Aim of the work: To follow the efficiency of the Sertraline (Asentra) treatment in patients with anxiety and depression symptoms after cardio-surgical interventions.

**Materials and methods:** During the research we included 30 patients with anxiety and depression symptoms after cardio-surgical intervention. They were chosen randomly, hospitalized and treated in the Specialized cardio-surgical clinic Filip II, Skopje. The patients were of both sexes, aged 30-65. They were all treated with Asentra tablets in dosages of 50mg taken only in the morning over the period of 3 months. They were evaluated by HAMD and HAS in the beginning, after being treated for 4 weeks and after being treated for 6 months.

**Results:** In 18 patients there was a significant improvement which resulted in score decline. In 5 patients there was a slight improvement. And in 7 patients there was no significant improvement after 4 weeks or after 6 months.

**Conclusion:** Asentra(Sertraline) efficient and safe SSRI anti-depressive in treating patients with anxiety and depression symptoms after cardio-surgical interventions.

## P093

The effects eszopiclone 3mg on next day driving ability, cognitive and psychomotor function in patients with primary insomnia

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**Background:** We investigated the impact of eszopiclone 3mg on next day driving ability (on-the-road brake-reaction-time, BRT) and cognitive and psychomotor performance in patients with primary insomnia.

**Methods:** Patients with DSM-IV primary insomnia completed this study. Treatment was administered 30min before bedtime, and next day driving ability was assessed by on-the-road BRT approximately 9.5 hours postdose. A cognitive test battery measured residual effects on information processing, divided attention, psychomotor tasks, and working memory. Overnight polysomnography was conducted to assess sleep architecture; subjective ratings of morning sedation and sleep quality were also obtained.

**Results:** There were no significant differences in BRT following night time administration of eszopiclone 3mg compared with placebo (p=0.39) and there were no significant differences in objective cognitive tests of information processing, divided attention, psychomotor tasks and working memory (p values>0.15). No significant effect on subjective next day ratings of morning sedation, coordination or mood was observed (p values>0.22). There was improvement compared with placebo (p<0.0001) in subjective ease of getting to sleep and quality of sleep the morning following dosing, and no perceived impairment of behavior following awakening or early morning awakenings. Polysomnography demonstrated significant improvements in sleep onset and maintenance.

**Conclusion:** In this study, the first to assess next day on-the-road driving in primary insomniacs following hypnotic use, eszopiclone 3mg improved both objective and subjective measures of sleep onset and maintenance without residual impairments on next day driving ability or cognitive and psychomotor performance.

Support for this study provided by Sepracor Inc., Marlborough, MA.

## P094

The impact of a novel computerized CBT CD-Rom (overcoming depression) offered to patients referred to clinical psychology

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**Methods:** A new computerized cognitive behavioural therapy (CCBT) program was offered to consecutive referrals to the clinical psychology department where the referral letter had noted the presence of depression/low mood as a major problem. The exclusion criteria were age below 16 or above 65, current active suicidal intent, psychosis and an inability to read.

**Results:** Seventy-eight consecutive referrals were offered an appointment for CCBT; 20 (26%) attended at least one session of CCBT and 14 (70% of starters) completed all six hour-long sessions. A clinically and statistically significant fall of over 11.07 points (SD 6.16) on the BDI-II occurred between baseline and 6 weeks, from a mean score of 30 (severe) to 18.93 (mild). The equivalent mean differences between the baseline and 6-week scores were 7.66 points for the BAI (SD 11.25), 2.93 points for the BHS (SD 5.54), and −3.93 points for the SASS (SD 8.35). Beck Depression Inventory scores (BDI-II) fell from a mean of 28.15 (SD 11.41) to 20.00 (SD 10.41) (p=.000) over the 6-week intervention period using an intention to treat analysis. The mean time with a self-help support nurse supporting their use of the CD Rom was 52 minutes in total.

**Conclusion:** Only a quarter of patients on this psychology waiting list chose to use a CBT CD-Rom. The package seems to lead to improved mood. A randomised controlled study is required and is in progress.

## P095

Association between quality of life and self-stigma, insight, and adverse effects of medication in patients with depressive disorders

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**Background and aims:** The aims of this study were to examine whether different domains of quality of life (QOL) are differently affected by depressive disorders by comparing QOL of subjects with and without depressive disorders, and to examine the association of QOL with self-stigma, insight and adverse effects of medication among subjects with depressive disorders.

**Methods:** The QOL on the four domains of the WHOQOL-BREF Taiwan version were compared between the 229 subjects with depressive disorders and 106 control subjects without depressive disorder. Among the subjects in the depressive group, the association between the four QOL domains and subjects' self-stigma, insight, and adverse effects of medication were examined using multiple regression

analyses by controlling for the influence of depression, socio-demographic and clinical characteristics and family function.

