Objective: analyse the impact of comorbid depression on clinical and self-perceived health status in outpatients with GAD in Spain.

Methods: Multicentre, cross-sectional study enrolling subjects above 18 years-old with GAD according with ICD-10. Participants were chosen at ramdon by quotes and weighted geographically, but patients were enrolled consecutively. HAM-A and CGI-S were administered to determine clinical status and SF-36 and Sheehan disability scales for health status assessment.

Results: Seven-hundred-ninety-two patients; 15.7% naives (GADn), 68.9% women, mean (SD) age of 40.0 (12.9) years were included. Ninety (11,4%) fulfilled criteria for comorbid depression with GAD. Depressive subjects were older [49.5 (11.3) vs. 43.7 (13.2) years, p=0.0001], female (78.7% vs 67.6%, p=0.034) and received lorazepan and lormetazepan more frequently (30.0% vs. 18.5%, p=0.015, and 15.6% vs. 5.0%, p=0.0002, respectively), but not antidepressatns, and received higher number of drugs; 2.3 (0.8) vs. 2.0 (0.8), p=0.011. Overall, psychic and somatic anxiety symptoms scoring (HAM-A) were higher in depressive; 26.4 (8.2) vs 22.7 (9.5), p=0.0003, 14.1 (4.1) vs 12.1 (4.9), p<0.0001, and 12.3 (4.7) vs 10.6 (5.2), p=0.0023, respectively. Depressive showed more severe symptoms of anxiety; 62.2% vs. 43.0%, p=0.0031, and scoring in CGI; 4.2 (0.9) vs 3.7 (1.1), p<0.0001. Depressives also showed higher scoring of disability; 19.7 (6.0) vs. 15.6 (7.0)%, p<0.0001, and lower values in physical and mental summary subscales of SF-36; 38,6 (7,9) vs 43.9 (9.0), p<0.0001, and 26.6 (9.5) vs. 30.4 (11.6), p=0.0008.

Conclusions: Comorbid depression enlarges deterioration in clinical status, level of functioning and quality of life of outpatients with GAD.

P0092

Clinical and self-perceived health status in outpatients with generalized anxiety disorders (GAD) followed in psychiatric clinics: A Spanish perspective

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Objective: analyse GAD impact on clinical and self-perceived health status in outpatients followed in Psychiatric clinics.

Methods: Multicentre, cross-sectional study enrolling subjects above 18 years-old with GAD according with ICD-10. Participants were chosen at ramdon by quotes and weighted geographically, but patients were enrolled consecutively. HAM-A and CGI-S were administered to determine clinical status and SF-36 and Sheehan disability scales for health status assessment.

Results: A total of 792 patients; 15.7% naives (GADn), 68.9% women, mean (SD) age of 40.0 (12.9) years were included. Time to effective diagnosis and start up of treatment were, respectively, 2.3 (4.9) and 2.6 (4.7) years. Severe symtoms of anxiety (HAM-A > 24) were presented in 45.2%; 56.9% in GADn vs 43.0% on-treatment (GADt), p<0.001. CGI-S was 3.7 (1.1) in GADn vs. 4.2 (0.8) in GADt, p<0.001. The 77,7% of GADt were receiving 2 or more drugs: 94.1% ansiolytics and/or antidepressants. The 39.3% of subjects showed high/extreme disability for work; 44.4% GADn vs 38.5% GADt, p=0.33, 34.5% for daily-living domestic activities; 39.7% vs 33.7% respectively, p=0.082, and 41.8% for social life; 43.1% vs 41.7% respectively, p=0,145. Mental composite summary of SF-36 was below normal; 30,0 (11,4), much lower in GADn: 25,4 (8,5) vs. 30,8 (11,7), p<0.001. No gender differences were found.

Conclusions: This study showed that a considerable proportion of GAD patients still need for additional medical remedies which should improve the level of disability caused by the diasease and counteract the deteriorated mental health observed in such patients.

P0093

Neuroticism does not influence the relationships between tobacco and panic features in the early phases of panic disorder

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Background and Aims: Tobacco consumption has been related to the onset of panic attacks (PA), panic disorder (PD) and agoraphobia, to panic symptoms and to features related to PD. The relationship that links tobacco and panic is not clear, and some models have been proposed to explain it (causal, neuroticism as a vulnerability factor).

Our aim was to study the relationship that tobacco consumption before the onset of PD has with some features of the disorder and to clarify the relationship that links tobacco and panic.

Methods: A sample of 82 naïve PD patients was included. Patients were extensively evaluated (Mini Neuropsychiatric Interview–MINI-, Panic Disorder Severity Scale–PDSS-, State-Trait Anxiety Inventory–STAI-, Beck Depression Index–BDI-; Anxiety Sensitivity Index–ASI-, Mobility Inventory of Agoraphobia–MIA-, Clinical Global Impression-CGI-, NEO-Five Factor Inventory–NEO-FFI). Tobacco consumption was retrospectively assessed by asking the patients the consumption they had the week before suffering the first panic attack.

Results: The condition of smoker before the onset of PA showed significant relationships with earlier age of onset of PD (p=0.04), less frequency of PA (p=0.04), and higher scores in BDI (p=0.04) and NEO-FFI neuroticism (p=0.02). After analysis with multiple logistic regression, neuroticism did not show considerably influence on any of these associations.

