Results: 22.1% of all patients had a DD according to PHQ. 46.5% were not previously diagnosed as having a DD. 81.4% of depressed patients had a comorbid psychiatric disorder. Comorbid patients contacted more frequently their primary care physicians and spent more days absent from work compared to the other two groups (p<0.001; p=0.005, respectively). Comorbid subjects had more depressive symptoms and experienced more recent life events compared to the other two groups (p<0.001; p=0.001, respectively). Suicidal ideation was reported by 48.6% of comorbid subjects (p<0.001). Severe suicidal ideation was reported only by the comorbid patients.

Conclusions: Patients with DD are frequently seen in primary care practice. All patients with depression should be screened for suicidal ideation. Primary care physicians should concentrate their prevention efforts for suicidal behavior on depressed patients with comorbid psychiatric disorders.

P055

Neuroticism and life adversity in the development of depressive symptoms

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Backgroung: Yet, little is known about the role neuroticism and life adversity play in the development of depressive symptoms.

Method: A total of 184 subjects aged 20-80 years were examined in the cross-sectional study. The whole group consists of 4 subgroups, namely: inpatients with haematologic malignances, inpatients with various internal illnesses like the cardiovascular disease or diabetes, outpatients infected with HCV (before antiviral treatment), and healthy subjects. The Eysenck's neuroticism questionnaire (EPQ) and the Present State Examination (PSE from SCAN 2.0) were used in the study

Results: Mean neuroticism scores in groups were similar (11.3, 12.6, 11.3, 10.0 respectively) differences were not statistically significant (ANOVA, F = 1.44, p = 0.23). Mean depression scores were different (6.33, 4.57, 3.93, 1.93 respectively), differences were statistically significant (ANOVA, F = 6.34, p < 0.001). Slopes of regression line between depression and neuroticism scores (0.73, 0.39, 0.5, 0.05 respectively) were not homogenous (F = 7.16, p < 0.001). Results revealed strong interaction between group variable and neuroticism in terms of their influence on depression mean scores (F = 22.9, p < 0.001). Residual effect of the group variable was weaker (F = 0.54, p = 0.21).

Conclusions: Differences in mean depression score among groups resulted mainly from symmetric interactions between group variable (adversity caused by an illness and treatment) and neuroticism. Slope of regression line between depression and neuroticism scores among subjects undergoing similar life adversity could be treated as a potential of this adversity to provoke emotional stress, and consequently depressive symptoms.

P056

Conventional EEG as predictor to mood stabilisers choice?

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Background and aims: To examine the efficacy of lithium and valproate in Bipolar I patients suffering from a manic episode with previous EEG abnormalities.

Method: Fifteen patients of both sexes were included in four weeks, prospective, observational, open-label treatment trial. They met criteria: Bipolar I affective disorder (manic episode) according to ICD-10 and EEG abnormalities (high voltage, 10-13 cps alpha, ''iritative'', sharp activity). Patients were divided into two groups: Group I − seven patients (4 male and 3 female) treated with lithium 900 mg/day, haloperidol 10 mg/day and chlorpromazine 150 mg/day and Group II − eight patients (4 male and 4 female) treated with valproate 1000 mg/day, haloperidol 10 ma/day and 150 mg/day. Severity of illness and treatment efficacy were measured with Young Mania Rating Scale (YMRS) at the start point, after 2 and 4 weeks, along with conventional EEG registration.

Results: Throughout observational period, lithium treated patients (Group I) did not expressed any improvement in EEG (continuously showing high voltage, sharp alpha activity). Meanwhile, Group II (valproate) patients, after 2 weeks of treatment expressed clear EEG stabilisation. In addition, after 4 week of lithium appliance (Group I) there is no significant reduction in YMRS-score. Group II (valproate) patients after 2 weeks achieved significant clinical improvement (significance level p<0,05) and after 4 weeks highly significant YMRS-score reduction (p<0,01).

Conclusion: Conventional EEG may be useful in therapeutic prediction in a manner that patients with EEG abnormalities had better respond to anticonvulsant mood stabilizers than lithium.

P057

Early screening of risk factors of postpartum depression at the obstetric ward

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Objective: The aim of this study was to identify risk factors in early postpartum that predict postpartum depression (PPD) at 6-8 weeks.

Method: A prospective cohort of 309 women was studied between the 2nd-3rd days postpartum and at 6-8 weeks postpartum. Initially we administered a general information questionnaire that included obstetrical variables and history of personal and family affective disorders. Between the 2nd and 3rd days postpartum they filled out the Spanish version of the Edinburgh Postnatal Depression Scale (EPDS), Spielberg Anxiety Trait and State Inventory (STAI-R/S), Neuroticism Dimension (EPQ), St Paul Ramsey Questionnaire (life events) and Duke Social Support Scale. At 6-8 weeks postpartum they filled out again the EPDS. Women who scored ≥10 were screened as having PPD.

