However, compared with the control group, the women who participated in yoga classes showed a significant decrease in state anxiety ($p=0.03$)and trait anxiety ($p<0.001$).

Conclusions: Participation in a two month yoga class is very likely to lead to significant improvement in anxiety of women who suffer from anxiety disorders.

This study suggests that yoga can be considered as a complementary therapy or an alternative method for medical therapy in the treatment of anxiety disorders.

Key words: Yoga, Depression, Anxiety, Beck, Speilberger

P0075

The effect of childhood/adolescence abuse and suicidal/self-mutilative behaviour on sexual functions in panic disorder

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Introduction: Presence of childhood abuse is considered a psychological factor in etiology of anxiety disorders. Our aim was to study the effects of childhood/adolescence abuse and suicidal/self-mutilative behaviour on sexual functions in patients diagnosed with panic disorder.

Method: Subjects were 81 patients treated for panic disorder at the psychiatric outpatient clinic of Sisli Etfal Research and Training Hospital, Istanbul, whose diagnoses were established using the SCID-I. Childhood Trauma Questionnaire and Arizona Sexual Experiences Scale (ASEX) were administered to the subjects. A score of 1 is the most favorable score in ASEX while a score of 6 is the least.

Results: 71.6% (n=58)of the subjects were female, 28.4%(n=23) of the subjects were male and the average age was 35.8±11.6. Those with history of childhood and adolescence violence/neglect [48% (n=39)] had sexual desire, stimulation, orgasm, orgasm satisfaction and ASEX total points; those with a history of sexual harrasment/rape [9.9% (n=8)] had sexual arousel, orgasm and ASEX total points: and those with a history of attempted suicide/self mutiation [19.8% (n=18)] had sexual desire, orgasm and orgasm satisfaction points which differed to a stastistically significant degree.

Conclusion: This study revealed that a history of abuse and suicide/self mutilation effects phases of sexual function in panic disorder. It is important to question sexual function in panic disorder and to question childhood abuse in those cases where there is sexual disfunction. A history of attempted suicide and self mutilation adversely effects sexual functions in panic disorder.

P0076

Assessing the ability of rater training to achieve good-to-excellent inter-rater reliability on the ham-a using kappa statistics

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Background: Clinical trials in psychiatry rely on subjective outcome measures, where poor inter-rater reliability can negatively impact signal detection and study results. One approach to this challenge is to limit the number of raters thereby decreasing expected variance. However, sample size requirements—even those based on high reliability— often necessitate many sites. The implementation of comprehensive rater training combined with validated assessment of inter-rater reliability at study initiation and throughout the study is critical to ensure high inter-rater reliability. This study examined the effect of rater training and assessment to reduce inter-rater variance in clinical studies.

Methods: After rigorous training on the administration and scoring guidelines of the HAM-A, 286 raters independently reviewed and assessed a videotaped HAM-A interview of a GAD patient. Measures of inter-rater agreement across the pool of raters, as well as for each individual rater relative to all other raters were calculated using kappa statistics modified for situations where multiple raters assess a single subject1.

Results: The overall level of inter-rater agreement was excellent (kappa = .889), with levels of inter-rater agreement of each individual rater relative to all other raters ranging from .514 to .930. Of the 286 raters participating, more than 97.2% (278) achieved inter-rater agreement > 0.8.

Conclusion: This study demonstrates that robust rater training can result in high levels of agreement between large numbers of site raters on both an overall and individual rater basis and highlights the potential benefit of excluding raters from study participation with inter-rater agreement below 0.8.

P0077

Sexual disfunction treated by using behaviour psychotherapy

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Fear, together with bad communication between partners, is the most important factor that can change our sexual behaviour and bring about unsuccessful sexual functioning. Today, the most famous and most popular programmes for treating sexual disfunctions with sexual therapy is Masters and Johnson, and it has been in use since 1970. The basic principle is reestablishing communication between partners, both verbal and sexual, by means of education, information, stimulation with the process of systematic desensitization (progressive exposing the patient to more and more demanding sexual tasks).

Sexual behaviour, as well as any other behaviour, is the result of a complex learning system, according to the authors of Learning Theory. Psychosexual disfunctions appear as the consequence of inadequate influence of psychological factors on one of the phases of sexual response. Frigidity, as a psychological disfunction, can occur within the range of complete non-responsiveness to sexual stimulations and situations, to inability of achieving orgasm although the woman is sexually aroused. Disfunction of sexual response can occur at the level of sexual desire, sexual excitement (impotence, frigidity), at the level of orgasm (anorgasmy, retarded ejaculation).

Cognitive Behaviour Therapy

Master and Johnson Method

Overall improvement of sexual behaviour, and successful sexual functioning.

These methods enable a rapid treatment of psychosexual disfunctions without medications, resulting in a hogh success rate.

P0078

Kinetics of glutamate dehydrogenase activity in leukocytes of alcoholics

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Alcoholism has a pronounced effect on people's mental and physical health. Glutamate dehydrogenase (GLDH) is a linking factor in metabolism of carbohydrates and proteins. It is an enzyme of mitochondrial matrix, but it is also found in rough endoplasmic reticulum. There is few relevant data about the role of GLDH in leukocytes and the effect of alcohol on leukocytes so far.

The aim of our study was to define GLDH activity in leukocytes under and after alcohol consumption, what can give us indirect data about protein metabolism in leukocytes.

We developed our own method to define GLDH activity and established our own reference activities for GLDH in leukocytes which were from 0.05 - 1.17 μkat/g protein.

