

antidepressant selection would significantly relieve the work of practitioners.

P041

Gender differences of teenagers suicidal behavior: Correlation with depression, personal peculiarities

A. Jaras, V. Arbaciauskas, D. Gudiene, O. Jankuviene, B. Burba, V. Grigaliuniene. *Department of Psychiatry, Kaunas Medical University, Kaunas, Lithuania*

Objective: because of the increasing rates of suicides, especially among young people, suicidal behavior becomes more and more actual problem in many countries. Lithuania is known as a country where suicides rate is the highest in Europe.

The goal is to find out and compare gender differences in teenagers suicidal behavior relations with depression, personal peculiarities.

Methods: two groups of teenagers from 14 to 17 were researched: cases (who tried to commit a suicide, N=109) and control group (without suicidal anamnesis, N=218). Aiming to establish teenagers' diagnoses in cases group, clinical psychiatric research was performed, in accordance with ICD-10 classification of mental and behavioural disorders diagnostic reference requirements, diagnoses distribution was compared in relation to sex. Minnesota Multiphasic Personality Inventory (MMPI) was used to evaluate personalities in both groups, obtained profiles were compared among groups and sex.

Results: depression diagnosis (F32) was established only to 22,9% of teenagers, more cases were established among boys than girls ($p < 0,001$). Adjustment disorders (F43) and disorders of conduct and emotions (F91-92) diagnoses were more frequent among girls ($p < 0,001$). Cases group boys in MMPI profile more often than girls had greater scales of depression, psychastheny and anxiety, girls, relatively, had greater scales of hysteric, psychopathic and mania ($p < 0,05$).

Conclusions: Depression is less frequent than adjustment disorders and disorders of conduct and emotions among the teenagers who tried to commit a suicide. The researched boys proved to be more inclined to depression and girls implemented more hysteria and psychopathic personality attributes.

P042

Anhedonia in patients with depression

K. Katsigiannopoulos, M. Stiga, G. Garyfallos, C. Zagora, M. Lombtzianidou, I. Drenos, M. Voikli, A. Adamopoulou. *Community Mental Health Center, North-West District of Thessaloniki, Thessaloniki, Greece*

Background and aims: Anhedonia is the inability to experience physical or social pleasure. It may either represent a personality trait predisposing to depression and psychosis, or a neuropsychiatric symptom of endogenomorphic depression and schizophrenia. Its physical component is hypothesised to be due to dysfunction of a dopaminergic frontotemporal-subcortical circuit.

Methods: The aim of the present study is to investigate presence and severity of anhedonia in patients with depression who attended a Community Mental Health Center (CMHC) in Thessaloniki (Greece). Seventy-six (76) patients were screened with Beck Depression Inventory (BDI). Total BDI score as well as the questions of BDI which refer to anhedonia were studied.

Results: The vast majority of the patients are women (88%), the mean age is 34.11 ± 8.75 years, and the great percentage is married (43.4%), high educated (55.3%), with Personality Disorder on Axis-II (80%). The mean BDI score is 27.42 ± 6.18 , and the BDI score for anhedonia is 1.59 ± 0.83 . It is found that age and anhedonia are inversely related ($r = -0.229$, $p < 0.05$). Furthermore, sex, educational level, comorbidity on Axis-I and diagnosis on Axis-II does not seem to affect anhedonia score in depression.

Conclusions: Findings from this study suggest that anhedonia is an endogenous characteristic of depression, although it seems to be an inversely ratio between age and anhedonia. Future studies with larger groups of depressed patients are warranted to further investigate anhedonia as component of depression.

P043

What are users views as regards the acceptability and usefulness of overcoming depression cdrom

C. Kent, G. Crawford, M. Selkirk, C. Williams. *Glasgow Liaison Psychiatry Service, Glasgow, Scotland*

Computerised CBT (CCBT) offers a new way for Cognitive behaviour therapy to be offered. 19 people who had completed at least 2 sessions of the "Overcoming Depression" CBT-based CDROM were asked to participate in focus group discussions of their experience. They had all participated in a Randomised Control Trial of the effectiveness of Overcoming Depression CDROM for patients on a clinical psychology waiting list. If patients declined participation in a focus group they were offered an alternative of telephone or face to face interviews as a method of gathering this data.

A topic guide was devised after a search of the relevant literature and in conjunction with the researchers of the RCT. A grounded theory approach was utilised to modify the Topic Guide at each of the subsequent focus groups and interviews. All sessions were facilitated and recorded on a digital voice recorder and fully transcribed to aid thematic analysis.

Overall, 14 participants shared their views and experiences. Seven main themes have been identified: People generally liked the approach and found it helpful and useful whilst on a waiting list. Practical and technical suggestions for change were made. It was felt that the intervention would have helped at an earlier stage in illness. The package helped patients in skills acquisition. Other comments related to the role of the nurse as a support. Some participants have valued the anonymity provided by a CDROM based approach and felt it a useful adjunct to individual therapy.

P044

Effect of ADHD and other comorbidity on the life quality of depressed children and adolescents

E. Kiss, D. Skulteti, A. Vetro. *Department of Child Psychiatry, University of Szeged, Szeged, Hungary*

Background and aims: According to the literature psychiatric illnesses decrease the quality of life (QL) of children and adolescents. There is no data, however, about the differential effect of psychiatric comorbidity on QL. We hypothesized that 1. any comorbidity would decrease the QL of depressed children and 2. attention deficit-hyperactivity disorder (ADHD) would have a more negative effect on the QL of depressed children than other illnesses.

