

Total number of patients was (2000 n = 85 2006 n = 100). We did not find any significant difference between patient who have been on monotherapy vs combinations according to age, gender, psychiatric comorbidity. The only significant difference ( $p < 0.01$ ) was in the duration of MDD. The longer duration of the disorder had been a predisposing factor for the significantly higher combinations in the treatment of MDD. Monotherapy is preferentially used in patients with shorter duration of the disorder.

## P0061

Clinical outcome and tolerability of Duloxetine in the treatment of major depressive disorder: A 12-week study with plasma levels

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**Background and Aims:** Duloxetine (DLX) is approved for treatment of Major Depressive Disorder (MDD).

Aims of this study were to assess the clinical outcome of DLX in the treatment of MDD, with efficacy measures based on clinician and patient assessment, and to evaluate the predictive value of DLX plasma levels on clinical response.

**Methods:** 45 out-patients affected by MDD were included in the study and prescribed 30-120 mg/day of DLX for 12 weeks.

Patients were evaluated at T0, after 2 (T1), 4 (T2), and 12 weeks (T3), by using HAMD21, HAMA, CGI-S, and the self-rating scales BDI and VAS. Plasma samples were collected at T2.

**Results:** Responders (50% reduction in HAMD21) were 60% and remitters ( $\text{HAMD21} \leq 7$ ) were 56%. HAMD21 showed a significant improvement at T1, T2, T3 vs T0. HAMA and CGI-S showed a significant improvement at T2, T3 vs T0.

15 (33%) patients discontinued the treatment.

Blood pressure, heart rate, and body weight did not show relevant changes.

DLX plasma levels ranged from 5 ng/ml to 135 ng/ml (mean  $53.56 \pm 39.45$  SD). The incidence of side effects irritability and anxiety was found to be significantly correlated with the highest DLX level/dose (mean  $1.6 \text{ ng/ml/mg} \pm 0.29$  SD) ( $p = 0.02$ ).

We observed a curvilinear relationship between HAMD21 percentage of amelioration at T2 and DLX plasma levels/dose (mg/kg) ( $y = 22.74 + 0.78x - 0.0038x^2$ ,  $R^2 = 0.134$ ;  $p = 0.23$ ).

**Conclusion:** Good medium-term clinical response, but plasma levels showed an increased of adverse events at higher values, reducing the advantages of dose escalation.

psychiatry. The labelling of the patients is known not only in the laic, common population, but unfortunately also in the psychiatric community. The people with neurotic symptoms are mostly affected with autostereotypes, what means they are afraid of psychiatric labelling. This leads to denying of psychic problems and symptoms, searching for somatic explain and to inadequate or late treatment. Sometimes even the fact of "psychiatric disorder" is understood as a synonym to be "a fool" so the patients tend to see a somatic specialist or are waiting till they get over the symptoms. Also the relatives are afraid of stigmatization for the whole family and minimize or neglect the symptoms. A somatic explanation is better tolerated and triggers sympathy and protection.. Only a small part of patients with panic disorder gets to a specialist.

We have studied the documentation of patients in Psychiatric centre Prague with panic disorder and agoraphobia. By using the linear regression we have found, that the education of the patients can have an influence on the start of adequate treatment - the higher the education was, the later the treatment starts. We also searched the severity of the symptoms before and after the treatment, to find out the influence of the lag and stigmatization on the treatment efficacy.

## P0063

Anxiety and the patients with aorto-coronary by pass

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The cardiovascular deasises is rapidly incresed. The therapy of these deseases have the multidisciplinary approach with the cardiologist, cardiosurgery, psykiatrist and psychologist. The pations with cardio-surgery intervention(aorto-corony by pass) always manifested anxiety.

**Materials and Methods:** This study will be done at the PZO Filip II-Skopje and are included 30 hospitalisated patients with aorto-coronary by pass, age from 20 to 60 yaer old, male and female. These patient will be treated with the clinical psyhiary interview and HAMA-14.

**Results and Conclusions:** All the pations manifested increased level on HAMA results. The anxiety is the chalenge for the psychology-psykiatrist team to work with the cardiovascular pation at the cardio-surgery unit.

## P0064

Assessment of social support in the course of manifestation of panic disorder with agoraphobia

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**Background and Objectives:** Social support has its role in maintaining of mental health and modification of the effects of aversive life events. It can be defined with respect to numerous variables: 1) The level of social integration, 2) Subjective experience of the quality of interpersonal relationships, 3) Help and support by other persons, 4) Supportive behavior actually taking place. The objective of our

## Poster Session II: Anxiety Disorders

### P0062

Stigmatization in anxiety disorders

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Stigmatization, as a fear of something unknown, of diferences from the majority, is nowadays an important theme to discussion in the