

and 1990 decades but the published results were not sufficient to definitely establish or to exclude an association between MVP and PD or SAD, with prevalences ranging from 0 to 57%.

According to a recent literature review on this topic, there are no studies about this possible association using current MVP criteria.

**Method:** The study consisted of echocardiographic evaluation of 232 volunteers previously diagnosed with SAD (N=126), PD (N=41) or Control (N=65). The exams were performed by two cardiologists specialized in echocardiography who were blind to the psychiatric diagnosis of the participants.

**Results:** There were no statistical differences between groups in MVP prevalence (SAD=4.0%, PD=2.4% and Control=0.0%), with values similar to the prevalence currently estimated for the normal population (2-4%). When the data were evaluated using the M-mode, the method used in most of the previous studies but currently considered of questionable validity, the prevalence was higher in the SAD group (8.7%) compared to control (0.0%).

Regarding the other morphological characteristics of the mitral valve, no significant differences were detected between groups in terms of the presence of mitral insufficiency, mean valve thickness and mean valvar dislocation in any two-dimensional echocardiographic view.

**Conclusion:** If any relationship does actually exist among SAD, PD and MVP, it could be said that it is infrequent and that it mainly occurs in subjects with minor variants of MVP.

## P0095

Spectrum of social anxiety disorder and impairment of psychosocial functioning

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**Background:** The Social Anxiety Disorder (SAD) is a highly incapacitating condition that can cause considerable subjective suffering, with a negative impact on psychosocial functioning. However, few data are available in the literature about the influence of SAD severity and of SAD subtypes or the presence of comorbidities on psychosocial functioning, and the possible extent of this impairment in individuals with subclinical signs and symptoms.

**Method:** The study consisted of the evaluation of psychosocial functioning using the Disability Profile (DP) in 355 volunteers, all of them college students who had been diagnosed in a previous study as SAD (N=141), Controls (N=92) or Subclinical (N=122), the last ones being defined as having unreasonable fear of a social situation but not fulfilling the criteria of avoidance or functional/occupational impairment due to this fear.

The groups were balanced regarding age, sex and socioeconomic level.

**Results:** The SAD group had higher scores than the other two groups in all domains of DP, both on a lifetime basis and during the last two weeks. Subjects with subclinical SAD presented intermediate values.

The impairment of psychosocial functioning was also significantly related to the severity of the disorder. Regarding subtype, generalized SAD causes more harm, and the presence of comorbidities is associated with greater impairment of psychosocial functioning in each group.

**Conclusion:** The impairment of psychosocial functioning progressively increases along the spectrum of social anxiety. Further studies are needed to evaluate the consequences of this association.

## P0096

Spectrum of social anxiety disorder and psychiatric comorbidities

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**Background:** Most patients with Social Anxiety Disorder (SAD) present other psychiatric disorders. The lifetime prevalence of comorbidities has been reported to range from 52% to 92% in epidemiological studies. There is some evidence showing that the frequency of comorbidities varies according to subtype and severity of SAD and those subjects with subclinical SAD present intermediate values.

**Methods:** The study consisted of the evaluation of psychiatric comorbidities in 355 volunteers, all of them college students who had been diagnosed as SAD (N=141), Controls (N=92) or Subclinical (N=122) in a previous study. The groups were balanced regarding age, sex and socioeconomic level. Three interviewing psychiatrists, blind to the group to which the volunteers belonged, applied the SCID for the DSM-IV.

**Results:** The rate of comorbidity with other psychiatric disorders was 71.6% in the SAD group and 50% in subjects with Subclinical SAD and differed significantly from the Controls (28.7%). These results confirm in a Brazilian sample of college students the results of other epidemiological and clinical studies on the existence of high levels of lifetime comorbidity in SAD.

The presence of comorbidities increased progressively according to SAD subtype and severity, with the rates for subclinical subjects being intermediate, with lower values than subjects with circumscribed SAD or with mild cases of SAD, but significantly higher than control.

**Conclusion:** The rates of psychiatric comorbidity increase progressively along the spectrum of social anxiety. Further studies are needed to determine the consequences of this association.

## P0097

Efficacy of Selective Serotonin Reuptake Inhibitors (SSRIs) compared to placebo in obsessive compulsive disorder in adults

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**Background and Aims:** Most of the previous systematic reviews are methodologically problematic or limited in their analysis. The aim was to systematically review all RCTs of SSRIs versus placebo in OCD in adults using continuous and dichotomous efficacy data and adverse effects data.

**Methods:** All published RCTs were identified using Cochrane Collaboration's Depression, Anxiety and Neurosis Groups' Controlled Register, which includes all RCTs from other databases and other sources. Study selection and data extraction was carried out by two co-reviewers. The RCTs were quality assessed. Analysis included investigating publication bias, summary measures, sensitivity analysis, heterogeneity exploration and subgroup analysis.