

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.

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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.

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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.

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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