

The Helsinki Psychotherapy Study (HPTP) showed that short-term or long-term psychotherapy are insufficient treatments for part of the patients with depressive or anxiety disorder. Psychoanalysis might help such patients, but the empirical evidence is scarce. This quasi-experimental study compares the effectiveness of two short-term psychotherapies and one long-term psychotherapy with that of psychoanalysis in the treatment of depressive and anxiety disorders. A total of 326 psychiatric outpatients from the Helsinki area, with depressive or anxiety disorder, were randomly assigned to solution-focused therapy or to short-term or long-term psychodynamic psychotherapy. Furthermore, 41 patients suitable for psychoanalysis were included. The patients were followed for 5 years from start of therapy. Primary outcome measures were depressive symptoms, measured by the self-report Beck Depression Inventory (BDI) and the observer-related Hamilton Depression Rating Scale (HDRS), and anxiety symptoms measured by the self-report Symptom Check List, Anxiety scale (SCL-90-Anx) and the observer-related Hamilton Anxiety Rating Scale (HARS). The statistical analyses were based on an 'Intention-to-treat' –design. A significant reduction of symptoms was noted in all treatment groups during the follow-up. Recovery was fastest in both short-term therapy groups and slowest in the psychoanalysis group. After 5 years of follow-up, however, psychoanalysis was the most effective. About 82% of the patients receiving psychoanalysis recovered from their symptoms (BDI < 10), whereas the corresponding proportion for the other groups varied from 48–67%. In the long run psychoanalysis might be more effective than long-term or short-term therapies. The results are, however, preliminary and no firm conclusions can be drawn.

P0216

Age and gender analysis of baseline depressive symptoms in patients with major depressive disorder treated with Desvenlafaxine Succinate or placebo

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Objective: To analyze baseline scores on individual items of the 17-item Hamilton Rating Scale for Depression (HAM-D17) in depressed outpatients by age groups approximating menopausal status.

Methods: This post-hoc, pooled analysis was conducted with populations from 7 double-blind, placebo-controlled desvenlafaxine succinate (DVS) trials in patients with major depressive disorder. The age groups, chosen as a proxy for pre-, peri-, and postmenopausal status, respectively, were 18–39, 40–55, and >55 years of age. Data from male patients were used to differentiate effects due to menopausal status from those related to age. Analysis of variance with Bonferroni adjustments was used to compare differences in baseline scores on individual HAM-D17 items.

Results: A total of 1203 women (18–39 years [n=525]; 40–55 years [n=513]; >55 [n=165]) and 780 men (18–39 years [n=321]; 40–55 years [n=354]; >55 [n=105]) were included in this analysis. When analyzing these data by gender, women had significantly higher scores on HAM-D17 total (P=0.002), anxiety (P<0.001) and retardation subscales (P<0.001), and the somatic–anxiety (P<0.001), genital (P<0.001), and hypochondriasis (P=0.007) items. A significant age effect was observed for the HAM-D17 insomnia scale (P=0.004), and guilt (P<0.001), all insomnia items

(P<0.001), somatic–general (P<0.001), genital (P=0.019), and hypochondriasis (P<0.001) individual items. An age effect among women was observed on the guilt (P=0.017), all insomnia items (P<0.05), somatic–general (P=0.022), and hypochondriasis (P=0.001) items.

Conclusions: Women in age groups approximating peri- and postmenopausal status had significantly higher baseline scores than younger women for the hypochondriasis, insomnia–middle and insomnia–late items of the HAM-D17.

P0217

Intensity of sleep disorders in depressed patients

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Background: Most of people suffering from both depression and sleep disturbances often require a specialist treatment. Depression and accompanying sleep disorders are a significant problems in society which need attention.

Aims: The main aim of the study is showing the correlation between the extent of depression and the intensification of sleep disorders in its course.

Methods: A group of 33 patients with diagnosed depression was examined, 20 women aged 39–68 and 13 men aged 47–63. The whole group was examined considering the period of the last month of patients' life before starting taking medicaments. In the carried out research Beck Scale was used to estimate the extent of depression whereas Athens Insomnia Scale is utilized for describing the intensification of sleep disturbances.

Results: In the group of men the average score of Beck's depression was 27,2 while the average score in insomnia scale was 16. In the group of women the following average scores were received, 32 in the Beck Scale and 14,17 in the Insomnia Scale. In order to show the extent of correlation between depression and sleep disorders the Spearman's coefficient of correlation was calculated and amounted to 0,27.

Conclusions: According to received results along with increase of the extent of the depression there is a slight increase of the intensification of sleep disorders. The research is still ongoing with the target group of 100 examined patients.

P0218

Neuroscientific aspects of chronic Cannabis use: Impact on development, cognitive performance and psychiatric disorders

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Background and Aims: So far, the effects of chronic cannabis use on the cognitive functions and various areas of perception and behaviour were seen as a passing intoxication with quick onset and return to normalcy within a few hours or days. Recent studies, however, cast doubt on this premise. Since the discovery of the cannabinoid system, whose importance is only beginning to be understood, more attention is paid to the neurobiology of perception and behavioural disorders caused by cannabis. Interdisciplinary research in this area can help better understand the complexity of cannabis-related disorders and their therapeutic relevance.

