at baseline and six weeks post-treatment. These differences would argue for different pathogeneses of psychosis.

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Melatonin effect on sleep during benzodiazepine withdrawal- A double blind clinical trial

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Background and aims: Benzodiazepine (BDZ) abuse highly prevalent among former heroin addicts, currently in methadone maintenance treatment. Discontinuation of BDZ abuse is accompanied by sleep disturbances. We evaluated the effectiveness of melatonin in attenuating sleep difficulties in a BDZ withdrawal program.

Methods: Patients in a managed BDZ withdrawal program entered a double blind crossover control study with melatonin or placebo: 6 weeks one arm, one week washout, 6 weeks other arm. Urine BDZ, the self reported Pittsburgh Sleep Quality Index (PSQI) and the Center for Epidemiologic Studies Depression (CES-D, mood) questionnaire were administered at baseline, and after 6, 8 and 13 weeks.

Results: Eighty patients were randomly assigned into two arms. Both groups (n=40) had similar baseline PSQI (13.8±3.8) and CES-D (1.5±0.6) scores, which correlated (R=0.4, p=0.001). Sixty one patients (77.5% in "melatonin-first" and 75% in "placebo first") finished 6 weeks, showing similar BDZ discontinuation rate 11/31 and 11/30 respectively. PSQI scores were significantly lower (better sleep) in the 22 patients who discontinued BDZ (8.9±4.4) than in 39 with urine BDZ (11.2±4.2 p=0.04). Interaction between study groups and BDZ groups showed that sleep quality in patients who continued abusing BDZ improved more in the "melatonin first" group than in the "placebo first" group, with no differences in sleep quality improvement in patients who stopped BDZ (F=4.3, p=0.04).

Conclusions: Most improvement in sleep quality was attributed to BDZ discontinuation. Although melatonin did not enhance BDZ discontinuation, it improved sleep quality, especially in patients who did not stop BDZ.

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Pemphigus and skin disease: A comparison of the incidence of stressful life events and personality disorders

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Pemphigus is a rare autoimmune dermatological disease, whose onset and course depend on the interaction between predisposing severed and inducing factors. Psychological stress has been suggested to be a potential triggering factor of pemphigus. However, this hypothesis has not been thoroughly investigated. To this purpose, we explored recent stressful life events and personality disorders in 25 consecutive subjects with pemphigus. Baseline information was collected on demographic characteristics, family history, presence of psychopathology, the impact of stressful life events occurring within one year prior to onset of pemphigus, presence of Axis I and Axis II diagnosis, using standardized instruments. Patients affected by pemphigus were matched for number, age and gender with subjects with other skin diseases and with healthy volunteers. All pemphigus patients had a negative anamnesis for Axis I diagnosis. Pemphigus patients showed a significantly higher Comprehensive Psychopathological Rating Scale (CPRS) and depression and anxiety with Montgomery-Asberg Depression Rating Scale (MADRS) total scores than controls. Cases and controls did not differ regarding the total number of stressful events experienced. The uncontrollable events and undesiderable events had occurred more frequently among pemphigus patients than controls. In 68% of pemphigus patients at least one personality disorder was diagnosed; there was a high prevalence of obsessive-compulsive and avoidant personality disorder. These findings suggest that stressful life events might increase vulnerability to pemphigus and that personality features might modulate individual susceptibility to illness.

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Non-complicated pregnancy, anxiety and depression

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In many studies pregnant women have higher levels of anxiety and depression than their non-pregnant controls. In our study we observed randomly selected 100 pregnant women (mean age 25.9 Â± 4.7, ranged from 16 to 39 years, and mean duration of pregnancies of 26.8 Â± 9.5 weaks) with noncomplicated pregnancies controlled at Department of Gynecology and Obstetric Primary health center Tuzla in period January - April 2006. Most of pregnant group (56) consisted nulliparous pregnancies aged 23.7 Â± 3.5 years with mean duration of pregnancy of 27.25 Â± 9.7 weaks. All subjects were evaluated using Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI). Control group consisted 30 young healthy nonpregnant females 31.1 Â± 4.4 (ranged from 24 to 40) years. Mean value of BAI was 8.6 Â± 6.5 and BDI 4.2 Â± 4.4 in control group. In group of pregnant females mean value of BAI was not significantly higher (p=0.08) than in nonpregnant controls (11.2 Â± 7.5). But BDI level in pregnant group (9.1 Â± 5.8) showed significantly higher level ($p< 0.0001$) than in control group. Not statistical differencies in values of anxiety and depression was observed between nulliparous normal-risk pregnancies (BAI 12.2 Â± 7.8, BDI 10.5 Â± 5,9) and uni/multiparous pregnancies (BAI 10.8 Â± 7,1, BDI 8.1 Â± 5.5), but level of anxiety was significantly higher in nulliparous (p=0.03) group compared with control group. Both group of pregnant woman had significantly higher levels of depression in comparison with non-pregnant controls (for nulliparous $p<0.001$, and for uni/multiparrous p=0.001).

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Burnout syndrome among general practitioners and anesthesiologists

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Background: Burnout syndrome is psychological experience that produces physical,emotional and mental symptoms and signs,which is commonly observed in health care professionals. The stress is considered as the key factor in development of this syndrome.

Objective: To assesses the burnout syndrome in general practitioners and anesthesiologists in Belgrade,Serbia,regarding that both occupations are considered as highly stressful.

Method: The sample consisted of 50 primare care physicians working in primary health care and 50 anesthesiologists at

https://doi.org/10.1016/j.eurpsy.2007.01.963 Published online by Cambridge University Press