P0225

A suicidal risk in patients with neurotic and endogenous depressions

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Background: Researches of a suicidal risk formation are an actual medical-social problem nowadays, as suicides are one of the leading causes in the structure of premature mortality. A formation of suicidal risk in various groups of patients is studied insufficiently, so an assessment of suicidal risk in patients with neurotic (F41.2, F43) and endogenous depression (F31, F32) was the aim of this investigation.

Methods: The methods included a clinico-psychopathological examination and a psychodiagnostical examination (the method of suicidal risk detection and the method for determination of self-consciousness of death (Gavenko V.L. et al., 2001)).

Results: It was defined that patients with neurotic depressions had a high suicidal risk level (27.75 points). The suicidal risk was manifested maximally (29.05 points) in patients with disorders of adaptation (F43), and was 26.45 points in patients with anxiety-depressive disorders (F41.2). An average suicidal risk for patients with endogenous depressions was 28.35 points. A level of self-consciousness of death by a person plays an important role in a suicidal behavior formation. Its low level enhances a risk of auto-aggression. Patients with neurotic depressions have generally higher levels of self-consciousness of death (22.72 points) in comparison with patients with endogenous depressions (21.16 points) that evidences an insufficient anti-suicidal barrier in latter patients and reflects a presence of real auto-aggressive intentions.

Conclusions: It is necessary to take onto account the data obtained in diagnosis and differentiated approaches to therapy and prevention of suicidal risk.

P0226

The predictive validity of postpartum depression predictors inventory-revised (PDPI-R). Results from the PND-RESCU study

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Background and Aims: After the development of the Postpartum Depression Predictors Inventory-Revised (PDPI-R) only one study was conducted to determine the predictive validity of the Prenatal and Full Versions of the instrument. However this study did not succeed in identifying the cut-off for the Full Version.

We aimed to determine the predictive validity of the PDPI-R as a screening instrument for post-partum depression (PPD).

Methods: Women completed the PDPI-R at the 3rd month of pregnancy and at the 1st month after childbirth. PPD symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS) at multiple time points during pregnancy and during the post-partum. When the EPDS score was $\geq$13, a Structured Clinical Interview for DSM-IV Disorders was conducted to determine whether criteria for depression were met.

Results: The Prenatal and Full Versions of the PDPI-R predicted accurately 80.3% and 88.2% of PPD. The Prenatal PDPI-R yielded a sensitivity of .72 and a specificity of .74 at a cut-off score of 4.5, while the Full version yielded a sensitivity of .83 and a specificity Conclusions

The PDPI-R is a useful and valid screener for PPD.

P0227

Depression and somatoform pain syndromes

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Patients suffering from Somatoform Pain Syndromes [S.P.S] are usually seen by general practitioners and more rarely by psychiatrists and they are usually treated with benzodiazepines.

Relationships have been identified between chronic pain and maladaptive ways of thinking (Jensen et al 1991) affective distress (Haythornthwaite et al 1991) and low serotonin turnover (Magni et al 1987).

Cognitive vulnerabilities include the sort of dysfunctional thinking associated with depression where perceptions of helplessness and hopelessness are common.

Serotonin is believed to have an important role in affective disorders and in pain perception [Gershon 1986],

The aims of the present study are to explore the psychopathology that occurs in patients with somatoform pain syndromes, to study in depth the psychiatric profile of the patients.

Twenty [20] males and thirty-nine [39] females. Mean age m 57, 35 SD =17, 01, suffering

From S.P.S.

There was a comparison group of healthy volunteers 23 males and 35 females. Their mean age m 48, 09 SD=14, 36.

The psychometric measurements employed were

Hostility was examined by the hostility and direction of hostility questionnaire [HDHQ].

The HDHQ measures non-physical aggressiveness. It consist of 52 items allocated to five subclasses each measuring a different hostility dimension,

Psychiatric symptomatology was evaluated by the symptom -checklist-90-R [SCL-90 R] and the Delusions Symptoms States Inventory / State of Anxiety and Depression, [DSSI / SAD].

The statistical analysis was made with the use of SPSS program.

The SPS patients reported significantly more symptoms of depression than the subjects without pain.

P0228

Extended release Quetiapine Fumarate (Quetiapine XR) monotherapy in the treatment of patients with major depressive disorder (MDD)

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Aim: To evaluate the efficacy and tolerability of once-daily quetiapine XR (extended release) monotherapy in patients with MDD (unipolar depression) compared with placebo.

Methods: 8-week (6-week active treatment, randomised phase; 2-week post-treatment drug-discontinuation/tapering phase), multicentre, double-blind, parallel-group, placebo- and active-controlled study (D1448C00002). 612 patients were randomised to quetiapine XR 150mg/day (n=152), 300mg/day (n=152), duloxetine 60mg/day

https://doi.org/10.1016/j.eurpsy.2008.01.518 Published online by Cambridge University Press

(n=151) and placebo (n=157). Primary endpoint: baseline to Week 6 change in MADRS total score. Secondary variables included: baseline to Week 6 change in HAM-D total and Item 1 (depressed mood) scores. Safety assessments included AE reporting.

Results: Mean MADRS total score (overall baseline mean, 30.15) was significantly reduced at Week 6 by quetiapine XR 150mg/day, 300mg/day and duloxetine versus placebo (−14.81, −15.29, −14.64, −11.18, respectively; $p \leq 0.001$).

At Week 6, mean HAM-D total scores (overall baseline mean, 25.25) were significantly reduced versus placebo (−10.26) by quetiapine XR 150mg/day, 300mg/day (−13.12, −14.02, respectively, $p \leq 0.001$) and duloxetine (−12.37, $p < 0.05$). Mean HAM-D item 1 scores (overall baseline mean, 3.03) were significantly reduced versus placebo (−1.07) by quetiapine XR 150mg/day, 300mg/day (−1.49, −1.56, respectively, $p \leq 0.001$) and duloxetine (−1.53, $p < 0.001$).

Incidence of serious AEs were low (≤2%) in all groups. Most common AEs (>10%) were dry mouth, sedation, somnolence, dizziness, headache and nausea with quetiapine; dizziness and headache with placebo; and dry mouth, sedation, somnolence, dizziness, headache, constipation, nausea, diarrhoea and insomnia with duloxetine. Most AEs were mild-to-moderate in intensity.

Conclusion: Quetiapine XR monotherapy at 150 and 300mg/day was effective and well tolerated in the treatment of patients with MDD.

P0229

The study of correlation between depression, quality of life and glycemic control in a sample of Iranian diabetic patients

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Background: The prevalence of depression in diabetic patients is 2-3 times more than general population. The quality of life (QOL) and glycemic control are 2 important outcome measures of diabetes management. The aim of this research is to study the relationship between depression, glycemic control and QOL in a sample of Iranian diabetic patients.

Methods: One hundred diabetic patients who were referred to diabetes clinic of Dr. Shariati Hospital were included in the study consecutively. The depression subscale of Hospital Anxiety and Depression Scale (HADS-D) were used to determine depression. The World Health Organization Quality of life brief version questionnaire (WHOQOL-BREF) was used to measure QOL. The status of glycemic control was evaluated through measuring HbA1c. Other measured variables included: demographic variables, smoking, diabetes type, body mass index, duration and complications of diabetes and previous history of depression. The linear regression method was implemented to analyze the data.

Results: Depression was observed in 30% of the patients. Glycemic control had a reverse significant correlation with diabetes complications. No significant relationship was found between HbA1c and scores of HADS-D. WHOQOL-BREF subscales scores had no significant relationship with glycemic control. There was a significant relation between scores of HADS-D and WHOQOL-BREF subscales.

Conclusion: Improving quality of life (QOL) is one of the main outcomes in the management of diabetes. According to the result of this study, depression had a more prominent relationship with QOL than glycemic control. Thus, careful management of depression may be necessary to improve QOL of diabetic patients.

P0230

Influence of moderate physical exercise on mood and quality of life in older patients with atrial fibrillation

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Background and Aims: Affective disorder has not been considered appropriately in patients with atrial fibrillation (AF) representing a chronic disorder with reduced quality of life. Adequate ventricular rate (VR) control in permanent atrial fibrillation (AF) is not easy to accomplish. The aim was to assess whether regular moderate physical activity elevates the parasympathetic tone to the atrioventricular node and decreases VR during permanent AF but also improves psychic wellbeing.

Methods: 10 patients (59±10y) with permanent AF underwent moderate physical exercise (45min walking/jogging, 2/week). To analyze VR control, we performed Holter-ECG recordings, physical exercise treadmill tests, and stepwise lactate tests before, during and after 4 months of training. Psychiatric interviews and psychometric examinations of mood and quality of life (SKID, BDI, HAM-D, SF-36) were obtained, too.

Results: Out of 10 patients, six revealed a previous psychiatric history, four subclinical depressive symptoms and one a depressive syndrome. After training there were significant ($p < 0.05$) improvements with decrease in VR (24 hours, exercise) and increase of lactate threshold (exercise), accompanied by improved general health perceptions in 7/8 quality of life dimensions. Enhanced global physical health was significantly higher in case of more pronounced depressive symptoms ($r = 0.86$; $p < 0.01$). Importantly, in three patients reductions/terminations of cardiac drugs could be undertaken.

Conclusions: Physical training should be accounted for VR control during AF. Regarding the high prevalence of affective symptoms in our AF patients, bodily-oriented rehabilitation might minimize comorbid chronic affective disorder.

Acknowledgement: This work was partly financed by the European research project 'MyHeart' (6th framework, IST 507816).

P0231

An interdisciplinary approach to postpartum depression

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https://doi.org/10.1016/j.eurpsy.2008.01.518 Published online by Cambridge University Press