

antidepressant selection would significantly relieve the work of practitioners.

## P041

Gender differences of teenagers suicidal behavior: Correlation with depression, personal peculiarities

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**Objective:** because of the increasing rates of suicides, especially among young people, suicidal behavior becomes more and more actual problem in many countries. Lithuania is known as a country where suicides rate is the highest in Europe.

The goal is to find out and compare gender differences in teenagers suicidal behavior relations with depression, personal peculiarities.

**Methods:** two groups of teenagers from 14 to 17 were researched: cases (who tried to commit a suicide, N=109) and control group (without suicidal anamnesis, N=218). Aiming to establish teenagers' diagnoses in cases group, clinical psychiatric research was performed, in accordance with ICD-10 classification of mental and behavioural disorders diagnostic reference requirements, diagnoses distribution was compared in relation to sex. Minnesota Multiphasic Personality Inventory (MMPI) was used to evaluate personalities in both groups, obtained profiles were compared among groups and sex.

**Results:** depression diagnosis (F32) was established only to 22,9% of teenagers, more cases were established among boys than girls ( $p < 0,001$ ). Adjustment disorders (F43) and disorders of conduct and emotions (F91-92) diagnoses were more frequent among girls ( $p < 0,001$ ). Cases group boys in MMPI profile more often than girls had greater scales of depression, psychastheny and anxiety, girls, relatively, had greater scales of hysteric, psychopathic and mania ( $p < 0,05$ ).

**Conclusions:** Depression is less frequent than adjustment disorders and disorders of conduct and emotions among the teenagers who tried to commit a suicide. The researched boys proved to be more inclined to depression and girls implemented more hysteria and psychopathic personality attributes.

## P042

Anhedonia in patients with depression

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**Background and aims:** Anhedonia is the inability to experience physical or social pleasure. It may either represent a personality trait predisposing to depression and psychosis, or a neuropsychiatric symptom of endogenomorphic depression and schizophrenia. Its physical component is hypothesised to be due to dysfunction of a dopaminergic frontotemporal-subcortical circuit.

**Methods:** The aim of the present study is to investigate presence and severity of anhedonia in patients with depression who attended a Community Mental Health Center (CMHC) in Thessaloniki (Greece). Seventy-six (76) patients were screened with Beck Depression Inventory (BDI). Total BDI score as well as the questions of BDI which refer to anhedonia were studied.

**Results:** The vast majority of the patients are women (88%), the mean age is  $34.11 \pm 8.75$  years, and the great percentage is married (43.4%), high educated (55.3%), with Personality Disorder on Axis-II (80%). The mean BDI score is  $27.42 \pm 6.18$ , and the BDI score for anhedonia is  $1.59 \pm 0.83$ . It is found that age and anhedonia are inversely related ( $r = -0.229$ ,  $p < 0.05$ ). Furthermore, sex, educational level, comorbidity on Axis-I and diagnosis on Axis-II does not seem to affect anhedonia score in depression.

**Conclusions:** Findings from this study suggest that anhedonia is an endogenous characteristic of depression, although it seems to be an inversely ratio between age and anhedonia. Future studies with larger groups of depressed patients are warranted to further investigate anhedonia as component of depression.

## P043

What are users views as regards the acceptability and usefulness of overcoming depression cdrom

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Computerised CBT (CCBT) offers a new way for Cognitive behaviour therapy to be offered. 19 people who had completed at least 2 sessions of the "Overcoming Depression" CBT-based CDROM were asked to participate in focus group discussions of their experience. They had all participated in a Randomised Control Trial of the effectiveness of Overcoming Depression CDROM for patients on a clinical psychology waiting list. If patients declined participation in a focus group they were offered an alternative of telephone or face to face interviews as a method of gathering this data.

A topic guide was devised after a search of the relevant literature and in conjunction with the researchers of the RCT. A grounded theory approach was utilised to modify the Topic Guide at each of the subsequent focus groups and interviews. All sessions were facilitated and recorded on a digital voice recorder and fully transcribed to aid thematic analysis.

Overall, 14 participants shared their views and experiences. Seven main themes have been identified: People generally liked the approach and found it helpful and useful whilst on a waiting list. Practical and technical suggestions for change were made. It was felt that the intervention would have helped at an earlier stage in illness. The package helped patients in skills acquisition. Other comments related to the role of the nurse as a support. Some participants have valued the anonymity provided by a CDROM based approach and felt it a useful adjunct to individual therapy.

## P044

Effect of ADHD and other comorbidity on the life quality of depressed children and adolescents

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**Background and aims:** According to the literature psychiatric illnesses decrease the quality of life (QL) of children and adolescents. There is no data, however, about the differential effect of psychiatric comorbidity on QL. We hypothesized that 1. any comorbidity would decrease the QL of depressed children and 2. attention deficit-hyperactivity disorder (ADHD) would have a more negative effect on the QL of depressed children than other illnesses.

**Methods:** The sample consisted of 483 children diagnosed with major depression (MDD) (247 boys, mean age: 11.88 years, sd: