

moderate depression; 14.6% minor depression and 7.3% severe depression). So, using HADS the depression prevalence was 11%. Another hand, somatic was more prevalent than cognitive and affective symptoms in simple. There was statistical difference in depression by gender, so women obtain more high score than man. Education level and socio-economical status were a inverse relation with depression. So, people with university studies and high socio-economical level obtained minor scores in BDI-II and HADS. Hospitalization upper 7 days was correlated with high score in depression. And, finally, social support is a protector factor in depression in medical setting.

Careful attention should be paid to patients in primary care medical practice in order to detect depression symptoms because this situation increase hospitalary stay, cost and medical complications and decrease improving process and rehabilitation.

### P0169

The change of vegetative regulation at the different stages of major depressive disorder

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**Background and Aim:** The aim of the study is to investigate vegetative reactivity at the different stages of major depressive disorder (MDD).

**Methods:** clinico-psychopathological method, clinico-anamnestic method, the Zung self-rating depression scale, the method of the heart rate variability analysis for assessment of vegetative regulation. The study is conducted from 2000 to 2007. In the first part of the study the assessment of vegetative regulation at the initial stage of MDD is provided (82 patients even 72 healthy persons). In the second part the vegetative regulation is studied at the stages of stabilization and reduction of MDD (76 patients even 66 healthy persons).

**Results:** The results of investigation are shown reduction in the total heart rate variability, increase in tension level of regulatory systems at the initial stage of MDD. The activity balance of the sympathetic, parasympathetic and suprasegmental mechanisms of autonomic nervous system remains.

At the stage of depression stabilization the disruption of different components of autonomic nervous system balance occurs. The prevalence of the activity of suprasegmental ergotropic systems and the functional decrease of sympathetic mechanisms activity are observed. At the stage of the depression reduction the decrease of the activity of suprasegmental ergotropic systems with the hyper-activation of peripheral sympathoadrenal mechanisms are revealed.

**Conclusions:** Obtained data could be considered in chose and efficiency rating of therapy at the different stages of MDD.

### P0170

Alexithymy and depression in chronic dermatosis

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Alexithymy is a concept developed by the psychosomatic Paris school. It means the incapacity to express emotions by words and

to differentiate them from the body feelings with a limitation of imaginary life and an operational way of thinking.

It is regarded as a characteristic operating mode of patients suffering of diseases with psychosomatic components.

We made a study in the university service of dermatology with the objective to measure the degree of alexithymy at patients presenting a chronic dermatosis and to establish correlations between this psychological state, the type and the extent of dermatosis and depression.

We used a questionnaire studying socio-demographic elements of our patients, pathological antecedents, type of dermatological lesions and their extents.

alexithymy was measured by Toronto scale in version with 20 items (TAS-20). Depression was evaluated by Hamilton scale. The statistical analyzes were carried out with SPSS. The correlations between alexithymy, depression and the extent of the lesions were carried out by using Pearson coefficient.

Our sample is composed of 75 subjects. 60,5% were hospitalized. 52,6% are represented by men. The mean age was 40,34 years with extremes from 15 to 89 years.

Dermatoses are represented particularly by psoriasis, skin wool, pemphigus and urticaria. The lesions were extended in 40,8%.

The mean score of TAS-20 is 54,75, the mean scores of the three principal factors were also measured. The correlations between TAS-20, HAM-D and the extent of the lesions were significant.

### P0171

Bruxist behaviour in a patient with depression: A reported case

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**Background and Aims:** Bruxism is the most common form of maxillofacial hyperkinesia. Behavioral disorders as well as affective psychological factors, depression and anxiety being one of the most prominent factors, can together with emotional stress, induce bruxism. There has been the correlation between medications and bruxism (for example SSRI's).

**Method:** We reported a case of a 47-year-old female patient who has been psychiatrically treated for depression since 1988 (F 32.1 by ICD 10). In 2005, she was hospitalised for the second time, this time for depression with psychotic traits (F 33.3 by ICD 10) due to which she was also hospitalised in 2006 and 2007. During 2005 and 2006 she was taking mirtazapine, paroxetine as well as olanzapine and since 2007 she has been taking sertraline and olanzapine.

**Results:** There was an excessive wear of tooth surfaces and edges due to bruxism on seven-year-old bridge, which she noticed herself two years ago. She was awake during the diurnal bruxism and nocturnal bruxist activity was confirmed by her husband. Michigan splint was fabricated, thus alleviating the destructive impact of masticatory forces on the teeth and their supportive tissues.

**Conclusions:** Bruxism, associated with medications or mental disorders and very detrimental to teeth, the periodontium and oral health in psychiatric patients should be also treated as a general health problem and oral health problem. The prognosis for stopping bruxist activity is bad because a complete prosthodontic treatment was extremely limited due to the patient's psychiatric condition.