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The purpose of this observational study was an assessment of the incidence and types of serious psychiatric adverse events (SPAE) associated with the interferon-α (IFN-α) plus ribavirin (RV) therapy in chronic hepatitis C (CHC) patients with compensated liver function and without psychotic or bipolar disorder, without substance abuse or an organic brain disorder at the enrollment. Method. SPAE were defined as psychiatric consequences of IFN-α+RV therapy that resulted in discontinuation of the therapy, psychiatric hospitalisation or initiation of chronic psychiatric disorders. Results. A group of 273 patients (144 males and 129 females aged 18-69 years, mean 41) was prospectively observed. Psychiatric assessment prior to the therapy was done in 240 patients (88%). Recombinant IFN-α was used in 89 patients and 184 were treated with pegylated IFN-α. Overall SPAE were present in ten patients (3,7% of the sample). Eight of them received recombinant IFN-α (Fisher's exact test: p<0,01). One suicidal attempt and two cases of psychotic disorders occurred. Mixed states prevailed among serious affective disorders induced with the IFN-α+RV therapy. Premature cessation of the therapy due to SPAE occurred significantly more often in patients treated with recombinant IFN-α than in those treated with pegylated IFN-α (four vs none; Fisher's exact test: p=0,01). Conclusions. SPAE in CHC patients on the IFN-α+RV therapy arise rarely. However, potentially severe psychiatric consequences of the treatment in some patients point to necessity of psychiatric monitoring during the therapy. Treatment with pegylated IFN-α may be associated with less SPAE than treatment with recombinant IFN-α in CHC patients.

P0226

Does baseline anxiety affect outcome of SSRI treatment in patients with severe depression?

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Background: To investigate if treatment outcome for severely depressed patients depends on their baseline level of anxiety.

Methods: Patients with a primary diagnosis of MDD with co-morbid anxiety (HAM-A at least 20) were randomised to 24 weeks of double-blind treatment with fixed doses of escitalopram (20 mg) (n=141) or paroxetine (40 mg) (n=139). Post-hoc analyses of efficacy were based on analysis of covariance (ANCOVA) of change from baseline to endpoint (last observation carried forward, LOCF).

Results: At Week 24, the mean change from baseline in MADRS total scores was 24.1 for escitalopram-treated patients and -21.4 for paroxetine-treated patients (mean difference 2.6, p<0.05). The mean change from baseline in HAM-A total score was 17.4 for escitalopram-treated patients and -15.1 for paroxetine-treated patients at Week 24 (p<0.05). The proportion of remitters (MADRS<=12 and HAM-A<=7) after 24 weeks of treatment was 58.2% (82 out of 141 patients) in the escitalopram group and 44.6% (62 out of 139 patients) in the paroxetine group (p<0.01). Significantly more patients (p<0.01) withdrew from the paroxetine group (31%) than from the escitalopram group (17%). The main AEs leading to withdrawal were nausea (escitalopram versus paroxetine: 1 versus 4), insomnia (2 versus 2), and hyperhidrosis (1 versus 2). There were no statistically significant differences in the incidence of individual adverse events between treatments.

Conclusion: Patients with severe depression together with comorbid anxiety symptoms responded statistically significantly better to treatment with escitalopram 20 mg compared with paroxetine 40 mg, regardless of the severity of anxiety symptoms at baseline.

P0227

Adult ADHD: Psychometric properties of the Wender Utah rating scale

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Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD) is present at adulthood with a prevalence estimated around 4% in the general population regardless of culture and language. The Wender Utah Rating Scale (WURS) is a 61-item questionnaire aimed at assessing ADD/ADHD symptoms while the subject was a child. Such information is needed in the diagnostic process since ADD/ADHD is a neuro-developmental disorder which starts before age 7. Following WHO's guidelines the WURS was translated into French and back-translated into English. 350 subjects filled out the WURS (students in Paris and parents of a child diagnosed with ADD/ADHD in Nice). Its psychometric properties are presented.

Keywords: Impulsivity; Hyperactivity; Inattention; ADHD; Rating Scale; Factor Analysis

P0228

Dickman impulsivity inventory's properties in a sample of adolescent inpatients

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Impulsivity can be measured by self-administered questionnaires, e.g. Barratt's BIS-11 and Eysenck's IVE-7. Impulsive behaviors can be observed from children to elders and adolescents classically show a higher level of impulsivity. Nevertheless, scales have been developed for adults not adolescents or children. We present here a psychometrical analysis of the properties and structure of Dickman's Impulsivity Inventory in a sample of 200 adolescents hospitalized in a paediatric unit chiefly after a suicide attempt. Two factors are expected (Functional Impulsivity and Dysfunctional Impulsivity) although we have reported elsewhere that a third factor, named Cognitive Impulsivity following Barratt's conceptualisation of impulsivity, could be reliably extracted regardless of item format (i.e. dichotomic vs. polytomic).

Keywords: Impulsivity; Rating Scale; Factor Analysis.

P0229

Adult ADHD: Translation and factor analysis of the ASRS-1.1

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