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Goal: assessment of depressive symptomatology and personality traits in patients with coronary artery disease (CAD).

Patients: forty-two males consecutively admitted to a cardiology unit due to an ICD-10 diagnosis of Acute Cardiac Syndrome (ACS). Twenty-two of them had unstable angina (UA) without myocardial infarction and 20 of them had confirmed myocardial infarction (MI).

Methods: short questionnaire assessing the clinical course of heart disease, the Beck Depression Inventory (BDI) and the Cloninger Temperament and Character Inventory (TCI) were applied.

Results: The mean BDI score in the whole group of patients was 20. The MI patients had higher BDI score than the UA patients without MI. The patients with more serious clinical course of heart disease and those who shorter suffered from ACS had significantly higher BDI score than the other patients. The whole group of ACS patients revealed more pronounced temperamental Harm Avoidance (HA) and less pronounced Reward Dependence dimension of the TCI. The patients with more serious clinical course of CAD had more evident HA features and than patients with mild clinical course of the disease. The patients with longer duration of CAD had more pronounced Self-Transcendence (a character dimension of the TCI) as compared to patients with shorter duration of the illness.

Conclusions: Depressive symptoms are common and prominent in CAD patients particularly in those with shorter duration and more serious course of the illness. The relationships between temperamental and character dimensions of personality with the clinical course of CAD indicate multifactor and complex associations which need further studies.

P015

Relation between depression and some clinical and biochemical parameters in patients undergoing chronic hemodialysis

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Patients suffering from chronic diseases develop depressive disorders with increased frequency. In uremic patients, depression is the most widely acknowledged abnormality, affecting both quality of life and treatment compliance. Aim of this study was to investigate incidence of depression and to assess relation to clinical, laboratory parameters and sleep disorders in hemodialysis patients. Psychiatric profile of 45 hemodialysis patients (32 male, 13 female, mean age 59±16,2 years), was evaluated using Hamilton Depression Scale (HAMD). According to scores of the latter, patients were divided into two groups. Group A comprised 29 patients with HAMD score 0-7 (absence of depression), whereas group B included 16 patients scoring higher than 7 (clinically assessed disorder). Subjects were compared in terms of socioeconomic, clinical, laboratory parameters and presence of sleep disorders (assessed by Athens Insomnia Scale, AIS). Non significant difference was observed with respect to age, sex, family status, education, self-esteem, coffee and alcohol consumption, psychiatric history, time in hemodialysis and laboratory (serum urea, creatinine, electrolytes, iron, albumin and lipids) parameters. Group B demonstrated significantly lower hemoglobin levels (11,13±1,69 and 12,23±1,31g/dl respectively, p<0,01) and higher CRP levels (1,82±1,73 and 0,83±0,6mg/dl respectively, p<0,005) compared to group A. Additionally, strong correlation was observed when HAMD scores were

related to hemoglobin (r=-0,30, p<0,05), CRP (r=0,38, p<0,001) and AIS scores (r=0,54, p<0,0001). In conclusion, clinically overt depression is common in hemodialysis patients and seems to be related to high CRP and low haemoglobin levels. Moreover, strong correlation to sleep disorders, which are common to such patients, seems to apply.

P016

Efficacy of duloxetine in the treatment of unspecific pain associated with depression

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Background: Painful physical symptoms (PPS) in major depressive disorder (MDD) can obscure the diagnosis and impair treatment outcome. Antidepressants inhibiting serotonin and norepinephrine reuptake (SNRI) can be effective in the treatment of both emotional and PPS in MDD. This study evaluated efficacy and safety of duloxetine, an SNRI, in the treatment of patients with moderate pain associated with depression.

Methods: In this double-blind, placebo-controlled, European, 8-week study, outpatients ≥18 years of age, presenting with major depression (Montgomery-Asberg Depression Rating Scale [MADRS] ≥20 and Clinical Global Impression-Severity [CGI-S] ≥4) and moderate pain (brief pain inventory [BPI] average pain score ≥3) not attributable to a diagnosed pain syndrome were randomized to either placebo (N=165) or duloxetine 60mg (N=162) once daily. Primary outcome measure was the BPI average pain score at endpoint. Secondary measures were MADRS total score, CGI-S, PGI-I, SCL-90 R, response and remission in MDD, safety, and tolerability.

Results: Duloxetine compared with placebo significantly (P <.001) improved the mean change of both BPI average pain (-2.57 vs. -1.64) and MADRS total scores (-16.69 vs. -11.31) with significant separation after 1 or 2 weeks. Remission in MDD (53% vs. 29%) and response rates in pain and MDD were significantly higher in duloxetine-treated patients. Duloxetine separated on most secondary outcome measures from placebo. Treatment-emergent adverse events (≥10%) observed in duloxetine-treated patients were nausea, hyperhidrosis, and dry mouth.

Conclusion: These results support duloxetine's efficacy and tolerability in the treatment of PPS and emotional symptoms in patients with moderate pain associated with depression.

P017

The comorbidity depression and coronary disease - the differences between male and female

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Introduction: The prevalence of depression in in-patients is 33% and in patients with coronary disease/heart attack/ is 45%. The occurring of comorbid depression and heart attack is 16-22% but not recognized and not treated often.

Objective: To compare differences between male and female with heart attack and comorbid depression.