Results: The incidence of PPD at 6-8 weeks was 14.6%. After Bonferroni correction, univariated analysis showed that previous personal history of depression (p<0.001), high neuroticism (p<0.001), low social support (p<0.002) and high EPDS (p<0.001) in the immediate postpartum were associated with PPD. Logistical regression analysis identified previous personal history of depression and high initial level of depression (OR=14.6; 95%CI=4.8-12.2; p<0.001) as risk factors for PPD. The absence of signification of the

Hosmer-Lemersshow test (x2 =9.654; df=8; p=0.290) indicated the goodness-of-fit of the prediction model.

Conclusions: A previous history of depression and EPDS≥10 in the immediate postpartum allow to identify women with high risk of PPD before leaving the Obstetric Ward.

This study has been supported in part by grants: Instituto Carlos III: GO3/184; FIS: PI041783 and FIS 05/2565.

P058

Trazodone in the treatment of the depressed patient with insomnia

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Objective: The aim of our study: to evaluate the efficacy of trazodone in the treatment of patients with depression showing marked insomnia.

Method: 45 patients, with diagnosis F32.0 -F32.2 (according to ICD -10) with marked insomnia, aged 29- 64 years, were enrolled. Patients received trazodone 15o mg/day, 6 weeks,without concomitant medication.The visits were organized at the beginning of treatment, after 2, and after 6 weeks of treatment for all the patients.The Montgomery Asberg Depression Rating Scale was used as a rating instruments.Gathered data were statistically processed.

Results: There was a significant improvement for trazodone treated patients in the MADRS item 4 scores at weeks 2 and 6 versus baseline (p < 0,05).They also showed significant and clinically relevant improvement in MADRS total scores after trazodone treatment.

Conclusion: Trazodone shows a significant beneficial effect in reducing sleep disturbance in depressed patients.

P059

Relationship of socio-demographic characteristics of seizure types in epileptics with depression present as comorbid condition

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Introduction: The most common psychical disorder which occurs with epilepsy is interictal epilepsy which life prevalence is 40%-60%.

Aim: To establish the frequency of depressive disorder in epileptic patients taking into account socio-demographic characteristics and the type of epileptic seizures.

Material and Methods: The survey comprised randomly chosen 476 patients treated at the Dispensary for epilepsy at the Neurology Clinic, University Clinical Center Sarajevo. All patients were tested with MMSE, Beck and Hamilton depression tests.

Results: In the surveyed sample males were represented with 53.4%, mean age 36.7 years and SD=12.58, while mean age in females was 33.3% and SD=12.58%. 80% of patients had high school education. Male patients had significantly higher rate of marriage and employment than women (p<0.001). Two thirds of patients had partial seizures with or without secondary generalization. Out of that number women had significantly more frequent seizures with partial complex symptoms. Depressive disorder was present in 34% of patients at the Beck scale and 38.8% at the Hamilton scale, significantly more frequent in women.

Conclusion: Depressive disorder was significantly more present in middle-aged women, predominantly in women with high school education, unmarried, unemployed, with significantly more frequent seizures with partial complex symptoms than males.

P060

Anxiety and depression of patients with diabetes

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There are numerous of mechanisms by which psychological dysfunction follows physical illness. They include the disturbing subjective meaning of the illness and its manifestations for the patient, impairment of the patient's capacity to cope with the needs and goals, impairment of ability to meet the demands of sexual, social and economic roles.

Symptoms of depression frequently occur in patients with diabetes and depression in the medically ill frequently goes undetected and untreated. The presence of depression is particularly problematic because depression is often associated with somatic symptoms that overlap with or resemble symptoms of diabetes. The challenge of diagnosing depression in diabetic patients is complicated by neurovegetative symptoms.

These patients resist the notion of emotional distress, substituting in its place various physical complaints.

The aims of the present study are to explore the psychopathology that occurs in patients with diabetes to study in depth their psychiatric profile.

Sixty patients mean age 61.6 SD = 17.01 suffered from Diabetes. There was a comparison group of sixty healthy volunteers.

The psychometric measurements employed were:

Hostility was examined by the hostility and direction of hostility questionnaire [HDHQ].

Psychiatric symptomatology was evaluated by the symptom − check-list-90-R [SCL-90-R] and the Delusions Symptoms Inventory / State of Anxiety and Depression, [DSSI / SAD].

The Diabetes patients reported significantly more symptoms of Somatization that the non-patients.

The patients with diabetes show significantly higher levels of paranoid hostility and Criticism of others.

The diabetes patients show significantly higher levels of introverted extroverted and total hostility than the healthy.

P061

Evaluation of eszopiclone and escitalopram oxalate co-therapy in patients with generalized anxiety disorder and insomnia

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