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Comorbidity of anxiety and depression

P. Van Oppen¹, J.H. Smit¹, A.J.L.M. Van Balkom¹, F. Zitman², W.A. Nolen³, A.T. Beekman¹, R. Van Dyck¹, B.W. Penninx¹.

¹Department of Psychiatry, GGZBA/VUMC, Amsterdam, The Netherlands ²Department of Psychiatry, LUMC, Leiden, The Netherlands ³Department of Psychiatry, UMCG, Groningen, The Netherlands

Epidemiological studies have shown that anxiety disorders and depressive disorders frequently co-occur. Comorbidity studies revealed that estimations on comorbidity patterns of anxiety disorder and depressive disorders differs widely (30-80%). These differences may be due to different sampling-frames (community sample; primary care sample; secondary care sample). Our data were derived from the first wave of the Netherlands Study on Depression and Anxiety (NESDA), a 10-year longitudinal study on the long term prognosis of anxiety and depression. In our sample, 1285 subjects (52%) had a Major Depressive Disorder and/or an anxiety disorder (GAD; Social Phobia, PD with or without agoraphobia; agoraphobia alone) measured with the CIDI. These subjects were recruited from the general population (9%), in primary care (46%) and in specialized mental health care (44%). Of the 870 subjects with a MDD in the previous 6-months, 60% had an anxiety disorder (6-months) and 71% had an life-time anxiety disorder. Of the 937 subjects with a PD, GAD, Social Phobia or Agoraphobia in the previous 6-months, 56% had a MDD (6-months) and 70% had an life-time MDD. As expected comorbidity between anxiety disorders and MDD were significantly higher for subjects recruited in specialized mental health care settings (50%), then for subjects recruited in primary health-care facilities (34%) and for subject recruited from general population (27%)($p < .001$). These preliminary findings suggested high levels of comorbidity between MDD and anxiety disorder. Furthermore, our findings demonstrated higher comorbidity patterns for subjects in specialized mental health care-settings.

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Transcultural aspects of non-psychotic disorders prevalence rate in Buryatia

N.A. Vasilyeva. *Mental Health Research Institute, Tomsk, Russia*

According to data of official statistic for recent decade, dynamic indices of number of newly diagnosed patients as non-psychotically disordered in Buryatia essentially is lower than analogous over East-Siberian region. Of special difference are indices of dispensary and liaison account, if as a whole for the Siberian region ratios of indices 1:2, 1:4 are noted, in Buryatia indices of liaison care are lower or equal to dispensary observation. We have conducted analysis of indices of sick rate with non-psychotic disorders depending on age and place of living in 2005. As a whole over Buryatia for total population indices of dispensary and liaison account practically do not differ, minimum indices have been documented in adults, maximum ones in adolescents of dispensary group and children of liaison group. Over Ulan-Ude indices are lower than over Republic both for general population and for adults, in group of dispensary account, but higher for adults of liaison group and for children of both groups. Indices of adolescence in dispensary group exceed 10 times the analogous index in adults. Higher indices of childhood and adolescence, in our opinion, are associated with active dispensarization of these age groups. Rarity of search for help in adults with non-psychotic disorders is

to greater extent culturally conditioned. Irrespective from ethnic belonging patients with neurotic disorders, in the process of search for help, firstly seek for lamas and shamans and only after that into psychoneurological dispensary, and prefer psychotherapists to psychiatrists.

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Prevalence of overweight and obesity, and relationship to physical activity among Norwegian women (18-65) in 1991 and 2004

E. Vedul-Kjelsaas¹, K.G. Gotestam². ¹Department of Neuroscience, Faculty of Medicine, NTNU and Division of Psychiatry, Department of Research and Development, St. Olavs University Hospital, AFFU, Ostmarka, Trondheim, Norway ²Department of Neuroscience, Faculty of Medicine, NTNU, St. Olavs University Hospital, Division of Psychiatry, Department of Research and Development, AFFU, Ostmarka, Trondheim, Norway

Background: The increase in obesity has been described in the US as a major health problem. Recent European and Scandinavian studies indicate similar issues, yet little longitudinal data exists. Increased weight and BMI could indicate a lifestyle with a non-healthy diet and sparsely physical activity.

