

investigation was to establish the level of social support in patients suffering from Panic Disorder with Agoraphobia (PDA), in the course of the manifestation of the disorder.

Method: 40 patients who fulfilled DSM-IV criteria for the PDA (mean age 39.25, SD 6.96) and 40 matched healthy controls were assessed by Social Support Index, Family Hardness Index, Family Coping Coherence Index, Relative and Friend Support Index (Mc Cubbin, et al., 1982).

Os: The patients having PDA, compared to the healthy controls, had statistically significantly lower scores ($p < 0.001$) on all the indexes except on the Relative and Friends Support Index, where there was no statistically significant difference.

Conclusion: In the course of the disorder, patients suffering from PDA, compared to the healthy controls, had a significantly lower level of social integration in the social community and poorer quality of family relationships, but not a lower level of help and support by relatives and friends outside the close family.

P0065

Religious attitudes and anxiety

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The purpose of the present study was to examine the relationship between religious attitudes and anxiety among students.

Method: Participants were 549 undergraduate students of Islamic Azad university of Azadshahr. The mean age of the participants was 22.7 years (SD = 4.58) and ages ranged from 18 to 30 years old. There were 245 men and 324 women. Measures: All participants completed a questionnaire booklet containing two self-report measures. The State – Trait Anxiety Inventory (STAI) of Spilberger and Religious Attitudes Inventory (Bahrami, 2000).

Results: The results of the present study demonstrate that: 1)-Correlation between religious attitudes and student's anxiety is meaningful and negative ($r = -0.442$). 2)-Correlation between female student's anxiety and religious attitudes is ($r = -0.497$). 3)-Correlation between male student's anxiety and religious attitudes is ($r = -0.427$).

Conclusions: The present study revealed that a more positive attitude toward religion is associated with a lower level of self-reported anxiety. This contradicts the findings of O'Connor et al (2003).

Key words: Religious attitudes, Anxiety

P0066

Threat and anxiety affect contrast perception

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Background and Aims: Functional imaging studies during viewing of visual threat stimuli, show faster detection of threat-related cues and activation of the visual cortex, but the functional visual processes underlying these phenomena have not been determined.

Methods: Eighteen healthy subjects were pre-selected on the basis of their trait anxiety, in order to form a low- and a high-trait anxiety group. Pattern VEPs were elicited in a baseline and a verbal threat condition with two stimulus contrast magnitudes.

Results: Compared to baseline, threat accelerated contrast perception in the low- but not the high-trait anxiety group, as evidenced by significant reductions in P100-latency. This reduction in the low anxiety group was greater with increasing stimulus contrast magnitude, consistent with a multiplicative gain control mechanism.

Conclusions: The efficiency of the P100-latency reduction mechanism depends on trait anxiety, in a manner reminiscent of the inverted U-shape curve which relates anxiety to motor/behavioral performance responses. These results are compelling because they extend the effects of anxiety from response systems to perceptual processes. Data based on the effects of threat on visual search studies should be reappraised to include an effect of threat on contrast perception.

P0067

Once-daily extended-release Quetiapine Fumarate (Quetiapine XR) monotherapy in generalised anxiety disorder (GAD): A placebo-controlled study with active-comparator Paroxetine

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Objectives: To evaluate the efficacy and tolerability of once-daily quetiapine XR monotherapy in outpatients with moderate-to-severe GAD without major depressive disorder.

Methods: 10-week (8-week active treatment, randomised phase; 2-week post-treatment drug-discontinuation/tapering phase), multi-centre, double-blind, placebo-controlled, parallel-group comparison with paroxetine study (D1448C00011). 873 patients were randomised to receive quetiapine XR 50mg/day ($n = 221$), 150mg/day ($n = 218$), paroxetine 20mg/day ($n = 217$) or placebo ($n = 217$). Primary endpoint: change from baseline to Week 8 in HAM-A total score. Secondary outcomes included: change from baseline to Week 8 in HAM-A psychic and somatic clusters.

Results: Mean HAM-A total score (overall baseline mean, 26.98) was significantly reduced at Week 8 by quetiapine XR 50mg/day (-13.95 , $p < 0.05$), 150mg/day (-15.96 , $p < 0.001$) and paroxetine (-14.45 , $p < 0.01$) versus placebo (-12.30).

At Week 8, mean HAM-A psychic cluster score (overall baseline mean, 14.40) was significantly reduced by quetiapine XR 50mg/day (-7.42 , $p < 0.01$), 150mg/day (-8.64 , $p < 0.001$) and paroxetine (-7.70 , $p < 0.001$) versus placebo (-6.27). Mean HAM-A somatic cluster score (overall baseline mean, 12.58) was significantly reduced by quetiapine XR 150mg/day (-7.37 , $p < 0.001$) versus placebo (-6.00), but not quetiapine XR 50mg/day (-6.54 , $p = 0.15$) or paroxetine (-6.74 , $p = 0.05$).

The incidence of serious AEs was low ($< 2\%$) in all treatment groups. During Weeks 1-8, most common AEs ($> 10\%$) were dry mouth, somnolence, fatigue, dizziness and headache with quetiapine; headache with placebo; and somnolence, dizziness, headache and nausea with paroxetine.

Conclusion: Once-daily oral treatment with quetiapine XR (50 and 150mg/day) was well tolerated and significantly reduced anxiety symptoms, demonstrating effects on both somatic and psychic symptoms, in patients with GAD.