Conclusions: Being a smoker before the onset of PA is related, in the early phases of PD, to higher neuroticism and depressive symptoms, less frequency of PA and PD onset at a younger age.

Although proposed as a common vulnerability factor, neuroticism does not influence the observed associations.

P0094

Social anxiety disorder, panic disorder and mitral valve prolapse. Are there any relationships?

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Background: The association between Mitral Valve Prolapse (MVP) and anxiety disorders, particularly Panic disorder (PD) and Social Anxiety disorder (SAD), attracted considerable interest in the 1980

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and 1990 decades but the published results were not sufficient to definitely establish or to exclude an association between MVP and PD or SAD, with prevalences ranging from 0 to 57%.

According to a recent literature review on this topic, there are no studies about this possible association using current MVP criteria.

Method: The study consisted of echocardiographic evaluation of 232 volunteers previously diagnosed with SAD (N=126), PD (N=41) or Control (N=65). The exams were performed by two cardiologists specialized in echocardiography who were blind to the psychiatric diagnosis of the participants.

Results: There were no statistical differences between groups in MVP prevalence (SAD=4.0%, PD=2.4% and Control=0.0%), with values similar to the prevalence currently estimated for the normal population (2-4%). When the data were evaluated using the M-mode, the method used in most of the previous studies but currently considered of questionable validity, the prevalence was higher in the SAD group (8.7%) compared to control (0.0%).

Regarding the other morphological characteristics of the mitral valve, no significant differences were detected between groups in terms of the presence of mitral insufficiency, mean valve thickness and mean valvar dislocation in any two-dimensional echocardiographic view.

Conclusion: If any relationship does actually exist among SAD, PD and MVP, it could be said that it is infrequent and that it mainly occurs in subjects with minor variants of MVP.

P0095

Spectrum of social anxiety disorder and impairment of psychosocial functioning

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Background: The Social Anxiety Disorder (SAD) is a highly incapacitating condition that can cause considerable subjective suffering, with a negative impact on psychosocial functioning. However, few data are available in the literature about the influence of SAD severity and of SAD subtypes or the presence of comorbidities on psychosocial functioning, and the possible extent of this impairment in individuals with subclinical signs and symptoms.

Method: The study consisted of the evaluation of psychosocial functioning using the Disability Profile (DP) in 355 volunteers, all of them college students who had been diagnosed in a previous study as SAD (N=141), Controls (N=92) or Subclinical (N=122), the last ones being defined as having unreasonable fear of a social situation but not fulfilling the criteria of avoidance or functional/occupational impairment due to this fear.

The groups were balanced regarding age, sex and socioeconomic level.

Results: The SAD group had higher scores than the other two groups in all domains of DP, both on a lifetime basis and during the last two weeks. Subjects with subclinical SAD presented intermediate values.

The impairment of psychosocial functioning was also significantly related to the severity of the disorder. Regarding subtype, generalized SAD causes more harm, and the presence of comorbidities is associated with greater impairment of psychosocial functioning in each group.

Conclusion: The impairment of psychosocial functioning progressively increases along the spectrum of social anxiety. Further studies are needed to evaluate the consequences of this association.

P0096

Spectrum of social anxiety disorder and psychiatric comorbidities

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Background: Most patients with Social Anxiety Disorder (SAD) present other psychiatric disorders. The lifetime prevalence of comorbidities has been reported to range from 52% to 92% in epidemiological studies. There is some evidence showing that the frequency of comorbidities varies according to subtype and severity of SAD and those subjects with subclinical SAD present intermediate values.

Methods: The study consisted of the evaluation of psychiatric comorbidities in 355 volunteers, all of them college students who had been diagnosed as SAD (N=141), Controls (N=92) or Subclinical (N=122) in a previous study. The groups were balanced regarding age, sex and socioeconomic level. Three interviewing psychiatrists, blind to the group to which the volunteers belonged, applied the SCID for the DSM-IV.

Results: The rate of comorbidity with other psychiatric disorders was 71.6% in the SAD group and 50% in subjects with Subclinical SAD and differed significantly from the Controls (28.7%). These results confirm in a Brazilian sample of college students the results of other epidemiological and clinical studies on the existence of high levels of lifetime comorbidity in SAD.

The presence of comorbidities increased progressively according to SAD subtype and severity, with the rates for subclinical subjects being intermediate, with lower values than subjects with circumscribed SAD or with mild cases of SAD, but significantly higher than control.

Conclusion: The rates of psychiatric comorbidity increase progressively along the spectrum of social anxiety. Further studies are needed to determine the consequences of this association.

P0097

Efficacy of Selective Serotonin Reuptake Inhibitors (SSRIS) compared to placebo in obsessive compulsive disorder in adults

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Background and Aims: Most of the previous systematic reviews are methodologically problematic or limited in their analysis. The aim was to systematically review all RCTs of SSRIs versus placebo in OCD in adults using continuous and dichotomous efficacy data and adverse effects data.

Methods: All published RCTs were identified using Cochrane Collaboration's Depression, Anxiety and Neurosis Groups' Controlled Register, which includes all RCTs from other databases and other sources. Study selection and data extraction was carried out by two co-reviewers. The RCTs were quality assessed. Analysis included investigating publication bias, summary measures, sensitivity analysis, heterogeneity exploration and subgroup analysis.

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