

Fluoxetina, olanzapina or a combination of both were effective on a 60% of patients with a refractory depression (Shelton, 2001). Bolder I and II reports showed the effectiveness of using quetiapina. We introduce here the potential mechanisms of action of some atypical antipsychotics in refractory depression (improvement on the serotonergic transmission, a blockade of the 5HT2 postsynaptic receptors, a release of dopamine in the prefrontal cortex).

**Conclusion:** The polypharmacy is common. It is unknown which treatment or combination is better.

### P038

Association of depressive symptoms with overactive bladder

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**Background and aims:** We evaluated depressive symptoms in individuals who reported overactive bladder (OAB) symptoms compared with those without OAB symptoms.

**Methods:** A cross-sectional population-based survey was conducted in 5 countries. Computer-assisted telephone interviews were conducted with a geographically stratified random sample of the population (N=19,165). Cases had OAB symptoms (n=1434); controls (n=1434) were randomly selected from participants without OAB within country, age, and gender categories. The Center for Epidemiologic Studies–Depression (CES-D) scale measured depressive symptoms (score range, 0–60). A CES-D score  $\geq 21$  indicated major depressive symptoms. Participants reported whether they had ever been diagnosed with depression, hypertension, or diabetes. Prevalence odds ratios (PORs) and 95% confidence intervals (CIs) were calculated using conditional logistic regression models.

**Results:** OAB cases reported significantly more depressive symptoms vs controls (Table 1). OAB cases were significantly more likely to have CES-D scores  $\geq 21$  vs controls, after controlling for age, gender, country, and comorbidities (Table 2).

**Conclusions:** Significantly increased depressive symptoms were reported among individuals with OAB compared with individuals without OAB.

Table 1

CES-D and Self-Reported Depression Diagnosis in Controls and OAB Cases by Gender

	CES-D, MeanCES-D $\geq 21$ , %Depression Diagnosis, %		
Men			
Controls (n=502)	5.18	3.2	4.0
OAB cases (n=502)	8.34*	8.9*	12.2*
Women			
Controls (n=932)	6.30	4.6	8.6
OAB cases (n=932)	9.87*	13.0	17.2*

\* $P \leq 0.05$  for OAB vs controls within gender. Table 2

Conditional Logistic Regression Model\* to Predict CES-D Score  $\geq 21$

	POR	95% CI
OAB cases vs controls	1.6	1.1–2.2
Incontinent vs continent	1.9	1.3–2.6
Diabetes vs no diabetes	1.6	1.0–2.5
Hypertension vs no hypertension	1.1	0.8–1.5
Depression history vs no depression history	5.8	4.3–7.8

\*Model controls for country, gender, and age (5-y age bands).

### P039

St. John's wort versus depression

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**Introduction:** The Hypericum Perforatum or Saint John's wort is an antidepressant herb, known since ancient times. It has been studied and is widely known mostly in the USA and in Germany due to its antidepressant qualities.

**Purpose:** Hypericum's pharmacodynamic and pharmacokinetic qualities as well as the investigation of its action mechanism.

**Material – Method:** The existing bibliography was studied, mostly from Medline with regard to the Hypericum's antidepressant action.

**Effects:** Comparative studies have been investigated with the use of questionnaires of the HAM-D, CGI and Von Zeersen of the action of Amitriptyline, Imipramine, Fluoxetine, fictitious medicine with the Hypericum.

**Results:** The certain superiority of Hypericum to the fictitious medicine (Placebo) at its antidepressant action, as well as the action equality between the Hypericum and the known antidepressants Amitriptyline, Imipramine, Fluoxetine, and the certain superiority of Hypericum at its side-effects' low profile. In addition, it is verified that the Hypericum's effectiveness relates to its action at low or middle depression, since there are no pedantic studies for its effectiveness at heavy depression.

### P040

Solving the problem of antidepressant selection

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**Study Object:** To ascertain the opinion of Lithuanian psychiatrists on depression treatment approach according to the type of depression.

**Methods:** An original questionnaire of 30 questions, which deals with reliance of antidepressants selection according to the peculiarity of the depression psychopathology.

**Results:** Respondents for organic depression chose mostly mirtazapin (47.4%), for depression with obsession – 35.3% chose paroxetine. It is interesting that despite the controversial opinion about the TCA prescribing according to their side effects profile and safety to use, our respondent chose amitriptylinum for the melancholic depression with suicidal thoughts (42.1%) and for the anaesthetic depression (28%). The study results showed that in some cases there is no unanimous opinion among the psychiatrists – data scattering was received in antidepressants selection, the respondents chose different antidepressants from different groups in similar frequency. For instance, for treatment of the adynamic depression - 7.5% - amitriptyline, 12% - citalopram, 10.5% - reboxetin, 10.5% - venlafaxin, 4.5% - mirtazapine, for the anxious depression - 15% - amitriptyline, 18.8% - citalopram, 15% - mirtazapine, for the anaesthetic depression – 14% - escitaloprami, 9% - sertraline, 8.5% - venlafaxine. There is no clear tendency nor prevailing antidepressant.

