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Some particularities of depression in diabetic patients

A. Baloescu [1], G. Grigorescu [2], M.D. Gheorghe [1]. [1] *Euroclinic Hospital, Bucharest, Romania* [2] *Central Military Hospital, Bucharest, Romania*

The presence of diabetes doubles the odds of comorbid depression. In patients with preexisting diabetes, depression is an independent risk factor for coronary disease and appears to accelerate the presentation of coronary heart disease. Concurrent depression is associated with a decrease in metabolic control of diabetes mellitus, poor adherence to medication and diet regimens, a reduction in quality of life and an increase in health care expenditures.

Objective: To diagnose and treat the depression illness in diabetic patients.

Methods: A sample of 30 diabetic patients (15 women, 15 men), mean age 59,6 years was assessed for depression - ICD 10 criteria. HAM-D (Hamilton for depression scale), CGI-S (Clinical global impression –severity) and CGI-I (Clinical global impression –improvement) were performed at baseline, 7, 14, 21, 28 and 42 days. Patients received antidepressive medication: tianeptine 37,5 mg/day or venlafaxine 75-150 mg/day.

Results: Mean score HAM D at baseline was 21.4. The reassessment after 7, 14, 21, 28 and 42 days revealed significant decrease of depressive symptomathology after 4 weeks of medication (HAM D was 15.4). After 42 days the mean score HAM-D was 9,5. CGI-S at baseline was 4.5 and on 42 day 1.8. Mean blood glucose was evaluated from 215,5 mg/dl at inclusion and 142,3mg/dl on day 42.

Conclusions: 1) Successful treatment of depression is associated with improvements in glycemic control. 2) Improvements in mood increase the functioning and quality of life. 3) Further studies are important to demonstrate the role of maintenance antidepressant treatment for the prevention of recurrence.

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Effect of once-daily extended release Quetiapine Fumarate (Quetiapine XR) as add-on to antidepressants in major depressive disorder (MDD)

M. Bauer [1], H.W. Pretorius [2], W. Earley [3], P. Lindgren [4], M. Brecher [3]. [1] *Department of Psychiatry and Psychotherapy, University Hospital Carl Gustav Carus, Dresden, Germany* [2] *Department of Psychiatry, University of Pretoria & Weskoppies Hospital, Pretoria, South Africa* [3] *AstraZeneca Pharmaceuticals, Wilmington, DE, USA* [4] *AstraZeneca R&D, Sodertalje, Sweden*

Objective: To evaluate the efficacy and tolerability of once-daily quetiapine XR adjunctive to antidepressant therapy versus antidepressant alone in patients with MDD showing an inadequate response to antidepressant treatment (mainly SSRIs/SNRIs).

Methods: 6-week, multicentre, double-blind, parallel-group study (D1448C00007). Patients were randomised to receive quetiapine XR 150mg/day (n=167), 300mg/day (n=163) or placebo (n=163) as add-on to maintained antidepressant treatment. Primary endpoint: baseline to Week 6 change in MADRS total score. Secondary variables included: baseline to Week 1 change in MADRS total score; baseline to Week 6 change in HAM-A total and psychic anxiety subscale scores. Safety assessments included AE reporting.

Results: Mean change in MADRS total score (overall baseline mean, 28.4) from baseline to Week 6 was significant ($p<0.01$) for quetiapine XR 150mg/day (-15.26) and 300mg/day (-14.94) versus placebo (-12.21). Separation from placebo in MADRS total score was apparent from Week 1 for both quetiapine doses ($p<0.001$).

At Week 6, mean change from baseline in HAM-A total score (overall baseline mean, 20.8) was significant for quetiapine XR 150mg/day (-10.27, $p<0.01$) and 300mg/day (-9.70, $p<0.05$) versus placebo (-7.92). Mean change from baseline in HAM-A psychic anxiety subscale score (overall baseline mean, 12.83) was significant with quetiapine XR 150mg/day (-6.82, $p<0.001$) and 300mg/day (-6.47, $p<0.01$) versus placebo (-5.11).

Most common AEs (>10%) were dry mouth, somnolence, fatigue, sedation, constipation and dizziness with quetiapine XR.

Conclusion: In patients with MDD with an inadequate response to antidepressant treatment, adjunctive quetiapine XR 150mg/day and 300mg/day was well tolerated and effective at reducing depressive and anxiety symptoms.

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Mindfulness-based cognitive therapy reduces depression symptoms in people with a traumatic brain injury: Results from a pilot study

M. Bedard [1,2,3], M. Felteau [4], S. Marshall [5], S. Dubois [1,2], B. Weaver [1,3], C. Gibbons [1,2], K. Morris [2], S. Ross [2], B. Parker [2]. [1] *Lakehead University, Thunder Bay, ON, Canada* [2] *St. Joseph's Care Group, Lakehead Psychiatric Hospital, Thunder Bay, ON, Canada* [3] *Northern Ontario School of Medicine, Thunder Bay, ON, Canada* [4] *St. Francis Xavier University, Antigonish, NS, Canada* [5] *Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada*

Background and Aims: Major depression is a significant problem for people with a traumatic brain injury (TBI) and its treatment remains difficult. A promising approach to treat depression is Mindfulness-based cognitive therapy (MBCT), a relatively new therapeutic approach rooted in mindfulness based stress-reduction (MBSR) and cognitive behavioral therapy (CBT). We conducted this study to examine the effectiveness of MBCT in reducing depression symptoms among people who have a TBI.

Methods: Twenty individuals diagnosed with major depression were recruited from a rehabilitation clinic and completed the 8-week MBCT intervention. Instruments used to measure depression symptoms included: BDI-II, PHQ-9, HADS, SF-36 (Mental Health subscale), and SCL-90 (Depression subscale). They were completed at baseline and post-intervention.

Results: All instruments indicated a statistically significant reduction in depression symptoms post-intervention ($p < .05$). For example, the total mean score on the BDI-II decreased from 25.2 (9.8) at baseline to 18.2 (11.7) post-intervention ($p=.001$). Using a PHQ threshold of 10, the proportion of participants with a diagnosis of major depression was reduced by 59% at follow-up ($p=.012$).

Conclusions: Most participants reported reductions in depression symptoms after the intervention such that many would not meet the criteria for a diagnosis of major depression. This intervention may provide an opportunity to address a debilitating aspect of TBI and could be implemented concurrently with more traditional forms of treatment, possibly enhancing their success. The next step will involve the execution of multi-site, randomized controlled trials to fully demonstrate the value of the intervention.

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Homogeneous expression of candidate genes in patients with major depression is followed by heterogeneous return to normal levels after treatment

R. Belzeaux [1,2,5], A. Loundou [3], C. Formisano-Treziny [4], J.C. Samuelian [5], J. Gabert [4], F. Feron [1], J. Naudin [2],

https://doi.org/10.1016/j.eurpsy.2008.01.464 Published online by Cambridge University Press