patients were admitted in the Hematological Clinic of Arad during May 2006–October 2006 and were evaluated physically, psychiatric and psychological. The psychological evaluation was made with Hamilton Rating Scale for Depression (HAMD) and Global Assessment of Functioning Scale (GAFscore) at admission and after 3 weeks of antidepressant treatment.

The patients were divided into two groups:

- Group A—15 patients diagnosed with MDD, that were undergoing mirtazapine;
- Group B—15 patients that were not treated with antidepressants.

Results: The majority of the patients (n=16) were diagnosed with moderate depressive episode and only 4 patients weren't diagnose with depression. Fatigue was present to all patients included into the study while weight loss and loss of appetite were present to 16 and 12 patients. The evolution of average of HAMD scores was better in group A than in group B (5 vs.1,73). GAF score of 90-81, 80-71, 70-61 point was recorded in a higher percentage in the patients of group A.

Conclusions: Patients with cancer have a high rate of MDD.

MDD is a negative prognostic factor for cancer diseases. It influences and modifies the prognostic of disease.

P0236

A psychodynamic description of a sample of gamblers through Rorschach assessment and correlation with Alexithymia dimension

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Since November 2005 our Institute has been developing a group therapy program for pathological gamblers, alternating a counselling/rehabilitation and a group psychotherapy session each week. For a better understanding of psychodynamic aspects of our patients we have started to assess them through Rorschach test according to Klopfer signing and with TAS-20 (Toronto Alexithymia Scale, Taylor et al., 1990). Preliminary results regarding ten patients have shown the following features: a discrepancy between high ambition and real intellectual skills; a psychic life condition dominated by immature resources and impulses; an inappropriate self-control which is performed through emotional distance and experiences of deep anguish. These features can be indicative of a difficulty in expression of emotions, according to alexithymia construct. Most of the patients were found to have significantly higher levels of alexithymia at Tas-20. This outcome is in accordance with previous works on the topic.

Our preliminary observations suggest to focus group therapy not only on communication contents, but also on the communication style of the patient. These results also suggest that could be important to

help patient to recognize and discriminate emotional conditions to prevent relapses due to out of control or repressed emotions.

[1]. Parker J.D., Wood L.M., Bond B.J., Shaughnessy P. (2005) Alexithymia in young adulthood: a risk factor for pathological gambling. *Psychother. Psychosom.* 74(1): 51-5.

P0237

Depression, dissociation and painful physical symptoms

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Background and Aims: Recent findings in cognitive neuroscience indicate that activation of anterior cingulate cortex (ACC) is related to detecting cognitive conflict, dissociation and pain. Conflict related and pain experience induced ACC activation elicits responses in central autonomic network which can be assessed by psychophysiological measures such as heart rate variability (i.e. beat to beat R-R intervals- RRI). Recent findings in neuroscience also suggest that cognitive conflict is related to specific nonlinear chaotic changes of the signal generated by the neural systems.

Method: The present study used Stroop word-colour test as an experimental approach to the study of cognitive conflict in connection with RRI measurement, psychometric measurement of dissociation (DES), somatoform dissociation (SDQ-20), and calculation of largest Lyapunov exponents in nonlinear data analysis of RRI time series in 45 patients with unipolar depression (i.e. depressive period or recurrent depression).

Result: Significant correlation 0.57 ($p < 0.01$) between largest Lyapunov exponents and DES, and 0.45 ($p < 0.01$) between largest Lyapunov exponents and SDQ-20 found in this study indicate that cognitive conflict related defect of neural inhibition during conflicting Stroop task is closely related to dissociative processes and depression.

Conclusion: These findings suggest the hypothesis that specific nonlinear dynamics governs the brain processes that link psychological pain related to dissociation and somatoform dissociation related to painful physical symptoms as a consequence of ACC activation.

P0238

Differential effects of Venlafaxine compared to selective Serotonin reuptake inhibitors (SSRIs) in the treatment of MDD according to baseline severity

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Objectives: Prior meta-analyses have suggested superior efficacy of venlafaxine compared to SSRIs. In this meta-analysis we compared the efficacy of venlafaxine and SSRIs in patients with MDD classified according to baseline severity

Methods: Data from 31 venlafaxine studies were pooled and remission rates defined as < 8 on the HAM-D17- score were analyzed. Subjects were divided into two groups based on their baseline HAM-D-17 total score ≥ 30 / < 30 . Fisher's exact test was used to compare the treatment effects on the remission rates for each subgroup. All of the analyses were based on intent-to-treat patients, LOCF and completer analysis were performed using standardized measurements.

Results: 5836 patients with a baseline HAM-D17 < 30 could be identified. The LOCF analysis revealed, that the OR is 1.31 (95%CI 1.18, 1.46), $p < 0.001$ and the NNT is 16, whereas the completer analysis revealed, that the OR is 1.25 (95%CI 1.09, 1.43),

$p=0.001$ and the NNT is 16. Remission data for 656 patients with a baseline HAM-D17 >30 were available. The LOCF analysis revealed, that the OR is 1.55 (95%CI 1.10, 2.18), $p=0.015$ and the NNT is 11, whereas the completer analysis revealed, that the OR is 1.93 (95%CI 1.25, 2.97), $p=0.003$ and the NNT is 7.

Conclusion: This analysis demonstrates that venlafaxine is superior to SSRIs in both the mild/moderate and severe depression in achieving remission. However, the magnitude of superiority was higher in the subgroup of patients with a baseline HAM-D17 >30 suggesting a pronounced clinical benefit for the treatment of severely depressed patients.

P0239

Action monitoring in major depressive disorder: Longitudinal results

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Background: Disturbed action monitoring has been demonstrated in Major Depressive Disorder (MDD). A well-known marker for performance monitoring is the error-related negativity (ERN), an event-related potential (ERP) generated in the anterior cingulate cortex following erroneous responses. The aim of the current study was to explore the mood state dependency of the ERN in MDD.

Methods: Behavioural and ERP measurements were obtained during performance on a speeded two-choice reaction task in 15 patients with MDD and 17 matched controls. Measurements took place during the early stages of a depressive episode and again following 7 weeks of antidepressant treatment. The healthy volunteers also participated in both sessions.

Results: Whereas speed of response had substantially increased at session 2 in both groups with larger increases in the MDD group, equal ERN amplitudes were demonstrated between both sessions for the controls as well as the patients. The equal amplitudes in the MDD group might be attributable to the great variance in mood symptom remission rates in our sample. Nevertheless, strong correlations between inter-session changes in symptom severity and ERN amplitudes did emerge in the patient group.

Conclusions: The present ERP results indicate that performance monitoring in MDD is affected by mood state with only totally remitted patients demonstrating increased ERN amplitudes. The observed behavioural performance adjustments in all patients might mainly be attributable to a practise effect and the (partial) remission of depressive symptoms. Future longitudinal studies that include only patients with total symptom remission should corroborate and refine the current findings.

P0240

Systems redesign supports rational antidepressant use in everyday practice

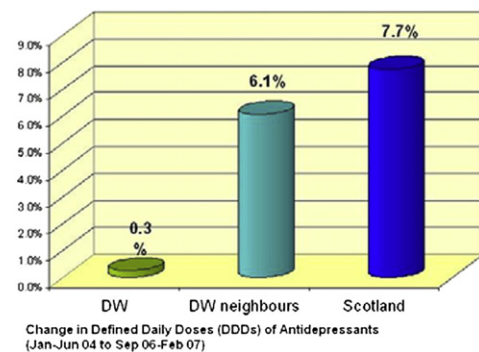
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Background: Antidepressant use has risen x3-5 in Western countries since the early 1990s, outstripping changes in depression incidence or prevalence. This represents a major public health challenge.

Methods: Nationally-collected antidepressant data were used to assess the impact of "Doing Well", (DW) a novel depression care programme operating in Renfrewshire, Scotland. "Doing Well" implemented a model of "stepped collaborative care", practitioner education and significant service redesign. Prescribing was compared for three groups: "DW" (76,000 population; clinical and educational intervention), "DW neighbours" (101,000 population; educational interventions only), and Scotland (no specific intervention).

Results: A national rise in antidepressant prescriptions was stabilised for the "DW" group (graph). Antidepressant cost/item fell by 42% and 40% in both "DW" and "DW neighbours" groups but rose by 8% nationally.

Conclusions: Access to clinical interventions are required to reduce antidepressant prescriptions, but cost savings may be made with educational interventions alone.



P0241

Desvenlafaxine Succinate efficacy in improving functional outcomes and pain in younger, midlife, and older women and men with major depression

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Objective: To evaluate functioning, well being, and pain outcomes with desvenlafaxine succinate (DVS) treatment in depressed men and women of different age groups.

Methods: Data from the Sheehan Disability Scale (SDS), 5-item World Health Organization Well-Being Index (WHO-5), and Visual Analog Scale—Pain Intensity (VAS-PI) were pooled from 6 double-blind, placebo-controlled, 8-week DVS trials conducted in outpatients with major depressive disorder (MDD). Patients were divided into 3 age groups. The 18-39 and >55 years of age groups were chosen as proxies for pre- and postmenopausal status; the age group of 40-55 years, which was likely to include perimenopausal women, was also evaluated. Male patients were similarly grouped to differentiate effects of menopausal status from age on treatment response.