

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 ethnic 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.

References

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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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Objectives: In this study we examined the role of various social relations and social conditions variables in the determination of depression among urban and rural pregnant women in Pakistan.

Methods: Both qualitative and quantitative method was employed. 292 pregnant women in urban and 152 pregnant women in rural areas of the province of Sindh Pakistan were included in the study. Social condition variables included socioeconomic status, illness and housing while social relations variables were relations with husband, in-laws, children and parents family. These variables were given scores when it applied to a situation of a pregnant women. Simultaneously, hassles related to pregnancy were also inquired from each women. Concurrently, in a blind set-up, translated and validated Center for Epidemiological Scale for Depression (CES-D) was administered. In multivariate regression linear analysis, scores of social relations and social condition variables were related with the scores of CES-D scores.

Results: Social context vary in urban and rural areas. There is high prevalence of depression among pregnant women in urban (39%) and rural (42%) areas of Pakistan. Social relations variables are more important in determining depression in pregnant women of urban areas, while social conditions variables has more contribution for the development of depression in rural areas of Pakistan.

Conclusions: Social environment has major contribution for the development of depression among pregnant women (52% variance). Social environmental variables vary with the social context and its importance vary for the women of urban and rural areas.

FC05.07

Neuropsychology of remitted bipolar patients

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Background and Aims: Bipolar disorders have a high impact and are psychosocially very relevant. Their manifestation have a broad variety of forms and cognitive and neuropsychological functioning is impaired in acute illness. There is a lack of neuropsychological research during remission of bipolar illness. The aim of this study was to evaluate the cognitive status of remitted bipolar patients.

Methods: 38 remitted bipolar patients underwent neuropsychological testing: MWT-B, TMT, VLMT, WMS-R, D2 and proactive interference. The results were compared with a sample of 32 schizoaffective patients.

Results: The scores of bipolar patients were in average in most of the applied instruments. The patients had lower results in only some fields of cognitive functioning, e.g. proactive interference. Bipolar patients had significantly better results compared to the group of schizoaffective patients.

Conclusions: Remitted bipolar patients had fairly good results in neurocognitive functioning. Compared to schizoaffective patients cognitive flexibility, concentration and memory is better.

FC05.08

Cognitive behavioural psychoeducation in bipolar patients: results at 3 months-follow-up of a randomised controlled trial

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Background: In the multilayered treatment of bipolar patients, medication treatment is the basic component. The relevance of additional psychosocial treatment has been shown in several controlled and uncontrolled studies. In particular, psychoeducation and Cognitive Behavioural Therapy (CBT) seem to be effective concerning relapse prevention and symptom reduction. The aim of this 12 months randomised study was to examine the efficacy of a psychoeducation programme integrating cognitive behavioural elements in bipolar patients. We are presenting data at 3 months follow-up.

Methods: Medicated bipolar patients (CGI \leq 3) were randomised to psychoeducation (intervention group) or waiting list (control group). The psychoeducation programme took place once a week over a period of 12 weeks, focusing on the following major topics: information on the origins of the illness, medical and psychological treatment options, how to detect symptoms and early warning signs, crisis management and how to maintain a regular lifestyle. The patients' knowledge of bipolar disorder, symptoms, social functioning, quality of life and medication compliance were assessed before and after the intervention and every three months for a total of 12 months. For the statistical analysis, mixed models were applied in order to evaluate group differences over time.

Results: Forty patients have been randomised. On the outcome variables (symptoms, social functioning, knowledge), the patients receiving the early psychoeducation programme did numerically better on all variables than the control group. However, in terms of statistical significance, only trends could be detected.

Conclusions: Our findings support the benefits of psychoeducation in the management of bipolar disorder.

FC05.09

The man from Papyrus 3024: Did he meet the criteria?

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Background: In 1896 Adolf Erman, a famous Egyptologist, published the translation of Papyrus 3024 from the Egyptian Middle Empire: a dialogue of a man, tired of life, with his soul. Since then the manuscript has been considered as one of the first accounts of a case of melancholia.

Method: Occasionally historians make modern psychiatric diagnoses in historical figures. Sometimes this is done with the expectation that doing this will add new information. However, modern diagnostic concepts are themselves historical narratives and social constructs and do not especially convey new information. Viewed from the perspective of the Lacanian discourse analysis this is an example of 'the master' or 'scientific' discourse. In this contribution the internal dialogue of the man will be described from the Lacanian perspective.

Results: Analytical reading, in which the attention is focused on the speaking subject in his relationships, does not generate post hoc diagnoses in the usual sense, but may be helpful to understand more of the writer of the papyrus and his interpreters. The 'dialogue with his soul' can be understood as the return to his origins, in which the Desire reappears again and again.

Conclusions: The Lacanian discourse analysis may be a suitable instrument to highlight the essential aspects of this old manuscript.