Objective: To study the prevalence of overweight and obesity in the general population of women aged 18-65 years in Norway 1991 (n=1849) and 2004 (n=1521).

Methods: Body Mass Index categories (kg/m²) were constructed based on self-reported height and weight. Questions on physical activity were added as well as items concerning pathological eating behaviors.

Results: The main findings are presented in Table 1. We will also present results concerning the relationship between obesity and physical activity.

Discussion: The overall overweight/obesity group has increased nearly 2.5 times from 1991 to 2004. A double increase in overweight, and a triple increase in the obesity 1 and 3 categories were found. These results are discussed in terms of changes in lifestyles and inactivity. In addition, suggestions are given on how to deal with this increasing health problem in the population.

Table 1

Obesity in 1991 and 2004.

BMI categories		1991	2004
Overweight	25–29.9	12.8	28.8
Obesity 1	30–34.9	2.3	6.7
Obesity 2	35–39.9	0.9	1.2
Obesity 3	≥ 40	0.2	0.6
Total		16.2	37.3

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Incident sexual dysfunction disorders in clinically significant depression in a UK representative patient population

M.E. Villamil¹, D.J. Webb², G.K. Quartey². ¹WW Epidemiology Department (Neuroscience), GlaxoSmithKline, Harlow, United Kingdom ²Drug Discovery Science, Biostatistics and Programming, GlaxoSmithKline, Harlow, United Kingdom

Background: Depression is among the most common psychiatric disorders seen in primary care. Sexual dysfunction is often present in patients diagnosed with depression, but the temporality of the association is not clear. The aim of the present study is to ascertain sexual dysfunction for men and for women relative to diagnosis of

depression in the UK patients' population providing an insight into these conditions.

Method: A case-control design was used to assess the incidence of sexual dysfunction every year in the five year period pre- and post depression diagnosis. Depressed patients (8,221 in UK ffGPRD database) were matched by age, sex and time in the database to non-depressed patients. Significance tests were carried and risk ratios were calculated at each time-point in the 10 year follow-up.

Results: The incidence rate of sexual dysfunction for cases (4.9 events/1000 person-years) and for controls (2.66 events/1000 person-years) were found to be significantly different ($p \leq 0.001$). The incidence rate for the individuals sexual disorders (erectile dysfunction, premature ejaculation, and low libido) were also significantly different. In addition, the risk ratios for the above conditions calculated by year in the five year period pre- and post diagnosis of depression were statistically significant from the date of diagnosis of depression. Further analysis was also undertaken to explore the observed patterns in the data.

Conclusions: Sexual dysfunction diagnosis differs significantly between cases and controls, particularly after diagnosis of depression. This raises questions regarding management of depression and its effect on sexual dysfunction.

Poster Session 2: CHILD PSYCHIATRY

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Musical hallucinations revisited

P. Varela Casal¹, M. Perez Garcia², I. Espiño Diaz¹, R. Ramos Rios¹, M. Tajés Alonso², J. Lopez Morinigo¹, S. Martínez Formoso¹, M. Arrojo Romero¹. ¹Department of Psychiatry, Hospital Gil Casares (CHUS), Santiago de Compostela, Spain ²Department of Psychiatry, Hospital Provincial (CHUS), Santiago de Compostela, Spain

Background and aims: Musical hallucinations are a rare phenomenon in clinical practice. The purpose of this study was to analyze the clinical spectrum of musical hallucinations.

Method: We analysed demographic and clinical features of cases published in English, Italian, French or Spanish between 1991 and 2006 registered in MEDLINE, including three of our own cases. The cases were separated into four groups according to their main diagnoses (hearing impairment; psychiatric disorder; neurological disorder; toxic or metabolic disorder).

Results: 115 patients with musical hallucinations were included, of which 63.5% were female. The mean age was 57.25 years. Main diagnoses were: psychiatric disorder (46.1%; schizophrenia 30.4%), neurological disorder (21.7%), hearing impairment (17.4%), toxic or metabolic disorder (12.2%) and 2.6% other diagnoses.

61.7% patients presented simple diagnoses while 36.5% presented two or more diagnoses. 2.1% of patients didn't receive any diagnoses. 35.7% of patients and 60.9% of non psychiatric patients presented hearing impairment.

Both instrumental and vocal were the more frequent musical hallucinations and most of the patients had insight about the abnormality of their perceptions. Another kind of hallucinations was present in 40.9% of patients, auditory hallucinations being the most common. Also, 38.3% of the global sample had abnormalities in brain structural image (MRI, CT).

Conclusions: Musical hallucinations are a heterogeneous phenomenon in clinical practice. published cases describe them as

more common in women and in psychiatric and neurological patients. Hearing impairment seem to be an important risk factor in the development of musical hallucinations.

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Viennese transcultural outpatient clinic for child psychiatry

T. Akkaya-Kalayci, K. Dervic, M.H. Friedrich. *Department of Child and Adolescent Neuropsychiatry, University Hospital, Medical University of Vienna, Vienna, Austria*

The project "Transcultural outpatient clinic for child psychiatry", which was started at the department of child and adolescent neuropsychiatry in Vienna in 1996, was funded by department of health planning and funding of Viennese municipality. The project was designed to assess and address psychological needs of immigrant families and their children in Vienna. The project went through 4 phases as of yet: needs assessment and identification of barriers for utilization of psychiatric services among immigrant families and their children (Phase 1); awareness raising and psychoeducation of immigrant families for migration caused psychiatric disorders as well as adjustment disorders (Phase 2); transcultural research (Phase 3); transcultural mental health training of medical and allied professions (Phase 4). The poster will introduce this model project and discuss Viennese experiences in transcultural psychiatry of childhood and adolescence. Our experiences support a culturally sensitive assessment and treatment of immigrant families and their children in special utilities.

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Clinical benefit of switching patients with schizophrenia to once-daily quetiapine sustained release

S. Ganesan¹, V. Agambaram², F. Randeree³, I. Eggen⁴, M.M. Schmidt⁴, D. Meulien⁴. ¹Department of Psychiatry, University of Vancouver, BC, Canada ²Central Medical Suites, Entabeni Hospital, Durban, South Africa ³Department of Psychiatry, Nelson Mandela School of Medicine, University of Kwazulu-Natal, Durban, South Africa ⁴AstraZeneca R&D, Södertälje, Sweden

Aim: To evaluate the clinical benefit of switching to quetiapine sustained release (SR) in patients with schizophrenia experiencing sub-optimal efficacy/tolerability with their current antipsychotic.

Methods: This was a 12-week, multicentre, open-label study (D1444C00147). Quetiapine SR (mg/day) was initiated during a 4-day cross titration phase (300 on Day 1; 600 on Day 2; 400, 600 or 800 on Day 3; flexible-dosing [400-800] from Days 4-84). Primary objective was to demonstrate that >50% of patients would achieve clinical benefit (improved CGI-Clinical Benefit [CB] score, based on CGI-I Efficacy index and tolerability burden) at Week 12. Secondary endpoints included CGI-I and PANSS total scores. Tolerability was assessed by adverse events (AEs), SAS and BARS scores. Mean changes in rating scale scores were analysed using ANCOVA.

Results: 477 patients were switched to quetiapine SR, 370 (77.6%) completed treatment. 295 of 470 evaluable patients (62.8%) achieved a clinical benefit upon switching to quetiapine SR (95% CI 58.4, 67.1, $p < 0.0001$). Significant improvements were observed in mean [SD] change from baseline in CGI-CB (-2.1 [3.62]) and PANSS total (-13.6 [19.23]) (both $p < 0.001$). Mean [SD] CGI-I score at endpoint was 2.8 [1.49] ($p < 0.001$ for mean CGI-I < 4). Common AEs included somnolence (17.8%), sedation (15.1%), dizziness and dry mouth (14.0% each). The incidence of EPS was 8.0%. Mean changes (improvements) from baseline in