

questionnaire from a community sample of 416 older adolescents age 18. Data were analyzed by hierarchical regression procedures.

**Results:** 11% of the sample reported “clinically significant” levels of PTSD symptoms. Each of the trauma and psychosocial variables was significantly correlated with PTSD symptoms. A multiple R of .58 was obtained between the eight independent variables and level of symptoms, accounting for 33% of the variance in symptoms: trauma independently accounted for 8% of the variance in symptoms, psychosocial characteristics independently accounted for 19% of the variance in symptoms, and overlapping influences of trauma and psychosocial characteristics accounted for 6% of the variance in symptoms.

**Conclusions:** Although manifesting PTSD symptoms is related to exposure to potentially traumatic events, it appears to be primarily a function of psychosocial characteristics, not of exposure to traumatic events.

### FC02.03

Predictors of response to pharmacotherapy in mood and anxiety disorders: Commonalities, differences and indications

A. Chiesa, R. Calati, A. Serretti. *Institute of Psychiatry, University of Bologna, Bologna, Italy*

The pharmacological treatment of mood and anxiety disorders reduced their morbidity and improved mental health for millions of people. Unfortunately, not all subjects benefit from treatments.

The aim of the present review is to summarize available knowledge about antidepressants and anxiolytics’ genetic, demographic, psychosocial and clinical predictors of response, identifying common and specific predictors.

A literature search was conducted using MEDLINE and references of selected articles. The search strategy sought only studies published in English.

Many predictors have been identified. The main genetic finding regards the serotonin transporter gene promoter (SERTPR) polymorphisms which long variant seems to be related to a positive response to therapy in mood disorders and could have a role in anxiety disorders as well. Other genetic predictors as the catechol-O-methyltransferase, the dopamine receptor and the serotonin receptor polymorphisms have been analyzed. Anyway the role of genetic predictors seems nowadays very limited in common clinical practice.

Among other predictors, the main factors common to most disorders are: a comorbid axis II disorder, early onset and a longer duration of illness, which seem related to a worse response to therapy and the presence of a good social support, a good social adjustment and spirituality related to a better outcome. A number of other specific predictors have also been consistently reported.

Possible limitations and suggestions for future researches and clinical practice based on a more integrated vision of human complexity, network of interactions and dynamicity are explained and discussed.

### FC02.04

Depression and anxiety of CABG patients - long-term follow-up

J. Rymaszewska<sup>1</sup>, R. Wojtyńska<sup>1</sup>, P. Biecek<sup>3</sup>, W. Kustrzycki<sup>2</sup>, K. Dzielak<sup>1</sup>. <sup>1</sup>*Psychiatry Department, Wrocław Medical University, Wrocław, Poland* <sup>2</sup>*Department of Cardiac Surgery, Wrocław Medical University, Wrocław, Poland* <sup>3</sup>*University of Technology, Wrocław, Poland*

**Objective:** assessing the incidence, severity and course of self-reported depression and anxiety of CABG patients in long-term follow-up.

**Method:** 53 patients were examined before coronary artery bypass grafting (CABG), 7-10 days and 3 months after CABG. The follow-up response rate after 6 years (T4) was 83%, 37 were assessed and 7 patients died. Spielberger State-Trait Anxiety Questionnaire and Beck Depression Inventory (BDI) were used.

**Results:** Patients who died between T3 and T4 had significantly more postoperative complications, lower physical and mental well-being after operation and the higher BDI somatic subscale scores than those, who were assessed at T4.

Most of patients without depressive symptoms before operation did not have those afterwards. Mean BDI affective subscale scores were stable within 4 assessments. BDI affective subscale scores were higher among persons with comorbidity. Longer intubation and postoperative complications was associated with higher scores of BDI somatic symptoms. Higher BDI scores were correlated with worse physical well-being rather than mental one. The level of anxiety symptoms was positively correlated with severity of depressive symptoms. However, in the follow-up group the significant reduction of anxiety symptoms after 3 months and 6 years in comparison to preoperative levels were observed.

**Conclusions:** Positive cardiac effect of CABG did not influence on reduction of depressive symptoms in short and long-term perspective. Preoperative assessment of anxiety and depressive symptoms can indicate risk group and suggest care proceedings during rehabilitation period in order to improve effectiveness of cardiac grafting.

---

## Symposium: Longitudinal findings of a European study in depression (FINDER)

---

### S60.01

Observational studies in depression

N. Dantchev. *Psychiatry Department, University Hospital Hôtel-Dieu, Paris, France*

There is increasing debate in the healthcare literature about the ‘efficacy gap’ and assessment of the ‘relative effectiveness’ of healthcare interventions, especially for publicly funded healthcare systems where demand always exceeds available resources and where physicians and decision-makers must choose between different treatments. By providing further information about the management of depressed patients in real life settings, observational studies complement randomised controlled trials (RCTs) findings and provide information about the benefits of different treatments on patient outcomes

Although the efficacy of antidepressant medications and psychotherapeutic treatments are well established, their effectiveness in improving a broad range of outcomes is less clear. The goal of treatment is to achieve remission (generally defined as no or minimal symptoms and a return to normal functioning) as this is associated with a lower risk of relapse. Various factors have been reported to influence the likelihood of achieving remission: severity and chronicity of depression, demographic factors, anxiety symptoms, painful physical symptoms, co-morbidities and adherence to treatment.

Remission is assessed by prospective studies, particularly RCTs. The generalisability of these results is often limited by the selectivity of the participating patients. Many patients taking part in observational studies have comorbidities that would have excluded them from randomised controlled trials, but who represent the “real-world” population of patients with depression. Observational longitudinal