Our research has been done on 142 healthy subjects and 113 alcoholics having consumed alcohol within last 48 hours.

Mean catalytic activity in healthy subjects was 0.5649 μkat/g protein. Mean catalytic GLDH activity in alcoholics increased from 0.5042 μkat/g to 0.6696 μkat/g after 24 - 48 hours to 0.6974 μkat/g after 48 - 72 hours of abstinence. We found a statistically significant increase ($p = 0.012$) in GLDH activity after 48-72 hours of abstinence.

It is possible to conclude that under the influence of alcohol the leukocyte GLDH activity in alcoholics is lower than in healthy subjects. Cessation of alcohol consumption has resulted in a statistically significant increase in leukocytes GDLH activity. Therefore, alcohol consumption results in reduction in GLDH activity as well as protein production and consecutively leads to diminished leukocytes protective ability.

P0079

Pregabalin improves pain in fibromyalgia (FM) patients regardless of baseline anxiety and depression levels

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Aims: Examine the evidence for a relationship between pregabalin effect on pain and baseline anxiety and depressive symptoms in patients with fibromyalgia (FM).

Background: Chronic pain and concomitant anxiety and depressive symptoms are common in patients with FM, as well as in other chronic pain disorders. Pregabalin was effective for treating pain in FM patients in three parallel group RCTs (105, 1056, 1077) where data for anxiety and depressive symptom levels were collected.

Design/Methods: Patients meeting ACR criteria for FM with a pain VAS score ≥40 mm were followed for 8-14 weeks in 3 randomized, double-blind, placebo-controlled trials. Patients (N=2022) received 150, 300, 450 or 600mg/d pregabalin or placebo. The primary efficacy parameter was change in endpoint Mean Pain Score (MPS) (range 0 [no pain]-10[worst possible pain]). Regression analyses evaluated whether changes in pain bore any relation to the baseline Hospital Anxiety and Depression Scales (HADS-A) and (HADS-D) levels.

Results: Pregabalin 300, 450, and 600 mg/d, but not 150 mg/d, showed statistically significant improvements in pain compared with placebo ($p<0.0001$). For each pregabalin treatment group, improvements in pain at endpoint were not found to have a statistically significant association with baseline levels of anxiety or depressive symptoms. Adverse events (AEs) were consistent with known side effects of pregabalin; dizziness and somnolence, mild to moderate in intensity, were the most frequently reported AEs for pregabalin patients.

Conclusions/Relevance: Pregabalin treatment demonstrated significant improvements in pain regardless of baseline anxiety or depressive symptom levels for patients with FM.

Study funded by Pfizer, Inc

P0080

Efficacy of Pregabalin and Venlafaxine-XR in generalized anxiety disorder: Results of a double-blind, placebo-controlled 8-week trial

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Background and Aims: To compare the anxiolytic efficacy and speed of onset of pregabalin (PGB) and venlafaxine-XR (VXR) in patients with GAD.

Methods: Adult outpatients with DSM-IV GAD and a HAM-A score >20 were randomized to 8-weeks of flexible-dose double-bind treatment with PGB 300-600mg/d (n=121), VXR 75-225mg/d (n=125), or placebo (PBO; n=128). Primary outcome: LOCF-endpoint change in HAM-A total score. Secondary outcomes included the Clinical Global Impression, Severity scale (CGI-S).

Results: Study groups were similar at baseline, or PGB, VXR, and PBO, respectively, in terms of gender, mean age, and baseline HAM-A (27.6±0.4 vs. 27.4±0.4 vs. 26.8±0.4. Treatment with PGB was associated with significantly greater improvement than placebo at LOCF-endpoint, with onset of treatment effect beginning by day 4. HAM-A-total scores for PBO, PGB, and VXR at day 4 were: -3.4±0.5, -5.3±0.5 (P=.008), and -2.9±0.6 (P=.070), respectively; corresponding LOCF-endpoint HAM-A-total scores were: -11.7±0.9, -14.5±0.9 (P=.03), and -12.0±0.9 (P=.097). LOCF-endpoint CGI-S scores for PBO, PGB, and VXR were: -1.5±0.2, -2.0±0.2 (P=.02), and -1.7±0.2 (P=.36),

Severe AE rates were: PGB (9.1%), VXR (20.0%), and PBO (7.8%). Discontinuation due to AEs were: PGB (12.4%), VXR (17.6%), and PBO (5.5%).

Conclusions: Pregabalin was safe and effective, demonstrating significantly earlier onset of anxiolytic activity against GAD than venlafaxine-XR. Venlafaxine-XR did not demonstrate significant efficacy, possibly due to a relatively high placebo response.

Funded by Pfizer Inc

P0081

Rapid onset anxiolytic efficacy after a single dose of Pregabalin: Double-blind, placebo-controlled evaluation using a dental anxiety model

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Background and Aims: To assess the speed of onset of anxiolytic efficacy of a single-dose of pregabalin (PGB) in a dental-anxiety model.

Methods: Adult outpatients in this double-blind, parallel-group study received a single-dose PGB 150mg (n=27), alprazolam 0.5mg (n=31; ALP), or placebo (n=31; PBO) 4 hours before a dental procedure. Inclusion criteria included Dental Anxiety Total score ≥12 (moderate-to-severe) without presence of DSM-IV anxiety disorder. Efficacy and safety assessments (at 2, 2.5, 3, 3.5, and 4 hours

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