

neuropsychological assessment and computer attitude had been found in former studies (Weber et al. 2002, *Acta Psychiatr. Scand.*, 105, 126–130).

Unexpectedly in older patients poorer memory performance could be shown in the simple recognition task and not in the more effortful free recall. No correlations were found to depressive psychopathology. Significant correlations between computer experience and recognition task performance indicate that computer operation might be regarded as a relevant additional executive demand. The additional executive demand seems to cause a relevant inhibition of memory function in patients with lower degree of automation in computer operation.

The results of the present study confirm the well known difficulties in interpretation of neuropsychological test results in depression. The impairment by computer operation demands predominantly concerns female and older patients. Computer experience and computer attitude should be measured routinely concomitant to computerized neuropsychological assessment. Non-computerized tests should be used additionally in order to confirm results if necessary.

Furthermore the inhibition of distinct cognitive functions by additional executive demands might be regarded as a neuropsychological dimension of depressive psychopathology.

P0203

The effect of music on the patient's anxiety before coronary artery angiography

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Introduction: Anxiety is a kind of agitation and concern stemming from the feeling of threat or hazard in human soul.

Materials and Methods: This study was monitored by triangular sequential analysis test. The samples consisted of 110 patients undergoing coronary artery angiography among whom 55 patients were randomly chosen to be allocated in the control group and 55 patients in experimental group. The demographic questionnaire, Spielburge's stat-trait anxiety inventory and digital indicator were used to collecting data. About one hour before angiography, the demographic part of the questionnaire was completed by the participants in both groups. Then soothing and no words music was played for the experimental group for 15 minutes.

Results: The results of this study indicated that after the entrance of 80 patients in the fourth interim analysis in this study (41 in the test group and 39 in the control group), the clinical trial stopped in the interests of the test group ($p=0.009$ triangular test). The rate of anxiety stat and trait, systolic and diastolic blood pressure and respiratory rate of the test group after music intervention indicated statistically significant difference in contrast to the control group, based on the results the analysis of covariance test. But the difference between the heart rate in these two groups was not statistically significant ($p=0.174$).

Conclusion: The results obtained indicated the effect of music on coronary artery angiography anxiety. Therefore, it can be concluded that listening to music may be an assisting treatment for anxiety and its resulting physiological signs.

Key words: Anxiety/ Angiography/ Music

P0204

Depression, heart disease, mortality and cholesterol: A new look at controversial data

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Back ground: The importance of cholesterol for health, physical and psychological well-being has been recognized for a long time. Changes in serum cholesterol levels may have a direct impact on mental performance, mood, behavior, survival and expected lifetime duration.

Objective: To examine the association between depression and cholesterol levels and to discuss the possible implications in clinical practice.

Method: A MEDLINE search was conducted to identify relevant studies and reviews. The results of our own research will be also presented.

Results: Clinical investigations of cholesterolemia in patients with depressive disorders have produced very conflicting results. Recently, low serum cholesterol was proposed as a biological marker for depression, suicide and affective disorders. Depression has increasingly been recognized as an independent risk factor for coronary heart disease (CHD). On the other side, CHD is related to high serum cholesterol levels. It seems that both low and high serum cholesterol may be associated with a higher risk of the premature deaths as well as with depression.

Conclusion: Our current knowledge on the relation between cholesterolemia and depressive disorders is poor and controversial. The lipoprotein profile, rather than total cholesterol levels, seems to be more important.

P0205

Depression, anxiety and their correlation with cognitive functions in affective disorders

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Background: In patients suffering from depression, neuropsychological deficiencies of attention, memory, psychomotor speed and executive functions are observed.

Aims: The aim of this study is to find relationship between selected cognitive functions, and intensity of depression and anxiety as state and trait in depressed patients.

Methods: 16 Patients meeting the ICD 10 criteria of depressive disorders (F32, F33) were recruited. Patients with mild-to-moderate depression as measured by Beck Depression Inventory (BDI) score were included in the study. The battery of cognitive neuropsychological tests used to assess cognitive functions included: trail making test, part A and B, and Stroop test, part RCNb and NCWd. The intensity of anxiety as state and trait was assessed with the use of the Spielberger State-Trait Anxiety Inventory (STAI). The results were analyzed statistically.

Results of the study: In the examined group no statistically significant relation between the results neuropsychological tests (trail making test, part A and B, Stroop test) and the intensity of depression measured with BDI, and the intensity of anxiety as state and trait, measured with STAI was found. Interestingly a statistically

significant relation was found between intensity of depression and intensity of anxiety.

Conclusions: It seems interesting that no co-relation between the clinical symptoms and cognitive functions was found. It may be consistent with some of the observations, according to which a pharmacological treatment of depression causes an improvement in cognitive functioning of the patients which is independent of the clinical improvement.

