multivariate analyses showed treatment with pregabalin had no effect on endpoint cognitive function.

Conclusions: Pregabalin significantly improved the symptoms of GAD in patients aged ≥65 years and caused no impairment of cognitive function. A more extensive cognitive battery is needed to confirm this preliminary finding.

P208

Pregabalin for the treatment of generalized anxiety disorder (GAD): Efficacy and safety in elderly patients

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Objective: To evaluate the safety and efficacy of pregabalin in relieving the symptoms of GAD in patients ≥65 years of age.

Methods: This was a multicenter, randomized, flexible-dose, placebo-controlled, double-blind, parallel-group trial of pregabalin in the treatment of GAD. Randomization was 2:1, pregabalin:placebo. Patients underwent an 8-week double-blind, flexible-dosage (150-600 mg/d) treatment phase, including a 1-week dose-escalation period (50 mg/d to 150 mg/d). The primary efficacy assessment was change from baseline to endpoint-LOCF in HAM-A total score. Additionally, change from baseline to week 8 (observed cases) in HAM-A psychic and somatic factors was evaluated.

Results: Mean age at GAD onset was 56 years; 77% of patients were women; mean age at enrollment was 72 years; mean duration of GAD was 17 years. Mean change from baseline in HAM-A total score was −12.84 (n=177) for the pregabalin group and −10.7 (n=96) for the placebo group (P=.0437). At week 8, patients treated with pregabalin had significant improvement in both the HAM-A psychic (−7.8 vs −6.3, P=.0111) and somatic (−6.6 vs −5.4, P=.0248) factors. The most common adverse events (AEs) among pregabalin-treated patients were dizziness (20.3%), somnolence (13.0%), headache (10.2%), and nausea (9.0%). Most AEs were mild-to-moderate and self-limiting. Discontinuation rates due to AEs were 10.7% and 9.4% in the pregabalin and placebo groups, respectively.

Conclusions: Pregabalin was effective in reducing the symptoms of GAD in patients aged 65 years and older, and it was safe and well tolerated in this population.

P209

A case control study of the psychiatric status of elderly versus younger trauma victims.

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There are very few studies which report on the outcome of older people following trauma, whether in a civil or military context. We previously reported on the elderly survivors of the Lockerbie disaster [1] and found that the elderly were no more adversely affected than younger survivors. We now report on a sample of 114 older people, assessed for medico-legal purposes following their initiation of a personal injury claim. The older subjects were matched on a case by case basis with a younger subject, also seen in a medico-legal context. They were matched in terms of the trauma experienced e.g. older road traffic accident victims with younger road traffic victims. The majority of the subjects were victims of road traffic accidents. Others had experienced work related accidents, civil disaster (a local factory explosion) and injuries sustained during conflict. We report here on the nature of the physical injuries sustained by the older subjects, their DSM IV psychiatric diagnoses, past and family psychiatric histories and the treatment they received.

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P210

Can IBS (irritable bowel syndrome) be conceptualized as an anxiety disorder and what treatment implications would that have?

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Background and aims: IBS is a heterogeneous condition of unknown etiology. With a one-year prevalence above 10%, it is second only to common cold in terms of causes for work absenteeism.

An association of psychiatric disturbance and the gastrointestinal system is well established:

- Psychiatric comorbidity, mainly anxiety and depression, is common.
- In what is known as the Brain-gut axis, noxious stimulation to the gut activates parts of the central nervous system involved in fear and arousal.
- Negative evaluation of symptoms has been shown to predict the amount of worry about symptoms that patients experience
- Patients with IBS frequently display abnormal illness behaviors, such as excessive requests for medical help.

This suggests that IBS can conceptualized as a disorder in which negative evaluation of bodily symptoms increases intensity, frequency, and duration of symptoms. Trials of CBT for IBS have been conducted, but few studies have evaluated group treatment. Since treatment-needs presently cannot be met, more cost-effective ways of delivering CBT for IBS are needed.

Methods: We are currently conducting a pilot study of group-delivered manualized CBT for 19 IBS-patients.

Results: Treatment is ongoing, and results from the first 9 patients taking part in the treatment will be presented as single case studies. For a subgroup of patients, 6-month follow up data will be available.

Conclusions: Preliminary post-treatment data suggest that group-delivered CBT may be feasible for this group. Experiences from this trial will be used in a larger study comparing group treatment to web-based treatment, further utilizing scarce CBT resources.

P211

Clinical outcome of multimodal rehabilitative care for young patients with multiple drug abuse

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