

especially around interpersonal violence. Women can fear abandonment if they violate cultural norms. Those disclosing sexual violations can risk severe devaluation within or expulsion from their community, and they can lack the hope for improvement that could propel them past this barrier. Gender disparities in the society was found also affecting the management outcome. Integrating assertion skills, communication skills and vocational skills to women substance dependence rehabilitation program may lead to increase sobriety rate.

P0222

Depressive disorders among epileptic patients

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Introduction: Depression is the most frequent comorbid psychiatric disorder in epilepsy (40-60%)

Purpose: The aim of the present study was to evaluate the prevalence of depressive disorders among patients with epilepsy, and to determine the risk factors of the occurrence of the depressive.

Patients and Methods: A prospective study conducted from epilepsy out patient consultations at Marrakech Hospital, involving 70 patients with idiopathic, cryptogenic or symptomatic epilepsy. Epilepsy was diagnosed on the clinical criteria and the electroencephalograms data. Depression were evaluated by DSM IV.

Results: 50 % of patients were men, the mean age was 30.64 ± 11.59 years, 47 % of epileptic patients were without profession, 78,3% had low socioeconomic level. The epilepsy age of onset was 15,8 ± 9, 47 years with an average duration of 14.96 years. The prevalence of depression was 32,85%. According to sex, the prevalence was 20% in women and 12 % in men. The epilepsy-depression and epilepsy-control groups did not differ significantly in the frequency of seizures, duration of epilepsy or in the type of antiepileptic drugs. 50% of patients with temporal epilepsy were depressed without significant relation.

Conclusion: The present study confirms the findings of previous studies that the prevalence of the comorbidity between epilepsy and depression is common in specialised outpatient units. The detection and the treatment of depressive disorders among the epileptic patients will improve the quality of life of these patients.

P0223

The evaluation of the efficacy of psychokinetotherapeutical technics in depressive vascular disorder associated with peripheral paresis of the facial nerve

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Background and Aims: The loss of the facial identity through traumatic and dysmorphic factors (including the peripheral paresis of the facial nerve) is an intense psychotraumatological event associated with intense depression.

Methods: The evaluation of depression to 15 patients with hypertension and carotidian vascular changes revealed by echo-doppler associated with peripheral facial paresis therapeutically unsolved in 60 days, confirmed scores greater than 21 on Hamilton Scale (HDS). The study of the therapeutical means used in facial paresis treatment showed pharmacological type risk factors for depression

(corticotherapy, antiinflammatory substances which conduct to ROS type reactions) and usual physio- and electrotherapeutical techniques showed an increase of the irritative type potential on EEG standard examination.

Results: The serotonergic origin of the facial nerve, the high frequency of serotonergic depression, the elevated scores on HDS justified the antidepressive serotonergic activation treatment (escitalopram) combined with mimical facial training for 30 days with the following neurobiological action:

- at the amygdala level (emotional role acting and serotonergic stimulation);
- at the amygdalian connections with the hippocampal zone and frontal cortex level;
- at the facial nerves neurons level through the reactivations of the serotonergic input, deblocking of the ionic channels and the decrease of neuromotor inhibition.

Conclusions: The final evaluation demonstrated the significant amelioration of depression and an important remission of the facial motor deficit through mechanisms that suggested the potentiation of the serotonergic action of antidepressive medication through the physical exercises and an secondary neuroprotection type effect at a hippocampal level.

P0224

Diagnostic criteria of depressive disorders in elderly patients

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Background: The aim of the investigation was to specify criteria of diagnosis of depressive disorders in elderly patients (60-67 years old) on the base of comparison of clinical-pathopsychological and psychopathological peculiarities with middle-aged persons (35-55 years old).

Methods: 97 elderly patients (moderate depressive episode (F32.1) – 35 patients; recurrent depressive disorder (F33.0) – 38 patients; mixed anxiety depressive disorder (F41.2) – 24 patients) and 73 middle-aged patients (moderate depressive episode – 25 patients; recurrent depressive disorder – 27 patients; mixed anxiety depressive disorder – 21 patients) were included.

Results: Elderly patients showed a slow continuous debut of the disease, manifested with somatic symptoms before all (88.66% vs. 23.28% of middle-aged patients). Elderly patients demonstrated a high anxiety level concerning their somatic conditions (80.41% vs. 20.54% in middle-aged patients). 76.28% of elderly patients had a high anxiety level concerning daily life situations, when the patient perceive all negatively, vs. only 15.06% of middle-aged patients. A connection between depressive mood and somatic conditions occurred in 83.5% of elderly patients vs. 16.43% of middle-aged patients. Elderly patients more often (78.35%) demonstrated autoaggressive behavior (thinking, intentions, acts) than middle-aged patients (30.14%). Differences on all the parameters mentioned above were statistically significant ($p < 0.001$). Elderly patients had also high levels of introversion and nervous-psychic instability (average scores on these scales were 14.8 and 47.2 vs. 16.7 and 59.6 in middle-aged patients; $p < 0.05$).

Conclusions: Taking into account these peculiarities, a proposed approach contributes to an early diagnosis and effective treatment of this significant group of patients.