

of information for the pathway of detecting the genetics of antidepressant response even if results must be verified on larger samples.

P0209

Comparison of rural and urban SOCIAL environment for development of depression among pregnant women in Sindh, Pakistan

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Background and Aims: Social environment is closely related to Mental health. We examined the role of various social relations and conditions variables in the determination of depression among urban and rural pregnant women in Pakistan.

Methods: Both qualitative and quantitative method was employed. 292 pregnant women in urban and 375 pregnant women in rural areas of the province of Sindh Pakistan were included in the study. Social condition variables included socioeconomic status, illness and work related concerns, environmental issues and social problems. Social relations included relations with husband, in-laws, children and parents family. These were given scores when it applied to a situation of the women. Simultaneously, hassles related to pregnancy were also inquired from each woman. Concurrently, in a blind set-up, translated and validated Center for Epidemiological Scale for Depression (CES-D) was administered. In multivariate regression linear analysis, scores of social relations and social condition variables were related with the scores of CES-D scores.

Results: Social context vary in urban and rural areas. There is high prevalence of depression among pregnant women in urban (39%) and rural (64%) areas of Pakistan. Social relations are more important in determining depression in urban areas, while social conditions have stronger association with depression in rural areas of Pakistan.

Conclusions: Social environment has major contribution for the development of depression among pregnant women (52% variance in Urban and 40% variance in rural areas). Social environmental variables vary with the social context and its importance varies for the women of urban and rural areas.

P0210

Relation between job stress and migraine, chronic fatigue syndrome, anxiety & depression in Ahwazian nurses with considering hardiness as a mediator

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Background: Few studies have examined people with comorbid schizophrenia-spectrum personality disorder and antisocial personality disorder, a subgroup who may differ psychophysiological and behaviourally from those with either condition alone.

Aims: Purpose of this study is investigating the relation between job stress and its sequels with hardiness as a mediator. In this study, nursing stress and its subscales (death and dying; conflict with physicians, peers, supervisors, patients and their families; workload ;inadequate preparation ;uncertainty concerning treatment and discrimination) were considered as prediction variables and migraine, chronic fatigue syndrome, anxiety and depression were considered

as target variables. The mediate variable in this study was psychological hardiness.

Method: Research sample included 400 nurses that worked in different hospitals in Ahwaz. These samples were selected with stratified random sampling method.

Data analysis was carried by inferential statistical methods. Pearson correlation factor was used in simple correlation data section, and linear regression was used firstly in mediator theories data and then Sobel statistic formula was used for diagnosis statistical significance of mediator effect on relation between prediction and target variables.

Results: THE relation between nursing stress (independent variable) and its subscales with dependent variables had statistical significance. Differ with death; conflict with physicians; inadequate preparation and discrimination are variables that hardiness still can not eliminate or reduce their statistical significance effect on somatic, psychosomatic and psychological problems that consequent to stress.

Key words: Job stress; psychological hardiness; migraine ; chronic fatigue syndrome; Anxiety ; depression; nurses.

P0211

Increased alcohol sensitivity to stress in mice lacking a functional natriuretic peptide-A receptor

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Background: Recent results suggest that the endocrine system can affect as well as modulate ethanol drinking behavior. In mice and humans a correlation has been found between ANP plasma concentration and craving, anxiety as well as the severity of the withdrawal symptoms. To further elucidate the involvement of the natriuretic peptide system in neurobehavioral effects of alcohol, we examined ethanol drinking behavior in mice lacking a functional natriuretic peptide-A (NPR-A) receptor.

Methods: NPR-A heterozygote, -knockout and wild-type mice were given a free choice between water and increasing concentrations of ethanol. Once a stable baseline of 16% ethanol consumption was established, access to ethanol was withdrawn for 2 weeks and then reinstated to measure the alcohol deprivation effect (ADE). A forced swim stress was performed thereafter on 3 consecutive days.

Results: Data analysis revealed a higher ethanol preference and voluntary ethanol intake in NPR-A-transgenic mice. Throughout the experiments the ethanol intake was highest in heterozygote animals. Stress-induced drinking led to an immediate increase in ethanol consumption in the homozygote subgroup. Deprivation from alcohol resulted in a classical ADE in wild-type and heterozygote animals. The homozygote mice do not show an increase in alcohol intake during the ADE.

Conclusions: We demonstrated that the NPR-A receptor gene is involved in free choice ethanol consumption, preference and ethanol consumption following stress. Mice lacking a functional NPR-A receptor represent a useful animal model to address the question of whether a dysfunctional natriuretic peptide receptor system influences longterm alcohol self-administration and stress induced alcohol drinking.

P0212

Psychiatric bridges- finding a linkage between fibromyalgia and the premenstrual syndrome

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Background: Fibromyalgia syndrome (FMS) is associated with depressive disorders.

Aim: to investigate characteristics of FMS in a cohort of young women with premenstrual syndrome (PMS).

