Conclusions: The present study revealed that a more depression is associated with a high level of self-reported hostility

P011

Analysis of individual items of the Hamilton depression scale in a study of eszopiclone/fluoxetine co-therapy

P. Bech [1], A. Krystal [2], J. Walsh [3], R. Rubens [4], J. Caron [4], T. Wessel [4], D. Amato [4], T. Roth [5], W.V. McCall [6], M. Fava [7]. [1] *Psychiatric Research Unit, Frederiksborg General Hospital, Hillerod, Denmark* [2] *Duke University Medical Center, Durham, NC, USA* [3] *Sleep Medicine and Research Center, St. John's/St. Luke's Hospitals, St. Louis, MO, USA* [4] *Sepracor Inc., Marlborough, MA, USA* [5] *Henry Ford Sleep Disorders Center, Detroit, MI, USA* [6] *Wake Forest University Health Sciences, Winston-Salem, NC, USA* [7] *Massachusetts General Hospital, Boston, MA, USA*

Background: Results of a co-morbid insomnia and depression study of eszopiclone and fluoxetine demonstrated that co-therapy produced greater improvements in sleep and depression than fluoxetine monotherapy. To determine if changes in the HAMD17 were due to sleep, individual HAMD17 items were evaluated.

Methods: Patients met DSM-IV criteria for MDD and insomnia, with screening HAMD17 >14. All patients received fluoxetine QAM for 10 weeks, and randomly received double-blind eszopiclone 3mg or placebo QHS for 8 weeks, followed by a single-blind placebo 2-week run-out. HAMD17 was completed at Weeks 4, 8, and 10. Individual items were compared with ANCOVA using an LOCF approach.

Results: Mean baseline HAMD17 scores were 22 for each group. At Week 4, differences were noted between treatment groups in the total score, and the individual items of insight, the three insomnia items ($p<0.02$ vs monotherapy), with a trend for guilt ($p=0.07$). At Week 8, significant differences between groups were noted in total score ($p=0.0005$), in the clinician-administered Bech subscale ($p<0.001$), in the three insomnia items ($p<0.001$), guilt, work/activities, and anxiety psychic ($p<0.05$). At Week 10, the total score, guilt, the three insomnia items, work/activities, retardation, agitation, anxiety psychic, general somatic symptoms, and hypochondriasis demonstrated significant improvements ($p<0.05$ vs monotherapy) despite discontinuation of eszopiclone.

Conclusions: Eszopiclone/fluoxetine co-therapy resulted in significant improvements in the insomnia items of the HAMD17. In addition, several items related to core depressive symptoms were also improved with co-therapy compared with monotherapy.

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P012

Psychical disorder and chest pain

A. Beheshti [1], G. Irajian [2], M. Darabian [3]. [1] *School of Nursing, Medical Sciences University of Semnan, Semnan, Iran* [2] *School of Medicine, Medical Sciences University of Semnan, Semnan, Iran* [3] *Department of Internal Medicine, Medical Sciences University of Semnan, Semnan, Iran*

Introduction: One of the most frequent causes of going to cardiovasculor clinics is chest pain The origin of Chest pain can be cardic or noncardic. Noncardic chest pain may be due to psychicl disorders such as obsession, violence, anxiety, depression, paranoid, phobia, somatization, psychosis.

Materials ard Methods: Present survey is a discriptive, cross sectional study which has been carried out on 400 patients with chest pain refferred to Semnan Fatemieh hospital. These patients did not have cardiovascular diseeses and related test and exercise test were negative. Data from these patients were collected by questionaire.

Finding: Fifty three percentage of patients were men and 47% were women. The most prevalence psychial disorder in this study was depression with 66.2% and the least one was psychosis with 16%. Depression intensity in 73% of patients was light. Moderate and vigarous intensities in patients were 26% and 1% respectively. The percentages of anxiety and obsession with different level intensites (light, moderate and vigarous) were 85%, 15%, 0% and 79%, 18%, 3% respectively.

Discussion: In this study depression and agitation were the most common of psychial disorder agents in patients with chest pain, origin noncardiac. This fact showed a similarity with other studies, while agitation was the most common agent of the chest pain in some studies. It seems this difference arising from cultural diversity of patients. The most prevalance of psychial disorders in men and wonen (mid ages) were 47.18% and 47.8% respectively.

P013

Maternal depression and its impact in children

F. Berberi [1], F. Elezi [2], E. Petrela [3], E. Xhumari [1], A. Braho [2], E. Sotiri [2]. [1] *The Regional Service Authority, Tirana, Albania* [2] *UHC ''Mother Teresa'', Department of Psychiatry, Tirana, Albania* [3] *Institute of Public Health ''Hulo HADERAJ'', Tirana, Albania*

To determine the impact of maternal depression in children.

The study sample included 24 depressed women and 14 control mothers who each had a 3 − 5 y.o. child. The subjects had been selected on the basis of a screening health questionnaire and a follow-up interview. Mothers and children were observed in their homes for 2 hours on 2 occasions within a month. Child disorders were assessed at these visits and scored according to the number of areas in which children showed dysfunction in eating, sleeping, and relationships with peers. All mothers were re interviewed and revisited 6 months later.

Results: There were children with emotional and behavioural problems in the depressed group than in the control group. Children of depressed mothers commonly had eating difficulties, problems in relationships with peers or parents, and poor attention with over activity. However, there was no difference in sleep problems, mood disturbances, general intellectual levels, or language comprehension between children from the study group and the control group.

At the 6 month follow-up, 14 depressed mothers had recovered, whereas 10 were still depressed. Children of recovered mothers were somewhat less disturbed than those whose mothers were still depressed but more disturbed than children of non depressed mothers.

Depressed mothers appeared to be less responsive to their children than nondepressed mothers. Children of depressed mothers were more often distressed than children of nondepressed mothers.There was a wide variation in the quality of mother − child interaction within the depressed group.

P014

The course of coronary artery disease in relation to personality traits and symptoms of depression in hospitalized male patients

A. Borkowska [1,2], J. Pulkowska [3], W. Drozdz [1,2], M. Bielinski [3]. [1] *Clinical Neuropsychology Unit, Nicolaus Copernicus University,*

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