

Conclusion: The severity of depression does not determine the indexes of the single behavioral attitudes. The level of depression is related to the configuration of behavioral attitudes.

P081

Behavioral attitudes and subjective sleep estimation in depression

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Sleep complaints are common in depression. The goal of this investigation was to check relationships between sleep estimation and the values of behavioral attitudes.

Subjects: 44 patients with major depression.

Methods: 21-items Hamilton Rating Scale for depression. BASE Test for the estimation of behavioral attitudes. Sleep questionnaire.

Results: 1. In patients satisfied with night sleep stereotyped behavior (St) was higher than in patients not satisfied with their sleep (3.16 vs. 0.6, $p=0.03$). 2. Patients with the negative values of search activity (SA) and/or St and positive values of passive behavior (Pa) are more often dissatisfied with their sleep than the opposite group. 3. In patients who report the increase of dreams after the positive emotional experience St is higher than in patients who do not report it (2.62 vs. -0.16 , $p=0.02$). 4. In patients who like to see dreams in comparison to those who do not like it SA is higher, Pa is lower, while Hamilton Rating Scale is also lower.

Conclusion: The configuration of behavioral attitudes is more important for subjective sleep estimation than the level of depression.

P082

Pharmacological validation of a chronic social stress model in rats: effects of citalopram, reboxetine, haloperidol and diazepam

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The present study has been designed for pharmacological validation of chronic social stress paradigm as a model of depressive symptoms in rats. For this, rats were subjected to 5 weeks of daily social defeat and in parallel treated for clinically relevant period of 4 weeks with antidepressant drugs citalopram and reboxetine and neuroleptic drug haloperidol. Anxiolytic diazepam was administered acutely at the end of the stress period. The effects of social stress and the treatments were investigated in behavioural paradigms such as sucrose preference, forced swim test, open field test and elevated plus maze. Four weeks of oral treatment with applied antidepressants ameliorated the adverse effects of social stress and normalized behaviours related to motivation and reward sensitivity. The treatment with haloperidol worsened the adverse effects of chronic social stress having effects similar to stress on reward and motivation related behaviours. Treatment with diazepam caused reduction of anxiety related behaviours as measured in elevated plus maze in control animals having no effects on socially stressed individuals. Neither sucrose preference nor performance in forced swim test was affected by diazepam treatment. Effectiveness and selectivity of antidepressant treatment in ameliorating socially induced behavioural disturbances proves validity of chronic social stress as a model of depressive symptoms in rats.

P083

Painful physical symptoms (PPS) in depressed patients: how is the correlation between physician- and patient assessment?

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Background and aims: In an interim evaluation on baseline data of the German PADRE observational study the correlation between physician- and patient assessment of emotional and physical symptoms of depressed patients was evaluated.

Methods: This multicenter, prospective, 6-month observational study focused on adult outpatients with a depressive episode as diagnosed according to ICD-10 criteria, chosen by their physician to start new anti-depressive treatment with duloxetine. Correlations between the applied depression and/or pain scales were calculated via Spearman's correlation coefficient. Symptoms were evaluated via clinician rated 'Inventory for Depressive Symptomatology' (IDS-C), total score, including item 25), patient rated 5-item scale 'KUSTA', (rating mood, activity, tension-relaxation, sleep and appetite on visual analog scales [VAS]), and patient rated VAS for 'Pain'.

Results: All participating physicians are psychiatrists/neurologists. 2.748 patients (71% female, mean age 52.7 yrs) were evaluated. Any pain symptoms were documented in 88.9% of patients at baseline. When comparing patient- with physician-assessments, correlation of PPS scales was low to moderate and varied for different pain types: IDS-C item 25 ("somatic disorders") vs. overall pain-VAS: $r=0.421$ (95% CI 0.390, 0.452), IDS-C item 25 vs. abdominal pain: $r=0.189$; IDS-C item 25 vs. chest-pain: $r=0.179$. When comparing IDS-C total vs. the KUSTA items, correlation was moderate in all cases (e.g.: $r=-0.510$ for IDS total vs. KUSTA mood).

Conclusions: Only a low to moderate correlation was observed between physician- and patient assessment for PPS in depressed patients. Therefore, patient pain ratings should explicitly be included in the assessment of depressed patients.

P084

Relationship between kind of delivery and postpartum depression

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Background and aims: Postpartum depression (PPD) is one of the most common psychiatric disorders following delivery. This disorder makes serious problem for mother, child and family; therefore the identification of its risk factors is a must. One of these factors is kind of delivery. This study has been carried out to evaluate relationship between kind of delivery and PPD in kashan IRAN 2006.

Methods: This case control-study evaluated 460 women during 2-3 first months after delivery divided in 2 equal groups (depressed and normal group who were named case and control group respectively). The Beck standard test and a researcher-made questionnaire were used for evaluation. Some factors effecting on depression were omitted in the study and some mother age and birth order were matched in 2 groups. X2 and T test were used to analyze the data.

