P0085

Generalized anxiety disorder in the anxiety/depression spectrum

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Background and Aims: Generalized Anxiety Disorder (GAD) is classified as an anxiety disorder. High co-morbidity with other anxiety and depressive disorders blurs boundaries between these disorders, clinically as in research. This is particularly relevant for genetic research into causes of these disorders.

We attempt to clarify where GAD belongs in the anxiety/depression spectrum disorders.

Methods: The cohort is based on a population-wide screening for anxiety and depression in Iceland as part of a genetic research project. Following the screening participants underwent the Composite International Diagnostic Interview (CIDI) for possible ICD-10 diagnoses. Odds ratios (OR) were calculated by logistic regression analysis for GAD and the other disorders. The phobias (simple, social and agoraphobia) were pooled together in the analysis.

Results: A total of 3.150 participants underwent the CIDI. The OR between GAD and dysthymia was 2.99 (2.37-3,78), Panic disorder, PD, 2.03 (1.59-2.59); any phobia 1.15 (0.92-1.42) and Major Depressive Disorder, MDD, 1.07 (0.84-1.37). The OR between dysthymia, MDD and GAD is very high, . The OR, with co-morbidity accounted for by logistic regression analysis, is slightly lowered for all except dysthymia.

Conclusions: Our results show that GAD is significantly associated with dysthymia, followed by PD, but non-significant with the phobias and MDD. Dysthymia, on the other hand, has a robust relationship both to GAD and MDD, 2.97 and 2.91 respectively. Logistic regression confirms the strong link between GAD and dysthymia and gives these disorders the possible role of a genetic bridge between anxiety and depressive disorders.

P0086

Insomnia and generalized anxiety disorder: Impact on clinical presentation and response to Pregabalin

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Background and Aims: To assess the impact of high levels of insomnia on response to pregabalin (PGB) in patients with GAD.

Methods: Pooled data were analyzed from 6 double-blind, placebo-controlled, 4- to 6-week trials of outpatients who met DSM-IV criteria for GAD with a minimum Hamilton rating scale for anxiety (HAM-A) score $\geq$18. Response was evaluated for 3 fixed-dose PGB groups: 150mg/d, 300-450mg/d, and 600mg/d. A "high-insomnia" subgroup was defined by a baseline HAM-D insomnia factor score $\geq$4 (maximum=6).

Results: At baseline, 482 (31%) patients met criteria for the high-insomnia subgroup, and 1073 (69%) for the low-insomnia subgroup. Mean baseline HAM-A scores were non-significantly higher (approx. 1-point) in high-insomnia vs low-insomnia patients. In high-insomnia patients, PGB produced significantly greater improvement in HAM-A total scores at LOCF-endpoint vs placebo—PGB 150mg/d (-10.3±1.01), PGB 300-450mg/d (-12.4±0.88), PGB 600mg/d (-11.6±0.72), and placebo (-8.4±0.66) ($P<0.0001$, all comparisons). Effect sizes for endpoint HAM-A change were higher in high-insomnia than low-insomnia subgroups (0.47 vs 0.32). Endpoint HAM-A-score changes were the same (-12.0) on PGB in both insomnia subgroups; placebo response was higher in low-insomnia patients. Significantly more high-insomnia patients on PGB were insomnia responders (reduction to minimal-to-no insomnia) (75.2%, all doses combined) vs placebo (61.5%; $P<0.005$). Rates of treatment-emergent insomnia were 4.7% for all PGB doses combined vs 5.4% for placebo.

Conclusion: Pregabalin was well tolerated, and improved overall anxiety symptoms, while specifically improving insomnia in patients with GAD presenting with high levels of concurrent insomnia.

P0087

Emotional intelligence and panic disorder

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Backgrund and Aims: Panic attacks are psychopathological phenomena with a strong emotional component that often induce an adaptive response with anticipatory anxiety and phobic avoidance. There are evidences of the presence of biases in emotional processing in patients with panic disorder. The aims of this study were to compare Emotional Intelligence (EI) between patients with PD and control subjects and to investigate if this construct is related to the severity of agoraphobia.

Methods: Fifty-one patients with PD and 50 healthy controls were assessed for their EI with the Mayer-Salovey-Caruso Emotional Intelligence Scale and their phobic avoidance with the Mobility Inventory for Agoraphobia. Data were analysed by not parametric statics.

Results: The Strategic Emotional Intelligence area showed lower scores in patients with PD compared to healthy controls (median 80 vs 84.9, $z = -3.37$, $p<.0008$). Among the subscales of this area, this difference was significant (median 80 vs 85.3, $z = -2.61$, $p<.009$) for the ''Understanding emotions'' branch. The severity of agoraphobia correlated with the ''Facilitating thought with emotion'' branch of Experiential EI area.

Conclusions: Patients with PD show a lower strategic EI. Some aspect of experiential EI seem to be related to the severity of agoraphobia. A training focused on the development of the strategic component of emotional intelligence might help patients with PD.

Mayer J., Caruso D., Salovey P. Emotional Intelligence Meets Traditional Standards for an Intelligence. Intelligence 2000; 27: 267–298.

P0088

Platelet 18 kDa translocator protein density is reduced in depressed patients with adult separation anxiety

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Background: Recent studies indicate that Adult Separation Anxiety Disorder (ASAD) may represent a discrete diagnostic entity worthy of attention. Adults with ASAD report estreme anxiety and fear about separations from major attachment figures. These symptoms lead to

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severe impairment in social relationships and are not better accounted for by the presence of agoraphobia. In a previous study, we found platelet expression reduction of the 18 kDa Translocator Protein (TSPO) in patients with panic disorder with associated ASAD.