**Conclusions:** The clinical variety of depression is posing serious task for practitioners – to choose adequate therapy and right antidepressant. Data scattering shows that in some cases guidelines for

antidepressant selection would significantly relieve the work of practitioners.

## P041

Gender differences of teenagers suicidal behavior: Correlation with depression, personal peculiarities

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**Objective:** because of the increasing rates of suicides, especially among young people, suicidal behavior becomes more and more actual problem in many countries. Lithuania is known as a country where suicides rate is the highest in Europe.

The goal is to find out and compare gender differences in teenagers suicidal behavior relations with depression, personal peculiarities.

**Methods:** two groups of teenagers from 14 to 17 were researched: cases (who tried to commit a suicide, N=109) and control group (without suicidal anamnesis, N=218). Aiming to establish teenagers' diagnoses in cases group, clinical psychiatric research was performed, in accordance with ICD-10 classification of mental and behavioural disorders diagnostic reference requirements, diagnoses distribution was compared in relation to sex. Minnesota Multiphasic Personality Inventory (MMPI) was used to evaluate personalities in both groups, obtained profiles were compared among groups and sex.

**Results:** depression diagnosis (F32) was established only to 22,9% of teenagers, more cases were established among boys than girls ( $p < 0,001$ ). Adjustment disorders (F43) and disorders of conduct and emotions (F91-92) diagnoses were more frequent among girls ( $p < 0,001$ ). Cases group boys in MMPI profile more often than girls had greater scales of depression, psychastheny and anxiety, girls, relatively, had greater scales of hysteric, psychopathic and mania ( $p < 0,05$ ).

**Conclusions:** Depression is less frequent than adjustment disorders and disorders of conduct and emotions among the teenagers who tried to commit a suicide. The researched boys proved to be more inclined to depression and girls implemented more hysteria and psychopathic personality attributes.

## P042

Anhedonia in patients with depression

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**Background and aims:** Anhedonia is the inability to experience physical or social pleasure. It may either represent a personality trait predisposing to depression and psychosis, or a neuropsychiatric symptom of endogenomorphic depression and schizophrenia. Its physical component is hypothesised to be due to dysfunction of a dopaminergic frontotemporal-subcortical circuit.

**Methods:** The aim of the present study is to investigate presence and severity of anhedonia in patients with depression who attended a Community Mental Health Center (CMHC) in Thessaloniki (Greece). Seventy-six (76) patients were screened with Beck Depression Inventory (BDI). Total BDI score as well as the questions of BDI which refer to anhedonia were studied.

**Results:** The vast majority of the patients are women (88%), the mean age is  $34.11 \pm 8.75$  years, and the great percentage is married (43.4%), high educated (55.3%), with Personality Disorder on Axis-II (80%). The mean BDI score is  $27.42 \pm 6.18$ , and the BDI score for anhedonia is  $1.59 \pm 0.83$ . It is found that age and anhedonia are inversely related ( $r = -0.229$ ,  $p < 0.05$ ). Furthermore, sex, educational level, comorbidity on Axis-I and diagnosis on Axis-II does not seem to affect anhedonia score in depression.

**Conclusions:** Findings from this study suggest that anhedonia is an endogenous characteristic of depression, although it seems to be an inversely ratio between age and anhedonia. Future studies with larger groups of depressed patients are warranted to further investigate anhedonia as component of depression.

## P043

What are users views as regards the acceptability and usefulness of overcoming depression cdrom

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Computerised CBT (CCBT) offers a new way for Cognitive behaviour therapy to be offered. 19 people who had completed at least 2 sessions of the "Overcoming Depression" CBT-based CDROM were asked to participate in focus group discussions of their experience. They had all participated in a Randomised Control Trial of the effectiveness of Overcoming Depression CDROM for patients on a clinical psychology waiting list. If patients declined participation in a focus group they were offered an alternative of telephone or face to face interviews as a method of gathering this data.

A topic guide was devised after a search of the relevant literature and in conjunction with the researchers of the RCT. A grounded theory approach was utilised to modify the Topic Guide at each of the subsequent focus groups and interviews. All sessions were facilitated and recorded on a digital voice recorder and fully transcribed to aid thematic analysis.

Overall, 14 participants shared their views and experiences. Seven main themes have been identified: People generally liked the approach and found it helpful and useful whilst on a waiting list. Practical and technical suggestions for change were made. It was felt that the intervention would have helped at an earlier stage in illness. The package helped patients in skills acquisition. Other comments related to the role of the nurse as a support. Some participants have valued the anonymity provided by a CDROM based approach and felt it a useful adjunct to individual therapy.

## P044

Effect of ADHD and other comorbidity on the life quality of depressed children and adolescents

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**Background and aims:** According to the literature psychiatric illnesses decrease the quality of life (QL) of children and adolescents. There is no data, however, about the differential effect of psychiatric comorbidity on QL. We hypothesized that 1. any comorbidity would decrease the QL of depressed children and 2. attention deficit-hyperactivity disorder (ADHD) would have a more negative effect on the QL of depressed children than other illnesses.

**Methods:** The sample consisted of 483 children diagnosed with major depression (MDD) (247 boys, mean age: 11.88 years, sd: