practice implementation over a three month course is illustrated with case series data in the context of an open-access, first-line addiction centre in the suburban Paris region.

Results: In as few as seven weeks, dramatic therapeutic improvements come forward. All polydrug patients referred due to long-term treatment refusal, are found to comply with the structured scientist-practitioner model approach. Multidisciplinary practitioner-observed benefits include increased or first-time therapy adherence and drug treatment compliance. Patient self-reported benefits moreover include increased addiction insight and mastery, along with enhanced cognitive-emotional regulation to gain control over addictive craving versus pleasure-seeking behaviours.

Conclusions: Applying an integrative model that focuses on the cognitive–emotional dynamics at hand in the addictive course with the polydrug using patient, and rigorously implementing related assessment and therapeutic methods manifestly bears immediate and middle-term benefits. Evaluation of longer term benefits is recommended, along with larger scale quantitative outcome analyses. Further research and practice implications are discussed to this respect.

P0179

Association between diabetes and depression

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Depression is common among diabetics and it has indeed been suggested that one possibility for pharmacological treatment of insulin resistance is the use of antidepressive agents.

The aim of the present study was to determine the rate of depression in patients with diabetes and its characteristic.

We have 187 patients valued by a heteroquestionnaire , the mini-DSM IV diagnosis depression and dysthimia scale and the Hamilton depression scale. We also examined the relationship of depression and type of diabetes and the socios demographic characteristic.

The middle age of patients is of 53.06+14.11 years with a feminine predominance (71.1%). 67.9% of patients were married and the majority (75.4%) without profession.

The majority (85.6%) have type 2 diabetes, only 27 patients (50.49%) haven't treatment for diabetes, 36.9% have insulin and 52.9% have oral antidabetiqueses. 43.3% had the degenerative complications of the diabetes. Major Depression was diagnosed at 41.2% patients, the dysthymia at 27.8 % patients. Severe depression has been noted at 5.3% of patients, and 22.5% had a moderate depression.

Our main finding is that depression in people with diabetes was frequent , from where the necessity of a hold in charge multidisciplinary .

P0180

The plasma IL-18, MIP-1α, MCP-1, SDF-1 and rantes in patients with major depression

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Background and Aims: To investigate the plasma levels of IL-18, MIP-1α, MCP-1, SDF-1 and RANTES in major depression before and after treatment.

Method: Twenty healthy volunteers and 40 patients with major depressive disorder (MDD) were involved in the current study. Depressed subjects had moderate or major depression according to the DSM-IV criteria. The HAMD scale was used to measure the efficacy after the 8-week treatment with fluoxetine hydrochloride. All subjects gave their written informed consents and were recruited from outpatients and inpatients of Sir Run Run Shaw Hospital between October 2004 and November 2005.The plasma levels of IL-18, MIP-1α, MCP-1, SDF-1 and RANTES in major depression were measured by ELISA before and after fluoxetine treatment.

Results: HAMD score were significantly decreased after the treatment ($P<0.001$), there were seven cases score of after treatment <7,. At the time of admission, the plasma levels of IL-18, MCP-1, MIP-1α, SDF-1 and RANTES were significantly higher in the MDD than those in the healthy controls ($P<0.001$). In MDD, the cytokine values were significantly decreased after the treatment, including IL-18 ($P=0.005$), MCP-1 ($P=0.001$), MIP-1α ($P<0.001$, SDF-1 ($P=0.004$) and RANTES ($P<0.001$), but still significantly higher than those in the healthy controls ($P<0.001$).

Conclusions: These findings suggest that major depression is accompanied by the immune activation, and the antidepressant treatments have anti-inflammatory effects. The remaining depression symptom after treatment may be related to the higher level of cytokines.

P0181

Corelation between chronic pain and depression in general pathology: An observational study

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Pain, especially chronic pain, is an emotional condition as well as a physical sensation. It is a complex experience that affects thought, mood, and behavior and can lead to isolation, immobility, and drug dependence.

Pain is depressing, and depression causes and intensifies pain. People with chronic pain have three times the average risk of developing psychiatric symptoms — usually mood or anxiety disorders — and depressed patients have three times the average risk of developing chronic pain.

The distinct and complex character of any somatic disorder reveals the importance of social and cultural influences and that of the psychological and behavioral dimensions of pain.

The objective of the first study is to prove the high frequency of a depressive syndrome on a significant group of patients with general medical conditions. The second study attempts to prove the efficiency of antidepressive medication (SSRI like) in reducing the pain related symptoms using the Hamilton Depression Evaluation Scale on a significant group of patients from the ''Socola'' Hospital in Iasi.

The findings of the two studies have a common point: the urge to include in the assessment and management protocols of any somatic disorders, pain and depression diagnostic and treatment elements, due to their algorithmic relationship.

The antidepressive therapy proves its efficiency in the pain syndrome due to the analgesic properties which are not related to the timoanaleptic effect.

P0182

Women and depression

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Objectives: This study presents the psychometric characteristics of the Centre for Epidemiological Studies Depression Scale (C.E.S.-D) in a sample of Portuguese young women analysing the severity.

Methods: The sample was randomly selected using stratification by age. 177 young women with mean age of 20 participated in the study. The outcome variables included the C.E.S.-D and specific sub-scales. Internal consistency and factor analysis were conducted, as well as correlations.

Results: Cronbach's alpha and factor analysis show a very similar pattern of psychometric characteristics found in the original study.

Conclusion: The implications of the results for both theory and practice were discussed. Future research topics were discussed in terms of the development of new depression evaluation instruments for women.

P0183

Clinical diagnoses and behavioural symptoms of Hungarian adolescent outpatients suffering from self-injurious behaviour

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Background and Aims: Deliberate self-harm is an increasing problem (6-7% prevalence rate) in teenagers.The aims of the study was to present diagnoses of Hungarian self-injurious adolescents and to identify features of SIB.

Sample. 48 female adolescent outpatients collected from a total of 396 new outpatients recently referred and treated in 4 Child Psychiatric centres of Western-Hungary over a one-year admission period.

Assessment methods.a) Hungarian pilot version of the Ottawa Self-injury Inventory for adolescents (OSI), b) M.I.N.I. Plus diagnostic clinical interview,Hungarian standard version.

Results: The leading diagnoses were major depression, one from the anxiety syndromes (social phobia or GAD) and the third leading diagnosis was suicidal behavior.83 and 64 % reported comorbid suicidal behaviour. The more frequent type is that of self-cutters, the regions affected best are upper and low-arm, hand, thigh, legs. The preferred methods are cutting, scarifying, wound-making and burning of a body region.40% of SIB patients shares no information (even with her closest friend) about her self-destructive impulses.Motivations are: crisis in romantic relationship, academic or social failure and feeling of denial.The task the girls aim at are to appease her rage, depression, irritable mood and feelings of hurt.40% continues the risk behavior although she is highly conscious of the disadvantageous consequences.

Conclusions: The majority of SIB adolescents suffer from an episode of MD often in comorbidity with anxiety disorder or with suicidal behavior.SIB has not only an impulsive but an incubated form too.Few SIB patients utilize substitute activities to divert herself from self-destructions and only half is motivated to change.

P0184

Premenstrual dysphoric disorder and major depressive disorder

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A number of mood, behavioural, and somatic symptoms are reported by woman during the late luteal phase of the menstrual cycle. A subset of symptoms comprises premenstrual dysphoric disorder, which is found in the DSM-IV.

The objective of the present paper was to assess associations between predmenstrual dysphoric disorder and development of major depressive disorder, as well as to define the possible correlation between clinical course and duration of PMDD and development of MDD.

We surveyed 40 out-treated women, with mean age of 35,6 years. 35 of them had positive family history for premenstrual dysphoric disorder, and 21 of them had positive family history for major depressive disorder. All of the female patients were followed during period of one year. They fullfilles criteria for Premenstrual dysphoric disorder according to the DSM-IV criteria. They were treated with fluoxetine or sertaline during the luteal phase of the menstrual cycle. During one year period 27 of these women developed major depressive episode. They fullfiled the DSM-IV criteria for MDD. These female out treated patiens were also rated with HAMD rating scale.The authors also observed correlation between the duration of PMDD in the number of days in the lutheal phase with the development of MDD.

We can conclude that there may be correlation between the PMDD and MDD in the way that PMDD can be predisposing factor for development of MDD.Possibility of some same etiological factors in the development of PMDD and MDD could be one of the explanations for these results.

P0185

Treatment effects of Venlafaxine on work activity compared to SSRIs in the treatment of MDD according to baseline severity

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Objectives: In this meta-analysis we compared the effects of venlafaxine and SSRIs on work activity in MDD patients classified according to baseline severity

Methods: Data from the work and activity item 7 of the HAMD17 of 31 pooled studies comparing venlafaxine with SSRIs were used. Subjects were divided into two groups based on their baseline HAMD17 total score $\geq 30/< 30$.Score distributions and the proportions of patients achieving full work functionality were summarized for both LOCF and Completers at week 8. Fisher's exact test was used to compare the treatment effects..

Results: 5836 patients with a baseline HAMD17 <30 were identified. The OR for all subjects achieving full work functionality is