**Results:** The results found that subjects with depressive disorders had poorer QOL on the physical, psychological and social relationship domains than the non-depressive control group. The depressive subjects who had more severe self-stigma had poorer QOL on all four domains. The depressive subjects who had higher levels of awareness of illness had poorer QOL on the physical and psychological domains. The depressive subjects who perceived more severe adverse effects from medication had poorer QOL on the physical, psychological and environmental domains.

**Conclusions:** The results of this study demonstrate that different domains of QOL are differently affected by depressive disorders, and that clinicians must consider the negative influences of self-stigma, insight and adverse effects from medication on QOL of subjects with depressive disorders.

## P096

Depression during hospitalization for acute coronary syndrome predicts physical function one year later

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**Background and aims:** Although much attention has been paid to predictors of mortality after an acute myocardial infarction (MI), patients are at least as concerned with their physical function (PF). One study found no relationship between depression at the time of MI and PF 4 months later, whereas another reported a relationship at 6 months but not at 12 months. We assessed whether symptoms of depression assessed in-hospital predict overall PF 12 months later.

**Methods:** Prospective observational study of 484 patients with MI or unstable angina assessed with the Beck Depression Inventory (BDI) and SF-12 Health Survey during hospitalization and with the SF-12 Health Survey 12 months later. Linear regression was used to predict the overall SF-12 PF score at 12 months, controlling for baseline PF score and for age, gender, Killip class, history of MI, diagnosis (MI vs unstable angina), and BDI score.

**Results:** At the time of the index hospitalization, 151 patients (31.2%) scored 10 or greater on the BDI. Mean ($\pm$ SD) T score for the PF subscale of the SF-12 was $41.4 \pm 11.4$ in-hospital and $41.7 \pm 11.6$ 12 months later. Significant predictors of 12-month PF score were age (p <.001), female gender (p = .005), baseline PF score (p < .001), and BDI score (p < .001).

**Conclusions:** Older age, female gender, and symptoms of depression are important predictors of 12-month PF after controlling for baseline PF. Consistent with other studies, other clinical characteristics do not appear to predict PF during recovery.

## P097

Both depression and self-reported physical health during hospitalization for an acute coronary syndrome predict mortality one year later

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**Background and aims:** Poor patient-rated health status is associated with increased mortality among patients with heart failure. In some patient populations, a single question related to general health has been shown to be a strong predictor of mortality. We examined whether self-reported physical health (PH) in patients hospitalized for an acute myocardial infarction (MI) or unstable angina predicts mortality 1 year later.

**Methods:** Prospective observational study of 801 patients assessed with the SF-12 during a hospitalization for MI or unstable angina and followed for 1 year. Two logistic regression equations to predict mortality based on either the PH subscale of the SF-12 or on a single self-rated health (SSRH) item from the SF-12 and controlling for age, gender, diagnosis (MI vs. unstable angina), history of MI, Killip class, and Beck Depression Inventory (BDI) score.

**Results:** The 49 patients who died in the first year following the index hospitalization had significantly lower SF-12 PH scores at baseline (33.2 vs. 40.9, p < .01). They also rated their health significantly poorer on the SSRH item (p < .01). The SSRH item was not a significant multivariate predictor of mortality (p = .74). Significant multivariate predictors of 1-year mortality included older age, female gender, history of MI, low BDI score, and SF-12 PH score (all p < .05).

**Conclusions:** During a hospitalization for MI or unstable angina, both depression and self-reported physical health on the SF-12, but not a single self-rated health item, predict mortality 1 year later.

# Poster Session 2: BIPOLAR DISORDERS

## P098

Mixed (bipolar) depression and suicide attempts

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**Background and aims:** Previous reports have demonstrated that depressive mixed state (DMX) (major depressive episode + 3 or more co-occurring intradepressive hypomanic symptoms) and agitated depression are overlapping conditions. The aim of the current study was to examine the relation of DMX and suicide attempt.

**Methods:** Using a structured interview (modified Mini International Neuropsychiatric Interview) and determining all the symptoms of 16 Axis I psychiatric diagnoses defined by the DSM-IV, the authors examined 100 consecutive nonviolent suicide attempters (aged 18-65) within 24 hours after their attempts. Results. DMX was present in 63.0% in the total sample and in 71% among the 89 depressive suicide attempters. More than 90% of the patients with DMX had the symptoms of irritability, distractibility and psychomotor agitation. The rate of DMX was significantly higher among the 29 bipolar (I+II) than in 37 unipolar depressive suicide attempters (90% vs 62%).