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Pharmacoeconomics of the treatment of agoraphobia with panic disorder

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The increased prescription of modern antidepressants which are also used in the treatment of agoraphobia represents one cause of the growth of medication cost in the Slovak Republic. The main aim of the study was to compare the average total cost of pharmacotherapy in agoraphobia with panic disorder treated by general practitioners and other non-psychiatrists versus the following outpatient psychiatric treatment. The assessment was retrospective in a group of 28 patients (women N=25) at the average age of 41.5 years having been treated by non-psychiatrists for 10 years on average, and consecutively by an outpatient psychiatrist for one year in all cases. Medication costs were considered in US dollars (USD) based on the daily dose. The average total cost of pharmacotherapy in the outpatient psychiatric setting was significantly lower than the average total one in the previous period (USD 223.6 vs USD 2 586.8, p=0,0000). Health insurance agencies should not limit the prescription of modern antidepressants by outpatient psychiatrists if this treatment leads to savings as compared with the previous long-term, costly, and ineffective therapy by non-psychiatrists.

Key words: agoraphobia with panic disorder, pharmacotherapy, pharmacoeconomics

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Clinical features of major depression in offspring and history of major depression in parents: findings from a prospective community study of adolescents and young adults

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Objectives: Major depression is probably a clinically and etiologically heterogeneous disorder. As previous research has shown that family history of major depression seems to be one of the most potent risk factors for the development of the disorder, one major effort to define more homogeneous subtypes of major depression aims to investigate clinical features that are associated with familial aggregation (see Sullivan et al., 2000). This study addresses this issue by evaluating in a representative community sample of adolescents and young adults whether and which clinical features of major depression predict the occurrence of major depression in parents.

Methods: Baseline and four-year follow-up data were used from the Early Developmental Stages of Psychopathology Study (EDSP), a prospective-longitudinal community study of adolescents and young adults. Results are based on 470 subjects who completed the follow-up, for whom diagnostic information for both parents were available, and who reported at least one episode of major depression according to DSM-IV through second follow-up. Diagnostic assessment in respondents were assessed using the standardized Munich-Composite International Diagnostic Interview (M-CIDI). Information on major depression in parents was collected as family history information from the respondents, and additionally from M-CIDI diagnostic interviews with parents of the younger cohort.

Results: Recurrence as well as impairment as clinical features of major depression was associated with a marked increase in risk for major depression in parents. Age of onset and overall higher impairment was found to be associated with parental history of major depression in univariate, but not in the multiple analyses.

Conclusions: Our findings suggest that clinical features of major depression may indicate familial subtypes of the disorder, most evident for recurrence and impairment.

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Reversal of paracingulate sulcus asymmetry patterns in men with early-onset schizophrenia

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Cingulate dysfunction has been reported in patients with schizophrenia, as well as reversed or reduced neo-cortical morphological asymmetries. Although the paracingulate sulcus is known to be asymmetrical in healthy subjects, paracingulate sulcus patterns have not been examined in patients. Therefore, we searched for morphological abnormalities of paracingulate sulcus (PCS) in patients with early-onset schizophrenia.

Method: Frequency of PCS patterns was examined in magnetic resonance images of 40 men with schizophrenia, and in 100 healthy subjects.

Results: There was a lack of asymmetry in patients PCS patterns. In contrast, PCS was more often prominent in the left hemisphere, and more often absent in the right hemisphere, in healthy subjects. Moreover, patients had a reversed asymmetry pattern of the PCS, with better-developed PCS in the right hemisphere.

Conclusions: Present findings suggest an impaired maturation during the 3rd trimester of gestation in the cingulate area, since PCS develops by the 36th weeks of gestation.

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Family psychoeducation in schizophrenia and quality of life

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Schizophrenia is a severe mental disorder that has considerable impact on the whole family life. Although there is a lot of clinical and research experience indicating that schizophrenia has negative influence on the patient's quality of life, the quality of life of their relatives has been relatively neglected. Group family psychoeducation is one of the most promising interventions designed to help families to cope with schizophrenia and consequently to improve the treatment outcome in patients (lower relapse rate and shorter rehospitalizations). The main focus is on the delivery of information about the disease, but also on identifying key features of family behavior and attitudes that predict high relapse rates (hostility, critical comments, lack of warmth and over-involvement) and teaching the participants how to implement effective strategies for modifying them. The therapy is designed to reestablish families' social contact network and to give them more realistic expectations