P0206

Costs and productivity losses associated with changes in antidepressant treatment in a managed care population with major depressive disorder

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Objective: To determine whether subjects with major depressive disorder (MDD) that switch/augment therapy have higher health care costs and productivity losses compared to those who stay on therapy.

Methods: Data were derived from a national-employment-based medical and pharmacy claims database. Index date was defined based on pre-specified antidepressant prescription claims between 7/1/2002–3/31/2005. Subjects were treatment-naïve 6-months prior to index-date, continuously enrolled, and had at least one outpatient-based medical claim for MDD (ICD-9=296.2x/296.3x) during study period. Study cohorts [switchers/augmenters/maintainers] were defined based on antidepressant prescription refill pattern 12-months post index therapy. Productivity losses were defined as days absent from work for medical visits multiplied by average daily wage. Per-patient-per-year (PPPY) post-index costs were statistically (Type-1 error <0.05) compared multivariately (generalized-linear-model) and productivity losses were compared univariately (Wilcoxon-tests).

Results: Of 7,273 individuals who meet study criteria, 40.3% (n=2,931), 1.5% (n=109), and 58.2% (n=4,233) were classified as switchers, augmenters, and maintainers, respectively. Baseline characteristics were similar across the three cohorts. Average total and depression-related healthcare costs were 1.51-1.92 times (p<.01) and 1.52-1.42 times (p<.001) greater for switchers (\$9,288 and \$1,388) and augmenters (\$9,350 and \$1,027) vs. maintainers (\$6,151 and \$723) after controlling for baseline characteristics. Average total and depression-related productivity losses PPPY were \$2,081/\$680 for switchers, \$2,010/\$587 for augmenters and \$1,424/\$437 for maintainers. These productivity losses were greater for switchers and augmenters compared to maintainers (p<.001).

Conclusions: MDD subjects that change therapy within 12-months of treatment initiation have higher resource costs and productivity losses compared to those who stay on the same therapy.

P0207

The changes of sexual behavior and sexual activity of menopause women: Relation with sex hormones, social factors and emotional status

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Objective: The purpose of this research was to measure women's changes of sexual activity according to the phases of sexual intercourse and to show the dependency from sex hormones, social factors, also relation with depression, anxiety and menopause symptoms. During menopause women's sexuality and sexual activity changes related with the changes in sex hormones, social and emotional status. Sex hormones are responsible for the female sexual functioning. As a result low sexual desire, the decrease of orgasmic potential and lack of satisfaction during the intercourse occur during menopause. Changes in sex hormones influence mental health, especially emotional sphere. On the other hand, depressed mood, anxiety, sleep disturbances, decrease of energy can cause the dysfunctions of sexual activity. Social factors such as female education, working, usable medications, decreased partner's sexual potency also influence sexual activity of women.

Methods: Two groups of women were examined: one with hormone replacement therapy (HRT), another group without HRT. The expression of anxiety and depression symptoms was rated with Hospital Anxiety and Depression Scale, sexual dysfunctions were measured with Female Sexual Function Index, the relationship between the partners valued by Dyadic Adjustment Scale, menopause symptoms valued by Greene Climacteric Scale.

Conclusions: Results of this project will be presented. It is expected that these data will support the efforts of health policy in preventing sexual dysfunctions.

P0208

HTR1A polymorphisms are associated with the antidepressant response in patients with major depressive disorder

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Variability in antidepressant response is due to genetic and environmental factors. Among genetic factors, the ones controlling for availability of the drug at the target site are interesting candidates. Rs6295C/G SNP for 5-HT1A gene (HTR1A) has been found to effect the expression and function of HTR1A. In fact rs6295C/G was in strong linkage disequilibrium with other polymorphisms of HTR1A suggesting that those functional effects could be associated with polymorphisms other than the synonymous rs6295C/G. In the present study we examine the possible association of a panel of markers in strong linkage disequilibrium of the HTR1A with SSRI/SNRI response in 137 Japanese major depression sample followed for 6 weeks. We observed the significant association of better response to antidepressant with rs10042486C/C (p<0.0001), rs6295G/G (p<0.0001) and rs1364043T/T (p=0.018) genotype carriers, that is mutant allele homozygote, independently from clinical variables. Furthermore mutant allele homozygote carriers in all these 3 SNPs was associated more solidly with treatment response by various assessment such as HAM-D score change over time (p=0.001), week 2 (p<0.0001), 4(p=0.007), and 6(p=0.048) as well as response rate (p=0.0005) and remission rate (p=0.004).

In conclusion, this is the first study that reports the significant association of antidepressant response with rs10042486C/T and rs1364043G/T variants of HTR1A and also with rs10042486-rs6295-rs1364043 combination. This finding adds an important piece