analyses by controlling for the influence of depression, socio-demographic and clinical characteristics and family function.

Results: The results found that subjects with depressive disorders had poorer QOL on the physical, psychological and social relationship domains than the non-depressive control group. The depressive subjects who had more severe self-stigma had poorer QOL on all four domains. The depressive subjects who had higher levels of awareness of illness had poorer QOL on the physical and psychological domains. The depressive subjects who perceived more severe adverse effects from medication had poorer QOL on the physical, psychological and environmental domains.

Conclusions: The results of this study demonstrate that different domains of QOL are differently affected by depressive disorders, and that clinicians must consider the negative influences of self-stigma, insight and adverse effects from medication on QOL of subjects with depressive disorders.

P096

Depression during hospitalization for acute coronary syndrome predicts physical function one year later

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Background and aims: Although much attention has been paid to predictors of mortality after an acute myocardial infarction (MI), patients are at least as concerned with their physical function (PF). One study found no relationship between depression at the time of MI and PF 4 months later, whereas another reported a relationship at 6 months but not at 12 months. We assessed whether symptoms of depression assessed in-hospital predict overall PF 12 months later.

Methods: Prospective observational study of 484 patients with MI or unstable angina assessed with the Beck Depression Inventory (BDI) and SF-12 Health Survey during hospitalization and with the SF-12 Health Survey 12 months later. Linear regression was used to predict the overall SF-12 PF score at 12 months, controlling for baseline PF score and for age, gender, Killip class, history of MI, diagnosis (MI vs unstable angina), and BDI score.

Results: At the time of the index hospitalization, 151 patients (31.2%) scored 10 or greater on the BDI. Mean ($\pm$ SD) T score for the PF subscale of the SF-12 was 41.4 $\pm$ 11.4 in-hospital and 41.7 $\pm$ 11.6 12 months later. Significant predictors of 12-month PF score were age ($p < .001$), female gender ($p = .005$), baseline PF score ($p < .001$), and BDI score ($p < .001$).

Conclusions: Older age, female gender, and symptoms of depression are important predictors of 12-month PF after controlling for baseline PF. Consistent with other studies, other clinical characteristics do not appear to predict PF during recovery.

P097

Both depression and self-reported physical health during hospitalization for an acute coronary syndrome predict mortality one year later

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Background and aims: Poor patient-rated health status is associated with increased mortality among patients with heart failure. In some patient populations, a single question related to general health has been shown to be a strong predictor of mortality. We examined whether self-reported physical health (PH) in patients hospitalized for an acute myocardial infarction (MI) or unstable angina predicts mortality 1 year later.

Methods: Prospective observational study of 801 patients assessed with the SF-12 during a hospitalization for MI or unstable angina and followed for 1 year. Two logistic regression equations to predict mortality based on either the PH subscale of the SF-12 or on a single self-rated health (SSRH) item from the SF-12 and controlling for age, gender, diagnosis (MI vs. unstable angina), history of MI, Killip class, and Beck Depression Inventory (BDI) score.

Results: The 49 patients who died in the first year following the index hospitalization had significantly lower SF-12 PH scores at baseline (33.2 vs. 40.9, $p < .01$). They also rated their health significantly poorer on the SSRH item ($p < .01$). The SSRH item was not a significant multivariate predictor of mortality ($p = .74$). Significant multivariate predictors of 1-year mortality included older age, female gender, history of MI, low BDI score, and SF-12 PH score (all $p < .05$).

Conclusions: During a hospitalization for MI or unstable angina, both depression and self-reported physical health on the SF-12, but not a single self-rated health item, predict mortality 1 year later.

Poster Session 2: BIPOLAR DISORDERS

P098

Mixed (bipolar) depression and suicide attempts

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Background and aims: Previous reports have demonstrated that depressive mixed state (DMX) (major depressive episode + 3 or more co-occurring intradepressive hypomanic symptoms) and agitated depression are overlapping conditions. The aim of the current study was to examine the relation of DMX and suicide attempt.

Methods: Using a structured interview (modified Mini International Neuropsychiatric Interview) and determining all the symptoms of 16 Axis I psychiatric diagnoses defined by the DSM-IV, the authors examined 100 consecutive nonviolent suicide attempters (aged 18-65) within 24 hours after their attempts. Results. DMX was present in 63.0% in the total sample and in 71% among the 89 depressive suicide attempters. More than 90% of the patients with DMX had the symptoms of irritability, distractibility and psychomotor agitation. The rate of DMX was significantly higher among the 29 bipolar (I+II) than in 37 unipolar depressive suicide attempters (90% vs 62%).

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Limitations: This study included suicide attempters who had presented self-poisoning, but not individuals with very high risk of fatality.