Methods: This review of the literature highlights the importance of the age of onset of regular cannabis use regarding the affective,

cognitive and psychosocial functions. We will then present test hypotheses derived from our own neuropsychological research approaches with different attention paradigms (evoked potentials, control of eye movement and overall attentional shifting).

Results: Age of onset is a significant predictor for the development of subtle neurocognitive function impairment in normal cannabis users.

Conclusions: The neuropsychological effects of chronic cannabis use with an early age of onset can only be detected with hypothesis-based neuroscientific studies using instruments which are sensitive to the cognitive and attentional functions. Subgroup effects may also have clinical relevance.

P0219

Prediction of a suitability score on psychiatric symptoms in short- and long-term therapy

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Background and Aims: Patient's pre-treatment personality characteristics and interpersonal predispositions indicate suitability for psychotherapy and predict its outcome. The predictive value of reliable and valid suitability assessment scales in short- and long-term therapy has not, however, been compared. This study compares the prediction of a suitability scale on changes in psychiatric symptoms in short- and long-term psychotherapy.

Methods: In the Helsinki Psychotherapy Study, 326 psychiatric outpatients, aged 20–46 years, and suffering from depressive or anxiety disorders were randomized to short-term therapy or long-term therapy. Psychological suitability measures were assessed with a 7-item Suitability for Psychotherapy Scale (SPS) at baseline and psychiatric symptoms with the Symptom Check List, Global Severity Index (SCL-90-GSI) at baseline and 7 times during a 3-year follow-up.

Results: Three patient groups were found when a suitability score based on the seven individual suitability measures was used to predict symptom development: patients with more good (4 or more) than poor values gained sufficiently from short-term therapy, patients with more poor (4–6) than good values needed long-term therapy, and patients with all 7 values poor failed to benefit from either short- or long-term therapy. Almost half of the patients received considerably auxiliary treatment besides the study treatment. For these patients, although equipped with mostly good values, short-term therapy was not sufficient.

Conclusions: The amount of therapy needed to recover may be predicted before start of therapy. The use of auxiliary treatment in addition to standard treatment needs, however, further clarification.

P0220

Effect of menopause and use of contraceptives/hormone therapy on association of C-reactive protein and depression: A population-based study

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Background: Unipolar depression has been found to associate with elevated C-reactive protein levels (CRP) in men, but findings among women have been conflicting. It has been hypothesized that this would be explained by a different hormonal environment (compared with men) and its changes throughout the lifecycle in women, but until now, the corresponding evidence has been lacking. We investigated the association between depressive symptoms and CRP levels in a population-based study in pre-, peri- and postmenopausal women, and also, whether this association is affected by the use of exogenous hormones (contraceptives and postmenopausal hormone therapy).

Methods: Initially, the entire age classes of those born in 1942, 1947, 1952, 1957 and 1962, and living in Pieksämäki, Finland were invited (N=1,294), and out of 730 women 512 (70.1 %) participated in this cross-sectional study in 1997–98. Depressive symptoms were assessed by Beck's Depression Inventory -21 (BDI-21) and C-reactive protein (CRP) was measured with a high-sensitivity CRP assay (hs-CRP).

Results: We found a statistically significant positive correlation between hs-CRP-levels and depressive symptoms in peri- and postmenopausal women not using exogenous hormones (Spearman partial correlation coefficient, $r=0.189$, $p=0.011$; and $r=0.436$, $p=0.033$, respectively). On the contrary, no significant correlations were found in peri- and postmenopausal women using exogenous hormones, or in premenopausal women irrespective of their exogenous hormone use.

Conclusions: Our novel findings strongly suggest that female hormones might have a major impact on the association between elevated CRP levels and depressive symptoms in females. Further studies are, however, needed to confirm our findings.

P0221

Special issues in addiction treatment: Addressing the unique needs of addict women in a recovery program in Cairo

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Objectives: Designing and implementing a culturally sensitive and specific education on relapse prevention messages that meet the needs for addict women in an Egyptian recovery process. To contribute to upgrading their skills and self assertion, approaching their unique problems and helping their empowerment.

Methodology: 25 polysubstance abuse women (24 Egyptian and 1 Arab) joined a therapeutic community rehabilitation program, where the following was assessed: Addiction severity, impulsivity, sexual orientation, co morbidity, medical complications of addiction, effect of social taboo and stigma, psychodynamic correlates and skills assessment.

Cognitive therapy, art therapy, life skills training (stressing on how to overcome stigma, codependence, etc..) and vocational training were provided.

Outcomes: Emphasis on skills to overcome socio-cultural challenges were found to be accompanied by significant more favorable outcome than only stressing on classic relapse prevention techniques.

Conclusion: It was found that Women from special cultural subgroups can face strong taboos about disclosing family secrets,