

**Methods:** 102 patients with diagnosis of heart attack were assessed for depression during the second week following heart attack, after week 12, 24, 52 and 76. 76% patient were diagnosed as having depression according DSM-IV. For assessment of depression HAMD and MADRS were used and CGI, Zung Rating Scale for Depression, Beck Anxiety Inventory, laboratory and internal parameters, number of rehospitalizations and morbidity.

**Results:** In 76% patients with heart attack depressive symptoms were present (52% male). 37% male with comorbid depression / mostly not treated/ and acute heart attack died but only 13% male without depression. From 68% male without depression after heart attack nobody died.

**Conclusion:** We averaged more often occurring comorbid depression and heart attack in male /52 vs 46%/ and mortality in depressive male /mostly not treated/ is higher as in female. Number of rehospitalizations is higher in male /1.9x/ like in female /8x/ too in compare with controls.

## P018

A day treatment programme on mood disorders: One-year activity outcomes

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**Introduction:** Previous evidence has shown the efficacy of day treatment programmes and partial hospitalisation in moderate to severe mood disorders. Therefore, these treatments are considered as a valid alternative to full hospitalisation. The present study examines retrospectively the experience of our treatment programme in difficult patients with a Major Depressive Episode (MDE).

**Methods:** The treatment programme focuses on: reducing symptoms, developing new coping skills, improving relational ability and psycho-educational rehabilitation. The programme was carried out over 12 weeks. Multidimensional assessments were made throughout the treatment using clinical interviews and psychometric tests. Outcomes were evaluated considering remission, severity of residual symptoms, social and professional functioning. During 2006, 93 depressed patients who had previously not responded to conventional monotherapy (M/F = 36/57; Mean Age: 46.87 ± 15.00), have been treated.

**Results:** At the end of the programme a significant clinical improvement could be observed in most patients: 60,6% achieved full remission, while only 14,8% continued to present consistent residual symptoms. 70% of the patients took at least two drugs and also took part in a psycho-educational programme.

**Conclusion:** Our day treatment programme is intended to implement a model for a prompt management of difficult patients with moderate to severe MDE. Our findings concur with previous evidence in showing the efficiency of such integrated treatment programmes in patients with mood disorders. In our sample, a partial response has been dependent on social isolation, chronicity of the disorder and relevance of co-morbidities.

## P019

Effectiveness of a consultation-liaison psychiatry intervention in a coronary intensive care unit

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This randomized controlled trial, with a 6-month follow-up, assessed the effectiveness of a consultation-liaison psychiatry (CLP) intervention. A group of 129 consecutive patients admitted to a ICU with myocardial infarction or unstable angina was assessed during the first 48 hours of admission with the Hospital Anxiety and Depression Scale (HADS). Those with a score ≥8 on depression or anxiety (n=72) were randomly allocated to intervention (n=37) and usual care (n=35). The intervention included psychiatric evaluation, supportive psychotherapy, psychoeducation and psychotropic drugs. Anxiety and depression were reassessed before discharge, and at 45 days, 3 and 6 months. Other outcome variables were survival, number of readmissions and of sick leave days, and return to work. Data was analysed with Student's t-test and Chi-square. The intervention group had a significantly lower depression mean score at 6 months (5.8±4.1 vs. 7.9±4.3 in the control group, t=2.1, p=. 04), and a lower number of patients with a depression score ≥8 at 3 (11 vs. 18 controls, chi-square=4.4, p=. 04), and 6 months (12 vs.18 controls, chi-square=3.9, p=. 05). The number of patients with an anxiety score ≥8 was lower in the intervention group at 3 (15 vs. 23 controls, chi-square=6.6, p=. 01), but not at 6 months. The two groups did not differ in any of the other outcome variables. The results confirm the effectiveness of a CL intervention in the treatment of depression in acute coronary patients. The intervention had no impact on survival, coronary events, and return to work at 6 months

## P020

Temperament and character profile as risk factor of depression and anxiety syndromes induced by interferon and ribavirin treatment in chronic hepatitis c patients

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**Background:** The aim of this study was to examine the temperament and character profile as risk factors of interferon and ribavirin (IFN+RBV) induced psychopathology in chronic hepatitis C patients. According to the Cloninger's biosocial model (TCI), the temperament dimension harm avoidance (HA) is suggested to indicate central serotonergic turnover, which is further correlated with depressive/anxiety states.

**Methods:** 198 patients with chronic hepatitis C in treatment with IFN+RBV were evaluated at baseline and 4, 12 and 24 weeks of treatment. All subjects were assessed by the Patient Health Questionnaire (PHQ), the Hospital Scale of Anxiety and Depression (HADS) and the Temperament and Character Inventory-revised (TCI-R) questionnaire (at basal level).

**Results:** At baseline, 32 patients had a psychiatric syndrome (16.1%). During the first six months of IFN+RBV treatment the incidence of depression/anxiety syndromes was 37.9% (n=63/166). The personality factors associated (p<0.001, corrected) were: HA dimension; fatigability subscale (HA4), anticipatory worry subscale (HA1); self-directedness dimension (SD); congruent subscale (SD5); and; social acceptance subscale (C1). By logistic regression analysis the

independent variables that most predict the induced cases (PHQ+) (dependent variable) were: previous history of mood disorder ( $p < 0.001$ ;  $\text{Exp}(b) = 5.655$ ), and both HA4 ( $p < 0.001$ ;  $\text{Exp}(b) = 1.104$ ) and C1 ( $p < 0.001$ ;  $\text{Exp}(b) = 0.845$ ) subscales.

