1.22 (95%CI 1.08, 1.36), p<0.001 for LOCF and 1.19 (95%CI 1.04, 1.38), p=0.015 for completers. The OR for subjects with work impairment at baseline is 1.17 (95%CI 1.02, 1.35), p=0.029 for LOCF and 1.13 (95%CI 0.95, 1.35), p=0.18 for completers. 656 patients with a baseline HAMD17 >30 were identified. The OR for all subjects achieving full work functionality is 1.80 (95%CI 1.24, 2.63), p=0.002 for LOCF and 1.64 (95%CI 1.05, 2.58), p=0.032 for completers. The OR for subjects with work impairment at baseline is 1.93 (95%CI 1.30, 2.87), p=0.001 for LOCF and 1.81 (95%CI 1.12, 2.92), p=0.017 for completers.

Conclusion: This analysis demonstrates that venlafaxine is superior to SSRIs in improving work functionality in both mild/moderate and even more pronounced in severe depression. These results emphasize the impact of the treatment with venlafaxine on patients returning to normal social life.

P0186

Personality and coping styles contribution to physical co-morbidity in unipolar depression

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Objective: Increased physical co-morbidity in depressive individuals is a clinical reality often confronted by clinical practician. Frequently, there are no evidence for a linear connection between severity symptoms of depression and the physical co-morbidity levels. Despite this, the causality of high physical co-morbidity remains an important challenge that continues to concern researchers and clinicians.

Material and Method: We performed a cross-over study, on 45 subjects admitted in our Clinic for unipolar depression. After, collecting socio-demographic and clinical data, we administered COPE scale (Coping Orientations to Problem Experience) to identify he profile of coping styles and Karolinska Scales of Personality for a dimensional assessment of personality traits. All data were statistical analyzed.

Results: In our sample we found highly statistical prevalences for physical disease, especially for cardiovascular disease, comparatively with prevalence data coming from National Health System. The cardiovascular disease was correlated with impulsiveness (p=0,056) and aggressiveness (p=0,202) Karolinska scales, but the scores remains as trends that possibly became statistical significant in larger samples. Also, regarding coping styles, those having cardiovascular disease showed statistical significant high levels of acceptance (p=0,034) and psychoactive substance (p=0,038) use in COPE scales.

Conclusion: We consider that personality and coping styles aspects could explain the high clinical association of unipolar depression with physical disease, in general, and with cardiovascular co-morbidity especially rather than clinical and demographical data. We must take into account this results in our therapeutically approach, giving the sense for psychotherapeutically efforts in this cases.

P0187

Clinical relevance of changes in the Montgomery-Asberg depression rating scale using the minimum clinically important difference approach

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Background & Aims: To identify the minimal clinically important difference (MCID) for the Montgomery-Asberg Depression Rating Scale (MADRS) in randomised studies of depression, and to cross-validate the estimated MCID.

Methods: Placebo-treated patients from three similarly-designed, 8-week, double-blind, randomised depression trials with a stable health status between baseline and Week 1 ('no change' rating on the Clinical Global Impression-Improvement scale) were eligible. To calculate the MCID using the distribution-based approach, the standard deviation was estimated using baseline MADRS data while the reliability parameter was measured as the Intraclass Correlation Coefficient (ICC) between baseline and Week 1. For cross-validation, patients from an observational study were matched to identify the 'MCID change' (MADRS change from baseline to endpoint score plus the estimated MCID) and 'control' groups. Comparisons of clinical and health-related quality of life (HRQoL) measures were performed.

Results: In total, 177 placebo-treated patients were identified. MCID estimates for MADRS ranged from 1.6 to 1.9. A total of 105 matched pairs were identified for the cross-validation analyses. Mean change from baseline in MADRS scores (10.6 +/- 8.5 vs. 12.5 +/- 7.9, p=0.038) and remission rates (71.6% vs. 57.1%, p<0.05) significantly differed between the 'MCID change' and 'control' groups at endpoint. Numerically higher response rates and greater improvements in HRQoL scores in the 'MCID change' group were also found.

Conclusions: These preliminary findings support the value of the estimated MCID for the MADRS and may aid decision makers in evaluating antidepressant treatment effects and improving long-term patient outcomes.

P0188

Neuroendocrine response to traumatic dissociation in patients with unipolar depression

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Background and Aims: Dissociation is traditionally attributed to trauma and other psychological stress that are linked to dissociated traumatic memories. Although recent studies regarding the neuroendocrinology of traumatic dissociation are rare, they suggest possible dysregulation of the hypothalamus-pituitary-adrenal (HPA) axis. The aim of the present study is to perform examination of HPA axis functioning indexed by basal prolactin and cortisol and test their relationship to psychic and somatoform dissociative symptoms.

