

Poster Session 2

Monday, 19 March - Tuesday, 20 March 2007 Poster Session 2: DEPRESSIVE DISORDERS

P001

Trends in the use of antidepressant drugs in Lithuania

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Objective: To evaluate trends in the use of antidepressant drugs in Lithuania between 2002 and 2004 years.

Methods: The data on total sales of antidepressant drugs in all Lithuanian regions over three years (2002–2004) were obtained from IMS Health Inc. Data were calculated by DDD methodology and expressed in DDDs per 1.000 inhabitants per day. DU95% was used as the quality indicator of the drug prescribing. The pharmacoeconomic analysis of antidepressants was performed by cost minimization and reference price methodology.

Results: In Lithuania the total antidepressants consumption increased by 30,55% over three years (2002–2004) period reaching the value of 10,00 DDD/1000 inhabitants/day. Since 2002 the proportion of use of SSRIs has increased by 27,82% and the use of TCAs has declined by 10,78%, while the use of other (newer) antidepressants expanded almost three times. The expenditures of antidepressants has reached 26 mln Lit (in 2004 year), of which 68,15% was costs for SSRI agents. Setting the reference price of fluoxetine it would be possible to save costs by 60,7%, up to 18 mln Lit per year (1€ = 3,4528 Lt).

Conclusions: The findings suggest that the use of total antidepressant drugs continues to increase because of the increased use of the SSRIs and other (newer) antidepressants. In comparison with the data in other countries the consumption of antidepressants in Lithuania is low. Due to high suicide rates in Lithuania and low consumption of antidepressant drugs we can assume that depression is diagnosed and treated insufficiently

P002

Low episodic memory performance as a premorbid marker of depression: Evidence from a 3-year follow-up

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Background: This study examined low episodic memory scores as a potential risk factor for developing depression by using longitudinal data from the PART project in Stockholm, Sweden.

Method: A population-based sample of non-depressed participants (20–64 years) were re-examined three years after the initial screening (n=708). At baseline, a neuropsychological test battery including tests of episodic memory was administered. Also, information about demographic and socioeconomic factors, alcohol use, and anxiety diagnoses was collected. The psychiatric data for depression diagnoses were collected both at baseline and follow-up.

Results: Logistic regressions were conducted on three separate study groups that were defined according to three different assessments of episodic memory (i.e., free + cued recall, free recall or cued recall) among individuals who scored in the 25 lowest or highest percentiles in the memory tests. The results suggest that low episodic memory performance defined as the sum of free and cued recall of organizable words, constitute a risk for depression diagnosis three years later, even after controlling for differences in demographic, socioeconomic, alcohol use and anxiety levels. Also, female gender, low educational level, and financial strain constituted significant risk factors for developing depression.

Conclusion: This study indicates that low episodic memory performance predates depressive diagnosis and might be considered as a premorbid marker of incipient depression.

P003

Risk factors for postpartum depression: A preliminary study

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Background: Postpartum psychiatric disorders constitute an important field of problems due to the fact that they lead to an increase in mortality both in infant and mother. A history of mental disorders and stressful life events during pregnancy and post partum period, poor familial and social relations are stated as important risk factors. The aim of this study is to specify the risk factors associated with PPD in Turkish women.

Methods: Among 185 women that gave birth in a state hospital, 80 were suitable and admitted to the study. One month after the birth, subjects were interviewed with an assessment battery including SCID-I, Edinburgh Postnatal Depression Scale and a semistructured interview form concerning the sociodemographic and risk factors for PPD.

Results: Thirty percent of our subjects were diagnosed as PPD. Patients with PPD had more severe depressive symptoms during the last 3 months of pregnancy, higher rates of history of depression, PPD, postpartum blues, premenstrual dysphoric disorder, parental depression, poor social support, stressful life events during last 1 year, and problems in marriage as compared those without PPD. There was no significant difference between groups with respect to type of birth and pregnancy, history of abortion and curettage, and emotional response to oral contraceptive drugs.

Conclusions: Assessing the factors that increase the liability to PPD would make it easier to detect the individuals with high risk and to provide earlier professional support to those individuals.

P004

Depressive disorder in patients with multiple sclerosis

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Introduction: Depression is one of the most frequent psychical disorders in patients with multiple sclerosis (MS).