**Conclusion:** The assessment of personality traits (HA, C) and previous history of psychiatric disorders before start the IFN+RBV treatment in chronic hepatitis C patients might identify the patients at risk of induced depression/anxiety disorders during the treatment.

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## P021

Follow-up of brain-derived neurotrophic factor (BDNF) during a one-year antidepressant treatment.

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**Background and aims:** The brain-derived neurotrophic factor (BDNF) seems to be implicated in the neurobiology of depression. The aim of the study was to assess the relationship between the improvement of depressive symptoms during a one-year antidepressant treatment and serum and plasma BDNF levels.

**Methods:** Plasma and serum BDNF levels were assayed using the ELISA method, in 15 drug-free patients with major depression and in 15 healthy control subjects. Blood samples were collected at the baseline and the 2nd week, 1st, 3rd, 6th and 12th month of antidepressant treatment. Patients were naturalistically treated with selective serotonin reuptake inhibitors and tricyclic antidepressants at variable dosage.

**Results:** At baseline, the mean serum and plasma BDNF levels were significantly lower ( $p < .05$ ) than those found in the control subjects. However, from the 1st month of treatment, patient plasma BDNF levels did not differ significantly from the values reported in healthy control subjects ( $p = .079$ ). On the contrary, at each evaluation time, serum BDNF levels in patients were significantly lower than those of the control subjects.

**Conclusions:** Untreated depressed patients showed reduced baseline serum and plasma BDNF levels, as compared with control subjects. The normalization of plasma BDNF up to the values found in control subjects occurred after 1 month of antidepressant treatment. On the contrary, at every time assessment, patient's serum BDNF levels were lower than those of control subjects suggesting that serum BDNF might represent a non-specific trait marker of depression.

## P022

Stimulation of the subthalamic nucleus in parkinson's disease and mood disorders, one-year follow-up

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**Background and aims:** Several cases of transient acute depression or manic symptoms are reported in the literature after bilateral

subthalamic nucleus (STN) deep brain stimulation in patients with Parkinson's disease. Different hypothesis involve premorbid personality disorders, thymic past history or subthalamic nucleus.

**Methods:** We elaborate a one year prospective study to evaluate mood disorders frequency and physiological mechanisms of 20 Parkinsonian patients treated by bilateral STN stimulation. Evaluation consists of pre and post-operative psychiatric interview and scales assessing depression and mania.

**Results:** At the present time, 18 patients have been operated, 17 have finished the program. Mean age of patients: 63,1 years  $\pm$  7,3, with 5 women. No significant differences between men and women age, and duration of Parkinson disease ( $11,9 \pm 4,4$ ), were found ( $n = 18$ ).

One month before surgery, MADRS, Bech and Beck means ( $n = 18$ ) are respectively:  $7,2 \pm 4,2$ ;  $1,3 \pm 1,6$ ;  $6,4 \pm 3,5$ . At 3 months after surgery means ( $n = 18$ ) are:  $3,9 \pm 3,8$ ;  $1,1 \pm 1,6$ ;  $3,1 \pm 2,6$ . At 6 months after surgery means ( $n = 17$ ) are:  $6,7 \pm 4,8$ ;  $0,65 \pm 1,1$ ;  $3,80 \pm 2,6$ .

One patient, 70 years old, has presented a hypomanic-like episode post-operatively; one other patient, 68 years old, presented a major anxious-depressive episode one month post-operatively (DSM-IV criteria). One patient, 53 years old, presented a moderated anxious-depressive episode, 6 months after surgery.

**Conclusion:** Data are still on analysed, but these cases draw our attention to the effects of STN stimulation on mood and behavioural disorders.

## P023

Sexual dysfunctions in men with depressive disorders

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Objective of this investigation was distinguishing the totality of significant constitutional-biological factors for identification of the prognosis, course and development of methods of treatment of comorbid depressive and sexual disorders.

In clinics of Mental Health Research Institute 40 men with comorbid depressive and sexual disorders aged 25-55 years have been examined. Examination was conducted with psychopathological method, method of structural analysis of sexological disorders, statistic method. Three typological variants of depression have been distinguished: "vital depression", characterized by anguish and apathy (25%), "reactive depression", characterized by relevant psychogenic experiences (30%), "depression of exhaustion", characterized by asthenic, psychosomatic manifestations (45%).

In mild (HDRS – 10 scores; 50%) and moderate (HDRS – 16 scores; 30%) depressive disorders sexual dysfunctions may be regarded as a general clinical radical in depressions in men and their prevalence rate constituted up to 80%.

They manifested themselves in decrease of libido (80%), erectile dysfunctions (58%), ejaculatory (26%) and orgasmic disturbances (10%).

In severe depressive states (HDRS – 25 scores; 20% of patients) sexological disturbances fade into the background, sexual life becomes irrelevant.

After restoration of mental state in depressive patients, sexual disturbances often remain. In this association program of treatment and rehabilitation of patients with comorbid depressive and sexual disorders with use of preparation LEVITRA (vardenafil) allowing realization of principle of complex biopsychosocial model.