1.22 (95%CI 1.08, 1.36), p<0.001 for LOCF and 1.19 (95%CI 1.04, 1.38), p=0.015 for completers. The OR for subjects with work impairment at baseline is 1.17 (95%CI 1.02, 1.35), p=0.029 for LOCF and 1.13 (95%CI 0.95, 1.35), p=0.18 for completers. 656 patients with a baseline HAMD17 >30 were identified. The OR for all subjects achieving full work functionality is 1.80 (95%CI 1.24, 2.63), p=0.002 for LOCF and 1.64 (95%CI 1.05, 2.58), p=0.032 for completers. The OR for subjects with work impairment at baseline is 1.93 (95%CI 1.30, 2.87), p=0.001 for LOCF and 1.81 (95%CI 1.12, 2.92), p=0.017 for completers.

Conclusion: This analysis demonstrates that venlafaxine is superior to SSRIs in improving work functionality in both mild/moderate and even more pronounced in severe depression. These results emphasize the impact of the treatment with venlafaxine on patients returning to normal social life.

P0186

Personality and coping styles contribution to physical co-morbidity in unipolar depression

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Objective: Increased physical co-morbidity in depressive individuals is a clinical reality often confronted by clinical practician. Frequently, there are no evidence for a linear connection between severity symptoms of depression and the physical co-morbidity levels. Despite this, the causality of high physical co-morbidity remains an important challenge that continues to concern researchers and clinicians.

Material and Method: We performed a cross-over study, on 45 subjects admitted in our Clinic for unipolar depression. After, collecting socio-demographic and clinical data, we administered COPE scale (Coping Orientations to Problem Experience) to identify he profile of coping styles and Karolinska Scales of Personality for a dimensional assessment of personality traits. All data were statistical analyzed.

Results: In our sample we found highly statistical prevalences for physical disease, especially for cardiovascular disease, comparatively with prevalence data coming from National Health System. The cardiovascular disease was correlated with impulsiveness (p=0,056) and aggressiveness (p=0,202) Karolinska scales, but the scores remains as trends that possibly became statistical significant in larger samples. Also, regarding coping styles, those having cardiovascular disease showed statistical significant high levels of acceptance (p=0,034) and psychoactive substance (p=0,038) use in COPE scales.

Conclusion: We consider that personality and coping styles aspects could explain the high clinical association of unipolar depression with physical disease, in general, and with cardiovascular co-morbidity especially rather than clinical and demographical data. We must take into account this results in our therapeutically approach, giving the sense for psychotherapeutically efforts in this cases.

P0187

Clinical relevance of changes in the Montgomery-Asberg depression rating scale using the minimum clinically important difference approach

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Background & Aims: To identify the minimal clinically important difference (MCID) for the Montgomery-Asberg Depression Rating Scale (MADRS) in randomised studies of depression, and to cross-validate the estimated MCID.

Methods: Placebo-treated patients from three similarly-designed, 8-week, double-blind, randomised depression trials with a stable health status between baseline and Week 1 ('no change' rating on the Clinical Global Impression-Improvement scale) were eligible. To calculate the MCID using the distribution-based approach, the standard deviation was estimated using baseline MADRS data while the reliability parameter was measured as the Intraclass Correlation Coefficient (ICC) between baseline and Week 1. For cross-validation, patients from an observational study were matched to identify the 'MCID change' (MADRS change from baseline to endpoint score plus the estimated MCID) and 'control' groups. Comparisons of clinical and health-related quality of life (HRQoL) measures were performed.

Results: In total, 177 placebo-treated patients were identified. MCID estimates for MADRS ranged from 1.6 to 1.9. A total of 105 matched pairs were identified for the cross-validation analyses. Mean change from baseline in MADRS scores (10.6 +/- 8.5 vs. 12.5 +/- 7.9, p=0.038) and remission rates (71.6% vs. 57.1%, p<0.05) significantly differed between the 'MCID change' and 'control' groups at endpoint. Numerically higher response rates and greater improvements in HRQoL scores in the 'MCID change' group were also found.

Conclusions: These preliminary findings support the value of the estimated MCID for the MADRS and may aid decision makers in evaluating antidepressant treatment effects and improving long-term patient outcomes.

P0188

Neuroendocrine response to traumatic dissociation in patients with unipolar depression

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Background and Aims: Dissociation is traditionally attributed to trauma and other psychological stress that are linked to dissociated traumatic memories. Although recent studies regarding the neuroendocrinology of traumatic dissociation are rare, they suggest possible dysregulation of the hypothalamus-pituitary-adrenal (HPA) axis. The aim of the present study is to perform examination of HPA axis functioning indexed by basal prolactin and cortisol and test their relationship to psychic and somatoform dissociative symptoms.

Method: In clinical and laboratory study of 35 consecutive inpatients with diagnosis of unipolar depression (mean age 42.71, SD=12.21) assessment of psychic and somatoform dissociation (DES, SDQ-20), depressive symptoms (BDI-II) and basal serum prolactin and cortisol was performed.

Result: Data show that prolactin and cortisol as indices of HPA axis functioning manifest significant relationship to dissociative symptoms. Main results represent highly significant correlations between psychic dissociative symptoms (DES) and serum prolactin (r=0.55, p<0.01), and relationship between somatoform dissociation (SDQ-20) and serum cortisol (r=-0.38, p<0.01).

https://doi.org/10.1016/j.eurpsy.2008.01.476 Published online by Cambridge University Press