Methods: 30 young patients with PMS were included and compared with 26 women who attended a gynecological outpatient clinic. Assessment included demographics, clinical health assessment questionnaire (CLINHAQ), fibromyalgia impact questionnaire (FIQ), sleep and fatigue questionnaires, Sheehan disability scales, SF-36 assessment for QoL, visual analogue scale (VAS) and MINI questionnaires were completed. Each patient underwent a physical examination.

Results: The FIQ score of the PMS group was 33.09 ± 18.48 vs. 8.6 ± 12.62 ($p < 0.001$). The global pain scale was 3.92 ± 2.96 vs. 1.29 ± 2.2 ($p < 0.005$). A sleep questionnaire scored in the PMS group compared to 12.6 ± 7.8 vs. 7.46 ± 5.3 ($p < 0.01$) in the controls. The tenderness was measured by the number of tender point as defined in the ACR criteria of the FMS 3.13 ± 4.36 v. 0.46 ± 1.1 in the PMS groups compared to the controls ($p < 0.005$), five PMS patients and none in the controls had clinical established FMS. Psychiatric comorbidity was significantly more common in the PMS group affecting 16 of the 30 PMS patients compared to only 3 of the 26 controls ($\chi^2(1) = 10.85$) ($p < 0.005$).

Conclusion: In this study group of patients PMS we detected higher levels of tenderness, higher psychiatric comorbidity, higher disabilities and lower QoL. All of these correlated with have a lower pain threshold.

P0213

Fibromyalgia among major depression disorder females compared to males

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Background: Fibromyalgia syndrome (FMS) is characterized by widespread pain and diffuse tenderness. FMS is more prevalent in females rather than males, and among patients with major depression disorder (MDD).

Aim: to obtain better conception of linkage between depression, gender and FMS.

Methods: 42 male and 42 age matched females, and age matched male and female healthy controls were evaluated for coexisting FMS. Each patient completed a questionnaire characterizing sleep quality, Sheehan Disability Scale (SDS) and SF-36 scale, Hamilton Depression rating scales (HDRS) and the CGI-S.

Results: Disease parameters were worse for men as compared to women;

CGI-S: 5.4 ± 1 , vs. 4.0 ± 1 ($t = 6.634$, $p < 0.001$), HDRS: 23.9 ± 6 vs. 20.8 ± 6 ($t = 2.304$, $p = 0.024$), respectively. Yet, FMS was more prevalent among depressed females. The SF-36, SDS and sleep quality scores were similar between males and females. A one way analysis of variance with gender and MDD revealed that both gender and disease were found to be significant contributing factors for the number of tender points ($F = 21.131$, $p < .0001$; $F = 65.232$, $p < .0001$, respectively). A one way analysis of covariance for tender points with CGI-S and HDRS as covariates revealed that gender was a significant factor regardless of depression severity. CGI-S and Hamilton scores correlated with tender points count in females but not in males.

Conclusion: Female gender is a risk factor for FMS in depressed population. Depression is associated with FMS among women but not among men. Among females, depression severity is significantly correlated to FMS severity. FMS is correlated to sleep quality and to QoL among depressed patients.

P0214

Urgent questions of treatment of patient with organ somatization and somatoform disorders

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Object: The frequency of organ somatization in multimodal network

Materials: The results of clinical and epidemiological study of 2181 patients (average age- 54 ± 0.8)

Methods: List of clinical and anamnestic behavior sign of adaptive form of disease of patients with comorbidity

Standard scales for evaluation of anxiety and depression.

Results: Patients with somatoform pain had more complicated pharmacological treatment, complex diagnostic procedures, sometimes surgical interventions, and they more often had analgesic dependence 5,8 ($P < 0,05$).

Patient with idiopathic pain (response to antidepressant therapy 4,2 ($P < 0,05$) and cognitive therapy 2,8($P < 0,05$)) and organ somatizations (analgesic dependence 3,5 ($P < 0,05$), effect of antidepressant therapy 4,3 ($P < 0,05$) response to cognitive therapy 3,4($P < 0,05$)) almost never had an idea about the mental nature of agonizing somatic sensations, seldom collaborated with psychiatrists. The choice of group of antidepressants is preferable and is formed with the specter of secondary effects and the individual characteristics.

Conclusion: Nowadays there is no coordinated medical viewpoint of treatment of patients with clinical somatic symptoms.

As rule, recommendations for treatment of somatoform disorder are preliminary and have not correct psychopharmacologic studies.

Cloth and truthful contact between physician and psychiatrist particularly important in this case.

Prolongation of this problem studying will lead to creating of correct therapeutic recommendations for medicine treatment of patients with somatoform disorders in comorbid conditions.

P0215

The effectiveness of psychoanalysis and long- and short-term psychotherapy on psychiatric symptoms during a 5-year follow-up; A quasi-experimental study

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