analyses by controlling for the influence of depression, socio-demographic and clinical characteristics and family function.

Results: The results found that subjects with depressive disorders had poorer QOL on the physical, psychological and social relationship domains than the non-depressive control group. The depressive subjects who had more severe self-stigma had poorer QOL on all four domains. The depressive subjects who had higher levels of awareness of illness had poorer QOL on the physical and psychological domains. The depressive subjects who perceived more severe adverse effects from medication had poorer QOL on the physical, psychological and environmental domains.

Conclusions: The results of this study demonstrate that different domains of QOL are differently affected by depressive disorders, and that clinicians must consider the negative influences of self-stigma, insight and adverse effects from medication on QOL of subjects with depressive disorders.

P096

Depression during hospitalization for acute coronary syndrome predicts physical function one year later

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Background and aims: Although much attention has been paid to predictors of mortality after an acute myocardial infarction (MI), patients are at least as concerned with their physical function (PF). One study found no relationship between depression at the time of MI and PF 4 months later, whereas another reported a relationship at 6 months but not at 12 months. We assessed whether symptoms of depression assessed in-hospital predict overall PF 12 months later.

Methods: Prospective observational study of 484 patients with MI or unstable angina assessed with the Beck Depression Inventory (BDI) and SF-12 Health Survey during hospitalization and with the SF-12 Health Survey 12 months later. Linear regression was used to predict the overall SF-12 PF score at 12 months, controlling for baseline PF score and for age, gender, Killip class, history of MI, diagnosis (MI vs unstable angina), and BDI score.

Results: At the time of the index hospitalization, 151 patients (31.2%) scored 10 or greater on the BDI. Mean ($\pm$ SD) T score for the PF subscale of the SF-12 was 41.4 $\pm$ 11.4 in-hospital and 41.7 $\pm$ 11.6 12 months later. Significant predictors of 12-month PF score were age ($p < .001$), female gender ($p = .005$), baseline PF score ($p < .001$), and BDI score ($p < .001$).

Conclusions: Older age, female gender, and symptoms of depression are important predictors of 12-month PF after controlling for baseline PF. Consistent with other studies, other clinical characteristics do not appear to predict PF during recovery.

P097

Both depression and self-reported physical health during hospitalization for an acute coronary syndrome predict mortality one year later

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Background and aims: Poor patient-rated health status is associated with increased mortality among patients with heart failure. In some patient populations, a single question related to general health has been shown to be a strong predictor of mortality. We examined whether self-reported physical health (PH) in patients hospitalized for an acute myocardial infarction (MI) or unstable angina predicts mortality 1 year later.

Methods: Prospective observational study of 801 patients assessed with the SF-12 during a hospitalization for MI or unstable angina and followed for 1 year. Two logistic regression equations to predict mortality based on either the PH subscale of the SF-12 or on a single self-rated health (SSRH) item from the SF-12 and controlling for age, gender, diagnosis (MI vs. unstable angina), history of MI, Killip class, and Beck Depression Inventory (BDI) score.

Results: The 49 patients who died in the first year following the index hospitalization had significantly lower SF-12 PH scores at baseline (33.2 vs. 40.9, $p < .01$). They also rated their health significantly poorer on the SSRH item ($p < .01$). The SSRH item was not a significant multivariate predictor of mortality ($p = .74$). Significant multivariate predictors of 1-year mortality included older age, female gender, history of MI, low BDI score, and SF-12 PH score (all $p < .05$).

Conclusions: During a hospitalization for MI or unstable angina, both depression and self-reported physical health on the SF-12, but not a single self-rated health item, predict mortality 1 year later.

Poster Session 2: BIPOLAR DISORDERS

P098

Mixed (bipolar) depression and suicide attempts

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Background and aims: Previous reports have demonstrated that depressive mixed state (DMX) (major depressive episode + 3 or more co-occurring intradepressive hypomanic symptoms) and agitated depression are overlapping conditions. The aim of the current study was to examine the relation of DMX and suicide attempt.

Methods: Using a structured interview (modified Mini International Neuropsychiatric Interview) and determining all the symptoms of 16 Axis I psychiatric diagnoses defined by the DSM-IV, the authors examined 100 consecutive nonviolent suicide attempters (aged 18-65) within 24 hours after their attempts. Results. DMX was present in 63.0% in the total sample and in 71% among the 89 depressive suicide attempters. More than 90% of the patients with DMX had the symptoms of irritability, distractibility and psychomotor agitation. The rate of DMX was significantly higher among the 29 bipolar (I+II) than in 37 unipolar depressive suicide attempters (90% vs 62%).

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