Results: The results showed that there was no relationship between kind of delivery and PPD ($p < 0.0574$). In cases group; mild, moderate and severe depression were 42/2%, 47/4% and 10/4% and normal vaginal delivery (NVD) was 53/9% and in control group NVD was 47/8%. In this matter, there was no significant relationship between mother education and job, neonatal gender, number of live birth and wanted or unwanted pregnancy with PPD.

Conclusions: There is no a relationship between kind of delivery and PPD. It's recommended to do cohort study and effect of other factors in PPD in much more sampling in future researches.

Keywords: Postpartum depression, Normal vaginal delivery, Cesarean section

P085

Cardiac parasympathetic dysfunction in depressed coronary heart disease patients: what is the response to treatment with sertraline?

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It is known that depression increased mortality of coronary patients. The decrease in parasympathetic innervation and exposing the heart to unopposed stimulation by sympathetic nerves which in turn leads to increase in heart rate and decrease in heart rate variability has been proposed as an explanation for this association.

The aim of this study was to determine whether treatment of depression in coronary heart disease patients is associated with a reduced heart rate or increase in heart rate variability. We have studied 28 depressed patients with stable CHD, classified as either mildly or moderately to severely depressed, to whom Sertaline 100mg/day was given for six months. The 24-hour rate and HRV were measured in those patients and in 20 medically comparable non depressed controls before and after treatment of the depressed patients. We found that treating depression was quite effective and resulted in improving in both average heart rate and short-term HRV [reflecting mostly parasympathetic activity].

We concluded that treating depression may have a beneficial effect on a risk factor for mortality in depressed coronary heart disease patients.

P086

The depression prevalence and its related factors in teenagers in Kashan-Iran 2006

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Background and aims: Teenagers specially girls have many problems with adaptation of development and their need during adolescence. One of the most serious problems that they faced to is depression. Prevalence of depression in teenagers is 40-70% and it is in girls twice as many as boys. This study has been carried out to evaluate prevalence of depression and its related factors in high school girls in Kashan -IRAN 2006.

Methods: This descriptive cross-sectional study was performed to evaluate 762 high school girls whom were selected randomly from the school of Kashan IRAN 2006. The Beck questionnaire was used for depression assessment scores less than 5, 5-7, 8-15 and more

than 16 were considered normal, mild, moderate and severe depression respectively. In addition some questions about demographic criteria were asked. X² and T test were used to analyze the data.

Results: The frequency of mild, moderate and severe depression were 148(19.4%), 183(24%) and 77 (10%) respectively (on the whole 53.4%). There was no relationship between depression and mother education, mother and father job, number of sisters and brothers and father's age while there was significant relationship between depression and father education ($p < 0.007$). In depression group there was 28.9% illiterate and primary school fathers and 16.2% university education fathers while in normal group was 21.2% and 22.9% respectively.

Conclusions: Because of high prevalence of depression in teenagers, it's recommended to study more on effective factors on depression especially in teenagers.

Keywords: Depression, Teenagers

P087

48 week follow-up study of venlafaxine extended release and fluoxetine hydrochloride treatment for first-episode depression

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Objectives: To compare therapeutic efficacy, social function, discontinuation rate, relapse and recurrence rate of the depression outpatients with first episode between Venlafaxine extended release and Fluoxetine hydrochloride treatment. **Methods:** In this 48 week natural parallel follow-up study, total 188 patients who meet ICD-10 criteria for a major depressive episode were admitted and assigned to receive either Venlafaxine Extended Release (Venlafaxine XR group) (n=89) or Fluoxetine hydrochloride (Fluoxetine group) (n=99). At baseline, week 2, 8, 12, 16, 24, 32, 48, Hamilton Rating Scale for Depression (HAM-D)-17 item was used to value disease severity, and Social Disability Screening Schedule (SDSS) for social disability, and the discontinuation, relapse and recurrence rates were compared. **Results:** (1) At week 24 Venlafaxine XR group had much lower HAM-D17 total score than Fluoxetine group ($P < 0.05$). (2) The remission rate and response rate between two groups had no statistical difference ($P > 0.05$). (3) At week 12, Venlafaxine XR group had a higher SDSS score than Fluoxetine group ($P < 0.05$). (4) At week 12, 16, 24, 32, 48, Venlafaxine XR group displayed lower discontinuation rates ($P < 0.05$). Venlafaxine XR group had a longer treatment course than Fluoxetine did [(30.99 ± 15.98) weeks vs. [(22.57 ± 15.26) weeks] ($P < 0.01$). (5) The relapse and recurrence rates of two groups had no statistical difference ($P > 0.05$). **Conclusions:** In the acute phase, Venlafaxine XR has a better effect for social function and treatment adherence than Fluoxetine hydrochloride. In the continued phase and sustained phase, Venlafaxine XR performs better for symptoms relief and treatment adherence. Venlafaxine XR has parallel performance with Fluoxetine hydrochloride by the terms of therapeutic efficacy, social function restore, relapse and recurrence rate.

P088

Psychiatric disorder and Parkinson's disease

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Depression is an important and common nonmotor feature of Parkinson's disease (PD) that is associated with significant disability and