severe impairment in social relationships and are not better accounted for by the presence of agoraphobia. In a previous study, we found platelet expression reduction of the 18 kDa Translocator Protein (TSPO) in patients with panic disorder with associated ASAD.

Aims: To explore whether separation anxiety might be a factor differentiating TSPO expression in a sample of patients with major depression.

Methods: The equilibrium binding parameters of the specific TSPO ligand [3H]PK 11195 were estimated on platelet membranes from 40 adult outpatients with MDD, with or without separation anxiety symptoms, and 20 healthy controls. Patients were assessed by SCID-I, HAM-D, the Structured Clinical Interview for Separation Anxiety Symptoms (SCI-SAS) and the Adult Separation Anxiety Self-report Checklist (ASA-27).

Results: A significant reduction of platelet TSPO density mean value was found in depressed patients with associated ASAD, while no significant differences were found between depressed patients without ASAD and the control group. Individual TSPO density values were significantly and negatively correlated with both SCI-SAS-A and ASA-27 total scores, but not with HAM-D total score or HAM-D anxiety/somatization factor score.

Conclusions: Reduction of platelet TSPO density in our sample of patients with depression was specifically related to the presence of ASAD. These data suggest that TSPO expression evaluation is a useful biological marker of ASAD.

P0089

External validation of the axis V of Kennedy by symptom rating scales in patients with anxiety disorders

A. Frustaci, M. Codardo, G. Guerriero, L. Janiri, G. Pozzi. *Day Hospital Clin. Psychiatry, Policlinico Universitario, Rome, Italy*

Introduction: Anxiety disorders are associated with impairment in social functioning and poor quality of life, with personal impairment affecting many areas. Instead of collapsing together symptoms and functioning, the Kennedy Axis V is designed to assess seven dimensions.

Methods: Thirty-five outpatients consecutively admitted to our Anxiety Disorders Unit were evaluated before starting treatment by a set of instruments including: Mobility Inventory for Agoraphobia (MIA), Self-rating Anxiety State (SAS), Anxiety Status Inventory (ASI), Penn State Worry Questionnaire (PSWQ), Symptom Check List 90 Revised (SCL-90-R), Brief-COPE, and Kennedy Axis V (K Axis).

Results: Sample characteristics: age 38.5±10.9, males 36.1%, current substance use 14.3%, previous drug treatment 82.9%, previous psychotherapy 28.6%. Symptom scores (mean±SD): MIA 7.41±6.84, PSWQ 46.59±12.15, ASI 58.97±10.53, SAS 59.43±11.85; as for the SCL-90-R subscales and indexes: Somatization (SOM) 1.62±0.76, Obsessive-Compulsive (O-C) 1.48±0.70, Interpersonal Sensivity (I-S) 1.38±0.85, Depression (DEP) 2.02±0.90, Anxiety (ANX) 1.94±0.79, Hostility (HOS) 1.14±0.84, Phobic Anxiety (PHOB) 1.52±1.11, Paranoid Ideation (PAR) 1.33±0.87, Psychoticism (PSYC) 0.88±0.72; General Symptomatic Index (GSI) 1.55±0.59, Positive Symptom Total (PST) 58.84±15.42, Positive Symptom Distress Index (PSDI) 2.19±0.57. The results of the K Axis subscale for psychological functioning (PSY) was 54.00±4.97; all the remaining subscales scored 90 or more. Significant correlations between symptom scales and psychological functioning were (Spearman's Rho, α=.05): PSY vs. PSDI -0.526 (p=.002), PSY vs. PSYC -0.446 (p=.008), PSY vs. DEP -0.43 (p=.011), PSY vs. GSI -0.427 (p=.012), PSY vs. I-S -0.425 (p=.001).

Discussion: Scores on the self-rated symptomatic scales are inversely correlated with the clinician-attributed score of PSY, suggesting construct validity.

P0090

Comorbid symptoms as assessed by Hamilton anxiety scale in outpatients with generalized anxiety disorders (GAD)

J. Bobes [1], L. Caballero [2], M. Perez [3], I. Vilardaga [4], J. Rejas [5]. [1] *Department of Medicine, School of Medicine, University of Oviedo, Asturias, Spain* [2] *Department of Psychiatry, University Hospital ''Puerta de Hierro'', Madrid, Spain* [3] *Neurosciences Department, Medical Unit, Pfizer España, Alcobendas, Madrid, Spain* [4] *Biometric Department, European Biometric Institute, Barcelona, Spain* [5] *Health Outcomes Research Department, Medical Unit, Pfizer España, Alcobendas, Madrid, Spain*

Objective: analyse the presence of comorbid symtoms as assessed by Hamilton Anxiety scale in outpatients followed in Psychiatric clinics.

Methods: Multicentre, cross-sectional study enrolling subjects above 18 years-old with GAD according with ICD-10. Participants were chosen at ramdon by quotes and weighted geographically, but patients were enrolled consecutively. HAM-A and CGI-S were administered to determine clinical status and comorbid symptoms (scoring > 3 in HAM-A). QoL was assessed by SF-36 questionnaire.

Results: A total of 792 patients; 15.7% naives (GADn), 68.9% women, mean (SD) age of 40.0 (12.9) years were included. Symptoms of imsomnia were presented in 30.1% of subjects; 42.3% in GADn vs 27.8% on-treatment (GADt), p=0.001. Symptoms of cognitive function deterioration were showed in 21.1% (25.2% in GADn vs. 20.3% in GADt, p=0.220) and depressive symptoms in 15.5% (15.4% in GADn vs 15.5 in GADt, p=0.991). Moderate to excruciating pain was presented in 46.7% of subjects; 50.5% in GADn vs 46.1% in GADt, p=0.705. Overall, psychic and somatic anxiety symptoms scoring were higher in GADn than in GADt; 26.8 (7.3) vs 22.4 (9.6), p<0.0001, 14.2 (3.6) vs 12.0 (5.0), p<0.0001, and 12.6 (4.5) vs 10.4 (5.2), p<0.0001, respectively. No age or sex differences were found.

Conclusions: Pain, symptoms of depression and cognitive deterioration were comorbid conditions presented in a considerable proportion of GAD patients irrespective of time of evolution, age or sex. Frecuency of insomnia was also high, mainly in naïve patients. This study shows that more attention should be devoted to comorbid condition associated with GAD.

P0091

Demographics and impact of depression comorbidity on clinical and self-perceived health status in outpatients with generalized anxiety disorders (GAD)

L. Caballero [1], J. Bobes [2], M. Perez [3], I. Vilardaga [4], J. Rejas [5]. [1] *Department of Psychiatry, University Hospital ''Puerta de Hierro'', Madrid, Spain* [2] *Department of Medicine, School of Medicine, University of Oviedo, Asturias, Spain* [3] *Neurosciences Department, Medical Unit, Pfizer Spain, Alcobendas, Madrid, Spain* [4] *Biometric Department, European Biometric Institute, Barcelona, Spain* [5] *Health Outcomes Research Department, Medical Unit, Pfizer Spain, Alcobendas, Madrid, Spain*

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