Conclusions: The present study revealed that a more depression is associated with a high level of self-reported hostility

P011

Analysis of individual items of the Hamilton depression scale in a study of eszopiclone/fluoxetine co-therapy

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Background: Results of a co-morbid insomnia and depression study of eszopiclone and fluoxetine demonstrated that co-therapy produced greater improvements in sleep and depression than fluoxetine monotherapy. To determine if changes in the HAMD17 were due to sleep, individual HAMD17 items were evaluated.

Methods: Patients met DSM-IV criteria for MDD and insomnia, with screening HAMD17 >14. All patients received fluoxetine QAM for 10 weeks, and randomly received double-blind eszopiclone 3mg or placebo QHS for 8 weeks, followed by a single-blind placebo 2-week run-out. HAMD17 was completed at Weeks 4, 8, and 10. Individual items were compared with ANCOVA using an LOCF approach.

Results: Mean baseline HAMD17 scores were 22 for each group. At Week 4, differences were noted between treatment groups in the total score, and the individual items of insight, the three insomnia items ($p<0.02$ vs monotherapy), with a trend for guilt ($p=0.07$). At Week 8, significant differences between groups were noted in total score ($p=0.0005$), in the clinician-administered Bech subscale ($p<0.001$), in the three insomnia items ($p<0.001$), guilt, work/activities, and anxiety psychic ($p<0.05$). At Week 10, the total score, guilt, the three insomnia items, work/activities, retardation, agitation, anxiety psychic, general somatic symptoms, and hypochondriasis demonstrated significant improvements ($p<0.05$ vs monotherapy) despite discontinuation of eszopiclone.

Conclusions: Eszopiclone/fluoxetine co-therapy resulted in significant improvements in the insomnia items of the HAMD17. In addition, several items related to core depressive symptoms were also improved with co-therapy compared with monotherapy.

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P012

Psychical disorder and chest pain

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Introduction: One of the most frequent causes of going to cardiovasculor clinics is chest pain The origin of Chest pain can be cardic or noncardic. Noncardic chest pain may be due to psychicl disorders such as obsession, violence, anxiety, depression, paranoid, phobia, somatization, psychosis.

Materials ard Methods: Present survey is a discriptive, cross sectional study which has been carried out on 400 patients with chest pain refferred to Semnan Fatemieh hospital. These patients did not have cardiovascular diseeses and related test and exercise test were negative. Data from these patients were collected by questionaire.

Finding: Fifty three percentage of patients were men and 47% were women. The most prevalence psychial disorder in this study was depression with 66.2% and the least one was psychosis with 16%. Depression intensity in 73% of patients was light. Moderate and vigarous intensities in patients were 26% and 1% respectively. The percentages of anxiety and obsession with different level intensites (light, moderate and vigarous) were 85%, 15%, 0% and 79%, 18%, 3% respectively.

Discussion: In this study depression and agitation were the most common of psychial disorder agents in patients with chest pain, origin noncardiac. This fact showed a similarity with other studies, while agitation was the most common agent of the chest pain in some studies. It seems this difference arising from cultural diversity of patients. The most prevalance of psychial disorders in men and wonen (mid ages) were 47.18% and 47.8% respectively.

P013

Maternal depression and its impact in children

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To determine the impact of maternal depression in children.

The study sample included 24 depressed women and 14 control mothers who each had a 3 – 5 y.o. child. The subjects had been selected on the basis of a screening health questionnaire and a follow-up interview. Mothers and children were observed in their homes for 2 hours on 2 occasions within a month. Child disorders were assessed at these visits and scored according to the number of areas in which children showed dysfunction in eating, sleeping, and relationships with peers. All mothers were re interviewed and revisited 6 months later.

Results: There were children with emotional and behavioural problems in the depressed group than in the control group. Children of depressed mothers commonly had eating difficulties, problems in relationships with peers or parents, and poor attention with over activity. However, there was no difference in sleep problems, mood disturbances, general intellectual levels, or language comprehension between children from the study group and the control group.

At the 6 month follow-up, 14 depressed mothers had recovered, whereas 10 were still depressed. Children of recovered mothers were somewhat less disturbed than those whose mothers were still depressed but more disturbed than children of non depressed mothers.

Depressed mothers appeared to be less responsive to their children than nondepressed mothers. Children of depressed mothers were more often distressed than children of nondepressed mothers.There was a wide variation in the quality of mother – child interaction within the depressed group.

P014

The course of coronary artery disease in relation to personality traits and symptoms of depression in hospitalized male patients

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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, hyperhydrosis, 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 prevalention of depression in in-patients is 33% and in patients with coronary disease /heart attack/ is 45%. The occuring 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.

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