for evaluation. Some factors effecting the depression were omitted in the study and some factors were matched in 2 groups. X2 and T test were used to analyze the data.

Results: This study showed that there was a significant difference between satisfaction from husbands and PPD (p=0/00). High satisfaction from husband has seen in normal group, mild, moderate and severe depression group were 90/4%, 83/5%, 74/3% and 37/5% respectively and there was a significant relationship between PPD and husband's job (p<0/04) but no relationship with duration of marriage, husband's age and education.

Conclusions: There is a significant relationship between satisfaction from husband and PPD, reduction in satisfaction from husband can increase the rate of PPD.

Keywords: Satisfaction of husband, Postpartum Depression

FC05.03

Sex differences in hospitalised depressed patients

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Background: Elaborate studies have found sex ratio of patients with depressive disorder tends to decline with increasing age. The aim of this study was to evaluate if the sex ratio of depressed inpatients in Bavaria corresponds with the sex ratio found in epidemiological studies.

Methods: Based on AGATE – due date census for inpatients 2000 – 2004 in Bavaria, we examine the relationship between sex and age on depressive episode (ICD-10: F 32 or F 33). The drug safety program AGATE is supported by 28 psychiatric hospitals in Bavaria. Overall 41,699 patients on 10 target days during 5 years were evaluated. Spearman-correlation was conducted with SPSS.

Results: A total of 7,487 patients were rated as ''depressive episode'' according to ICD-10. The sex-ratio F/M was 1.9. In the 5. and 6. decade of life the sex-ratio was 1.7. It climbed to a sex-ratio of 2.2 in the 7. decade of life and to 2.6 in the 8. decade of life. The Spearman coefficient of correlation was 0.731 (p=0.018).

Conclusions: Differently from epidemiological studies the predicted reduction of sex differences with increasing age was not found.

FC05.04

The cultural pattern of suicidal behaviour in different ethnic groups in Romania

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Background: The Suicide Rate of Romania (12, 7/100,000 inhabitants) presents significant lower figures than those of surrounding countries: Hungary, Ukraine, Republic of Moldavia, Bulgaria, and Serbia. Inside Romania the regional suicide ratio varies enormously (from 33 to 5/100,000 inhabitants).

Aims: To compare the influence of psychopathology and cultural patterns on the model of suicidal behaviour in different ethic population of Romania.

Methods: The researchers collected the data on demography, psychopathology and quality of life of suicidal persons in the last 2 years, in 44 counties of Romania. The Beck Hopelessness Scale, SAD PERSONS scale (1), and The Multicultural Quality of Life Index (2), were applied to persons belonging to different ethnic groups.

Results: It was found out the relation between the highest suicide rate and the prevalence of Hungarian population in Harghita, Covasna counties and of Slavic population in Salaj, Suceava and Tulcea counties. The lowest suicide ratio was registered in the counties with a Romanian non-mixed population. The morbidity by psychiatric disorders didn't explain the significant differences between suicide ratio among the Romanian and Hungarian, Slavic population. The cultural identity among Hungarian and Slavic ethnic groups was significantly correlated with the behavioural pattern of deliberate self-harm.

Conclusions: The behavioural pattern of deliberate self harm has a strong correlation with the culturally learned assumptions.

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FC05.05

''Doing well'': Implementing stepped care for depression

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Background: Depression is a major public health problem in European countries, and health systems need to ensure access to effective psychological and pharmacological treatments. Research suggests that improvements in depression care require ''complex interventions'' that implement change in several areas simultaneously.

Methods: We describe an observational study of the implementation of a ''stepped care'' model to provide care for all adults presenting with a new case of depression in a mixed urban-rural area of Scotland with a population of 76,000 people.

A team of 5.2 clinicians provided care for about 1,000 new cases of depression each year. ''Guided Self-Help'' was the baseline intervention for all patients, supplemented where necessary with pharmacological treatment and Cognitive Behavioural or Interpersonal Therapy.

Service delivery systems were reformed to provide: specialist treatment in primary care settings using primarily non-medical clinicians, comprehensive electronic clinical records, continuous outcome monitoring and intensive investment in staff training and support.

Results: Clinical outcomes (measured by the Personal Health Questionnaire, Social and Work Adjustment Scale and EQ-5D) showed significant improvement despite relatively brief clinician contact (2.5 hours over 4.6 contacts). Savings of more than 50% were made on the antidepressant drug budget. Service user satisfaction ratings were high.

Conclusions: Population needs for depression care can be met using ''stepped care'' models such as that described above. A randomised controlled study of this approach would be required to fully test the model.

FC05.06

Importance of social relations for development of depression among pregnant women in urban and rural areas of Pakistan

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