Aims: The aim of this paper is to present the demographic characteristics of the depressive disorder in patients with MS with special emphasis on the character of the depressive manifestation.

Material and Methods: We have prospectively evaluated 50 randomly chosen patients with various types of MS, who were clinically followed up for demyelinating diseases in the outpatient department at the Neurology Clinic Sarajevo. The depression was assessed with Beck Depression Inventory (BDI) scale.

Results: There was 66% of males and 34% of females, mean age 40.47 years, SD 9.236. In 56% of patients a depression that ranged from mild depressive mood (30%) to severe depression (10%) was established with no statistically significant difference between the two sexes. Statistically significant difference between sexes ($p < 0.05$) was found in the presence of suicidal thoughts and ideas which were marked in 17% of males. All patients older than 51 (31.9%) were in normal mood (X^2 -test = 13.749, $p < 0.05$). The depression was present in all divorced patients (10.7%), in most unmarried (35.8%), a number of widowers (21.4%), in patients with higher education (46.4%), in unemployed and in retired (75%).

Conclusion: Depression more frequently occurs in younger unemployed patients suffering from MS who have no spouse and have high education without significant difference between sexes. The clinical presentation of depression with its symptomatology often intertwines with some symptoms of multiple sclerosis which sometimes may pose diagnostic and therapeutic dilemma.

P005

Health-related quality of life in patients with pain related to depression (Results from UK subsample of the European Finder study)

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Objectives: To estimate the health-related quality of life (HRQOL) and impact of concurrent pain on HRQOL in patients seeking treatment for depression in a 6 month observational study in the United Kingdom (subsample results from pan-European study).

Methodology: HRQOL was measured using two generic quality of life instruments: the Short Form 36 Health Status Survey (SF-36) and the EuroQol (EQ-5D). Pain was assessed using a visual analogue scale (range 0-100, no/mild pain [NMP] 0-29, clinically significant pain ≥ 30).

Results: 608 eligible patients were enrolled, mean age 42.8 years (SD 14.7) and 61.2% were female. 49.4% of patients reported NMP; 10.8% had significant pain from a co-morbid medical condition known to cause pain (PMC) and 39.8% had significant pain associated with a medical disorder not known to cause pain or without further co-morbidity (PD). SF-36 physical component scores were lowest in the PMC group, 36.7 (SD 9.7); with improving scores in the PD group, 44.4 (SD 10.0) and the NMP group, 54.5 (SD 8.3). There was no marked variation in mental component summary scores between the groups; 23.0 (SD 8.5), 20.4 (SD 9.1) and 21.7 (SD 10.8) respectively. A similar trend in HRQOL loss was observed for the EQ-5D health state index, where scores of 0.30 (SD 0.32), 0.41 (SD 0.30) and 0.60 (SD 0.25) were observed respectively.

Conclusions: A high proportion of patients presented with pain presumably related to depression. The presence of concurrent pain appears to be associated with reductions in SF-36 physical component scores and overall HRQOL (EQ-5D).

P006

Effect of the depressive symptoms and life events to the quality of life in a school population

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Background/aims: Life events play a role in the development of childhood depression. According to the literature major depression lowers subjective quality of life (QL). There are few studies about factors decreasing QL in general and even less on child and adolescent samples. The relationship between mental disorders and QL is not well studied either. In the present research we studied the quality of life in a school population and the relationship of QL to the number of stressful life events (SLE) and the severity of depressive symptoms.

Methods: The sample consisted of 9 elementary schools in Hungary. 2620 children were tested between 7-15 years of age (mean age: 10.45 years (s.d. 2.2)). There were 1160 boys (44%) and 1460 girls (56%). Stressful life events were collected by parental report, depressive symptoms were assessed by short version of CDI, quality of life was measured by self-report and parental questionnaires (ILK).

Results: Both stressful life events and depressive symptoms have a significant negative effect on subjective QL overall and individual QL domains. The effect of depressive symptom severity is much larger than that of the SLE. When comparing the parent and child opinions about the QL of the child, we can see that depressive symptoms are more important in children's opinion while SLE is more negative in parents' opinion. Stressful life events effect subjective QL directly (50%), indirectly (50%) through depressive symptoms. A complex study of the QL in childhood onset mental disorders would be important.