Methods: The sample consisted of 483 children diagnosed with major depression (MDD) (247 boys, mean age: 11.88 years, sd:

2,47). We compared 3 groups: 1. MDD without comorbidity (N=147), 2. MDD with comorbidity (no ADHD) (N=249), 3. MDD with ADHD with/without other comorbidity (N=87). Diagnoses were determined by semi-structured interview, quality of life was measured by self-report and parental report. Groups were compared by ANOVA, post hoc comparisons were done in cases of significant differences.

Results: The MDD with ADHD group differed from the others in gender distribution, younger age at onset of depression, more frequent hospitalization and/or outpatient treatment. Child reported QL was not different among the groups. Parent reported QL was the highest in the MDD without comorbidity group, somewhat decreased in the MDD with comorbidity group and lowest in the MDD and ADHD group.

Conclusions: ADHD worsens the course of MDD in children and adolescents. Quality of life of depressed children decreases further by additional comorbidity, but ADHD has the most negative effect in parents' opinion. It is important to ask both parent and child in examining QL of children.

P045

Duloxetine increases stage 3 sleep and suppresses rapid eye movement (REM) sleep in patients with major depression

M. Kluge, P. Schuessler, A. Steiger. *Max Planck Institute of Psychiatry, Munich, Germany*

Background and aims: Sleep studies in patients with major depression receiving the new selective norepinephrine and serotonin reuptake inhibitor (SNRI) duloxetine are lacking.

Methods: Polysomnography in 10 patients with major depression (7 males, 39.9 ± 7.6 years, HAMD-21 score: 23.6 ± 5.6) was recorded twice, before and after 7-14 days of treatment with duloxetine.

Results: A significant ($p < 0.01$) increase from baseline to endpoint was found for amount of stage 3 sleep (21.0 ± 10.7 to 37.4 ± 20.1 minutes) and REM latency (58.5 ± 31.1 to 193.6 ± 72.6 minutes). Amount of REM sleep significantly ($p < 0.01$) decreased from 94.8 ± 34.5 to 51.5 ± 42.5 minutes.

Conclusions: These results partly differ from those in healthy subjects receiving duloxetine.

P046

Stress hormones and anabolic balance in depression: Influence of antidepressants.

Y.A. Kochetkov, L.N. Gorobets, K.V. Beltikova. *Department of Psychoneuroendocrinology, Moscow Institute of Psychiatry, Moscow, Russia*

Objectives: Some researchers suppose that cortisol/DHEAS ratio is an important markers of anabolic balance.

The aim of the study was to investigate cortisol, DHEAS and cortisol/DHEAS ratio in depressed patients with antidepressant treatment.

Methods: There were examined 39 patients with depressive episode (F 32.2). Patients in the first group (n=25) had antidepressant treatment of tianeptine during three weeks in the average dose of 37,5 mg per day. Patients in the second group (n=14) had treatment of sertraline in the average dose of 50 mg per day. Depressive symptoms were evaluated by the Hamilton Depression Scale (HDS). Blood samples were drawn two times: before antidepressant treatment, and

on 21 day of the treatment. Serum DHEAS and cortisol levels were measured using immune-enzyme method.

Results: There was a negative correlation between DHEAS level and score by the HDS before treatment ($r_s = -0,47$, $p=0,037$). Cortisol/DHEAS ratio in patients after tianeptine treatment was significantly low than before treatment (accordingly 258 and 394, $P = 0,002$). In patients under sertraline treatment these differences were also significant (accordingly 339 and 419, $p=0,04$), but after tianeptine treatment cortisol/DHEAS ratio was significantly low than after sertraline treatment (accordingly 258 and 339, $p=0,003$). Decrease in the cortisol/DHEAS ratio was correlated with improvement of depressive symptoms, measured by HDS ($r_s = 0,42$, $p=0,045$).

Conclusions: Our results demonstrate that antidepressants influence on anabolic balance in depression, decreasing cortisol/DHEAS ratio. The influence of the tianeptine on cortisol/DHEAS ratio is marked more than sertraline.

P047

Role of psychological suitability factors in the choice between short and long-term therapy for treatment of depressive and anxiety disorders

M.A. Laaksonen¹, P. Knekt², O. Lindfors³. ¹*National Public Health Institute* ²*Social Insurance Institution* ³*Biomedicum Helsinki, Helsinki, Finland*

Patient's pre-treatment personality characteristics and interpersonal predispositions are known to predict outcome of psychotherapy. In order to choose an optimal treatment it is essential to know which of these psychological suitability factors predict different outcome in short and long-term therapy. In the Helsinki Psychotherapy Study the role of suitability factors between short-term and long-term therapies was studied.

A total of 326 outpatients aged 20-46 years and suffering from depressive or anxiety disorders were randomly assigned to short-term therapy (short-term psychodynamic psychotherapy or solution-focused therapy combined) or long-term psychodynamic psychotherapy and were followed for 3 years. Psychiatric symptoms were assessed with the Symptom Check List, Global Severity Index (SCL-90-GSI) and psychological suitability factors with a 7-item suitability assessment scale.

Patients with good or moderate values of psychological suitability factors gained more from short-term than from long-term therapy during the first year of follow-up. Among patients with poor values of certain suitability factors, long-term therapy appeared more effective than short-term therapy during the third year of follow-up. When combining two individual suitability factors four patient groups could be found: patients who gained faster from short-term therapies, patients who gained equally from both short and long-term therapies, patients who gained only from long-term therapies, and those who gained neither from short nor long-term therapy.

Patients with good or moderate values of suitability factors can be successfully treated with short-term therapy, whereas patients with poor values need long-term therapy or some other treatment to recover. More research is needed to verify these findings.

P048

Depressive symptoms and sport activity among college students

M. Zuljan Cvitanovic¹, D. Duplancic², D. Lasic¹, I. Stipetic¹, M. Tripkovic³, V. Capkun⁴. ¹*Psychiatry Clinic, University Hospital Split, Split, Croatia* ²*Faculty of Economics Split,*