Conclusions: In suicide attempters there is a very high prevalence of DMX, especially among bipolar depressive suicide attempters. This study underlines the importance of detecting and appropriate treating DMX and especially depressive bipolar mixed subgroup in suicide behaviour prevention.

P099

Metabolic syndrome among patients with bipolar disorder: Current perspectives of European psychiatrists

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Background: Patients with bipolar disorder may be at elevated risk for metabolic syndrome or its components. Little is known about awareness of metabolic issues among European psychiatrists, or the impact on management of bipolar disorder.

Methods: In 2006, 718 psychiatrists in UK, France, Germany, Spain and Italy were recruited to complete an online survey. Eligibility criteria were: practicing 4-30 years, spending ≥50% of time in direct patient care, and treating ≥10 bipolar patients in the last month. Aggregate data were weighted according to the number of psychiatrists in each country. Data comparing individual countries were not weighted due to possible biasing factors such as demographic differences.

Results: 22% of respondents were unfamiliar with metabolic syndrome. More than half (56%) had diagnosed it and 72% saw it as a significant health risk. Based on NCEP criteria, the estimated prevalence was ~25% in bipolar patients and ~20% in the general population. With bipolar medications, side effects of greatest concern to psychiatrists were weight gain, cognitive impairment, and glucose intolerance. Treatments associated with increased risk of metabolic syndrome were olanzapine (76%), risperidone (42%), and quetiapine (36%). Although 39% said metabolic concerns rarely or never lead them to stop or switch bipolar disorder therapies, 65% have changed their interviewing and monitoring habits in the past 3 years regarding metabolic health.

Conclusions: European psychiatrists view metabolic syndrome as prevalent and are concerned about the metabolic risks of bipolar medications. Two thirds say that metabolic health issues have prompted changes in patient care in recent years.

P100

Trends in psychopharmacological approach to bipolar disease in the last 20 years - A retrospctive study-

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Introduction: Bipolar disease type I has an estimated prevalence of 1% in the general population. Approximately 50% of first episodes are of the manic type. In the last decades, there have been major advances in the understanding of the disease and its psychopharmacological treatment, namely through the usage of anti-psychotics (both typical and atypical), mood stabilizers and anxiolitics.

Objective: To study the farmacological treatment of acute mania in Hospital Miguel Bombarda over the last 20 years.

Methods: Data retrieval from the clinical files of the patients admitted for bipolar disease, manic type, and its sociodemografic caractherization. Study of the farmacotherapy used in a sample of the first 30 clinical admissions due to the illness over 20 years, with intervals of 5 years. (1986, 1991, 1996, 2006)

Results: There has been an overall increasing rate of admissions due to bipolar disease, manic type over the last 20 years. This evolution is depicted graphically.

Conclusions: Anti-psychotics were the class of therapeutic agents most comonly used, especially haloperidol. In the last years, there has been a slow but steady increase in the usage of mood stabilizers; however, atypics lagged behind in the prescriptions habits for bipolar disease, manic type in the sample studied.

P101

The treatment of rapid cycling bipolar disorder (RCBD)

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Background: The objective of this study was to evaluate the efficacy,safety and tolerability of quetiapine and olanzapine in association with valproate in the treatment of RCBD.

Methods: 30 patients diagnosed with RCBD by DSM IV criteria were divided in 2 groups - group A included 15 patients treated with quetiapine (600-800mg/day) and group B included 15 patients treated with olanzapinum (10-15 mg/day). Both groups received valproate 500mg/day.

At the beginning of the study 12 patients were maniac, 8 in a mixed state,7 depressed,3 hypomaniac. Patients were assessed with Clinical Global Impression Scale for Bipolars, the Young Mania Rating Scale and the Hamilton Depression Rating Scale.We evaluated al groups at baseline, after 1 week, 2 week, and every month during the period of study (1 year).

Results: A similar and significant improvement was observed in both group for all the scale scores (CGI-BP, YMRS,HDRS). Doses of quetiapine and olanzapinum were significantly reduced by the end of the study in compare with baseline. Doses of quetiapine and olanzapinum differed according to the initial episode.

Conclusions: Quetiapine and olanzapinum in association with valproate were an effective treatment for rapid cycling bipolar patients. Adequate doses for acute episodes could significantly differ according to the episode polarity and the length of treatment.

P102

Attribution style and social functioning of ADHD vs non-referred children

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Objectives: Attention Deficit Hyperactivity Disorder (ADHD) is common chronic mental health condition in children and adolescents and has severe impact on their social functioning. This study explores mutual relationship between children attributions (implied in M. Seligman terms) and school, familial and peer functioning in ADHD and non ADHD populations.

Method: The study cohort of children exclusively suffered for ADHD, in the age of 12 and 13, majority of boys, was pair-matched with non-referred children. Both groups were administered

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