Aims: To explore whether separation anxiety might be a factor differentiating TSPO expression in a sample of patients with major depression.

Methods: The equilibrium binding parameters of the specific TSPO ligand [3H]PK 11195 were estimated on platelet membranes from 40 adult outpatients with MDD, with or without separation anxiety symptoms, and 20 healthy controls. Patients were assessed by SCID-I, HAM-D, the Structured Clinical Interview for Separation Anxiety Symptoms (SCI-SAS) and the Adult Separation Anxiety Self-report Checklist (ASA-27).

Results: A significant reduction of platelet TSPO density mean value was found in depressed patients with associated ASAD, while no significant differences were found between depressed patients without ASAD and the control group. Individual TSPO density values were significantly and negatively correlated with both SCI-SAS-A and ASA-27 total scores, but not with HAM-D total score or HAM-D anxiety/somatization factor score.

Conclusions: Reduction of platelet TSPO density in our sample of patients with depression was specifically related to the presence of ASAD. These data suggest that TSPO expression evaluation is a useful biological marker of ASAD.

P0089

External validation of the axis V of Kennedy by symptom rating scales in patients with anxiety disorders

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Introduction: Anxiety disorders are associated with impairment in social functioning and poor quality of life, with personal impairment affecting many areas. Instead of collapsing together symptoms and functioning, the Kennedy Axis V is designed to assess seven dimensions.

Methods: Thirty-five outpatients consecutively admitted to our Anxiety Disorders Unit were evaluated before starting treatment by a set of instruments including: Mobility Inventory for Agoraphobia (MIA), Self-rating Anxiety State (SAS), Anxiety Status Inventory (ASI), Penn State Worry Questionnaire (PSWQ), Symptom Check List 90 Revised (SCL-90-R), Brief-COPE, and Kennedy Axis V (K Axis).

Results: Sample characteristics: age 38.5±10.9, males 36.1%, current substance use 14.3%, previous drug treatment 82.9%, previous psychotherapy 28.6%. Symptom scores (mean±SD): MIA 7.41±6.84, PSWQ 46.59±12.15, ASI 58.97±10.53, SAS 59.43±11.85; as for the SCL-90-R subscales and indexes: Somatization (SOM) 1.62±0.76, Obsessive-Compulsive (O-C) 1.48±0.70, Interpersonal Sensivity (I-S) 1.38±0.85, Depression (DEP) 2.02±0.90, Anxiety (ANX) 1.94±0.79, Hostility (HOS) 1.14±0.84, Phobic Anxiety (PHOB) 1.52±1.11, Paranoid Ideation (PAR) 1.33±0.87, Psychoticism (PSYC) 0.88±0.72; General Symptomatic Index (GSI) 1.55±0.59, Positive Symptom Total (PST) 58.84±15.42, Positive Symptom Distress Index (PSDI) 2.19±0.57. The results of the K Axis subscale for psychological functioning (PSY) was 54.00±4.97; all the remaining subscales scored 90 or more. Significant correlations between symptom scales and psychological functioning were (Spearman's Rho, α=.05): PSY vs. PSDI -0.526 (p=.002), PSY vs. PSYC -0.446 (p=.008), PSY vs. DEP -0.43 (p=.011), PSY vs. GSI -0.427 (p=.012), PSY vs. I-S -0.425 (p=.001).

Discussion: Scores on the self-rated symptomatic scales are inversely correlated with the clinician-attributed score of PSY, suggesting construct validity.

P0090

Comorbid symptoms as assessed by Hamilton anxiety scale in outpatients with generalized anxiety disorders (GAD)

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Objective: analyse the presence of comorbid symtoms as assessed by Hamilton Anxiety scale in outpatients followed in Psychiatric clinics.

Methods: Multicentre, cross-sectional study enrolling subjects above 18 years-old with GAD according with ICD-10. Participants were chosen at ramdon by quotes and weighted geographically, but patients were enrolled consecutively. HAM-A and CGI-S were administered to determine clinical status and comorbid symptoms (scoring > 3 in HAM-A). QoL was assessed by SF-36 questionnaire.

Results: A total of 792 patients; 15.7% naives (GADn), 68.9% women, mean (SD) age of 40.0 (12.9) years were included. Symptoms of imsomnia were presented in 30.1% of subjects; 42.3% in GADn vs 27.8% on-treatment (GADt), p=0.001. Symptoms of cognitive function deterioration were showed in 21.1% (25.2% in GADn vs. 20.3% in GADt, p=0.220) and depressive symptoms in 15.5% (15.4% in GADn vs 15.5 in GADt, p=0.991). Moderate to excruciating pain was presented in 46.7% of subjects; 50.5% in GADn vs 46.1% in GADt, p=0.705. Overall, psychic and somatic anxiety symptoms scoring were higher in GADn than in GADt; 26.8 (7.3) vs 22.4 (9.6), p<0.0001, 14.2 (3.6) vs 12.0 (5.0), p<0.0001, and 12.6 (4.5) vs 10.4 (5.2), p<0.0001, respectively. No age or sex differences were found.

Conclusions: Pain, symptoms of depression and cognitive deterioration were comorbid conditions presented in a considerable proportion of GAD patients irrespective of time of evolution, age or sex. Frecuency of insomnia was also high, mainly in naïve patients. This study shows that more attention should be devoted to comorbid condition associated with GAD.

P0091

Demographics and impact of depression comorbidity on clinical and self-perceived health status in outpatients with generalized anxiety disorders (GAD)

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