Method: In clinical and laboratory study of 35 consecutive inpatients with diagnosis of unipolar depression (mean age 42.71, SD=12.21) assessment of psychic and somatoform dissociation (DES, SDQ-20), depressive symptoms (BDI-II) and basal serum prolactin and cortisol was performed.

Result: Data show that prolactin and cortisol as indices of HPA axis functioning manifest significant relationship to dissociative symptoms. Main results represent highly significant correlations between psychic dissociative symptoms (DES) and serum prolactin (r=0.55, p<0.01), and relationship between somatoform dissociation (SDQ-20) and serum cortisol (r=-0.38, p<0.01).

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Conclusion: These results indicate relationship between HPA-axis reactivity and psychosocial stress as a function of dissociative symptoms in unipolar depressive patients that could reflect passive coping behavior and disengagement.

P0189

Risk factors and associated features of childhood-, teenage-, and adult- onset depression

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Background and Aims: Emerging research highlights the importance of the timing of the onset of a depressive episode. This study examines the risk factors and psychiatric features of participants who experienced their first major depressive episode as children, teenagers or adults. This study is unique in that it emphasises the importance of examining onset of an episode during critical developmental periods.

Method: Participants were 372 depressed outpatients who were either treated with psychotherapy (IPT or CBT) or medication as part of two separate randomised clinical trials. Participants completed a number of assessment measures including clinician ratings of DSM diagnoses. Personality was also assessed using Cloninger's (e.g., 1994) Temperament and Character Inventory.

Results: Participants with childhood onset and teenage-onset depression had a higher number of co-morbid diagnoses and more DSM III/IV personality disorder diagnoses than those with adult-onset depression. Specifically, more participants with childhood or teenage onset depression had diagnoses of avoidant and borderline personality disorder. Women who had childhood onset depression were over three times more likely to have attempted suicide compared to other participants. Participants with childhood onset depression were also more likely to report being threatened with abuse, have experienced psychological abuse and reported more abuse incidents. Age of onset was also associated with a number of differences in temperament and character.

Conclusion: This research emphasises the significance of understanding the age of onset of a depressive episode. Depressive episodes that begin in childhood/adolescence are associated with higher co-morbidity and greater personality dysfunction.

P0190

Mental unhealth among young adults in primary health care

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During the last 15 years mental unhealth has steadily increased in Sweden.The largest increase has occurred among young women aged 16 – 34 years. The principal aim with the study was to describe the self-estimated mental health of primary health care in patients aged 22 – 33 years in the county of Östergötland in 2006. More specifically, the aim also was the patientś opinion about the treatment and the patients who was included consulted a primary health care centre 2002, with one of the following diagnoses: Depression, Anxiety, Stress or Crisis Reaction according to International Classification of Diseases and Related Health Problems (ICD-10).

The questionnaire was answered by 224 persons, 173 females and 51 males.The results showed that young women aged 22-27 years more often than others reported a poor common health, sleep disturbances, stress, a poor mental health (MHI-5) and more symptoms of depression and anxiety (HADS). A large number of those previously having consulted primary care for mental unhealth had recurrent ailments and again considered themselves to be in need for care. The results also suggest that patients with mental unhealth experinces shortcomings in respect of follow-up of treatment and in the way they were met. The patients also wanted more conversational therapy.

Self-rating scales may be a useful tool in identifying and diagnosing mental unhealth and lead to a better care of patients because they can be used both to assess and evaluate mental health..

Keywords: young adults, primary health care, depression, anxiety, HADS, MHI-5

P0191

Implementation of clinical guidelines in psychiatry. A two-year follow up study

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Objective: The gap between evidence-based clinical guidelines and their use in medical settings is well recognised. There is a need for studies on the implementation of clinical guidelines in psychiatric care and there is specifically a lack of studies of long-term effects.

The aim of this study was to measure the compliance to clinical guidelines for depression and suicide attempters 6, 12- and 24 months after implementation.

Methods: Clinical guidelines for depression and suicidal patients were implemented at two multidisciplinary psychiatric outpatients clinics and two psychiatric emergency clinics. At two control units the clinical guidelines were only administered.

2 165 records from patients with an ICD-10 or DSM-IV diagnose of depression and persons appraising the clinics after a suicide attempt were included. Compliance to the guidelines was studied using documentation of quality indicators.

Result: The presences of the quality indicators in the patient records improved from baseline in the four clinics where an active implementation was done, whereas there were no changes, or a decline, in the control clinics. The increase was recorded at 6 months and persisted over 12 and 24 months.

Conclusion: After implementation there was a significant increase in the documentation of the suggested quality indicators 6, 12 and 24 months after implementing clinical guidelines. These results demonstrate that quality indicators can be used as measures of sustainable compliance to clinical guidelines.

P0192

The outcome of treatment with antidepressants in patients with hypertension and unrecognised depression

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