

moderate depression; 14.6% minor depression and 7.3% severe depression). So, using HADS the depression prevalence was 11%. Another hand, somatic was more prevalent than cognitive and affective symptoms in simple. There was statistical difference in depression by gender, so women obtain more high score than man. Education level and socio-economical status were a inverse relation with depression. So, people with university studies and high socio-economical level obtained minor scores in BDI-II and HADS. Hospitalization upper 7 days was correlated with high score in depression. And, finally, social support is a protector factor in depression in medical setting.

Careful attention should be paid to patients in primary care medical practice in order to detect depression symptoms because this situation increase hospitalary stay, cost and medical complications and decrease improving process and rehabilitation.

### P0169

The change of vegetative regulation at the different stages of major depressive disorder

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**Background and Aim:** The aim of the study is to investigate vegetative reactivity at the different stages of major depressive disorder (MDD).

**Methods:** clinico-psychopathological method, clinico-anamnestic method, the Zung self-rating depression scale, the method of the heart rate variability analysis for assessment of vegetative regulation. The study is conducted from 2000 to 2007. In the first part of the study the assessment of vegetative regulation at the initial stage of MDD is provided (82 patients even 72 healthy persons). In the second part the vegetative regulation is studied at the stages of stabilization and reduction of MDD (76 patients even 66 healthy persons).

**Results:** The results of investigation are shown reduction in the total heart rate variability, increase in tension level of regulatory systems at the initial stage of MDD. The activity balance of the sympathetic, parasympathetic and suprasegmental mechanisms of autonomic nervous system remains.

At the stage of depression stabilization the disruption of different components of autonomic nervous system balance occurs. The prevalence of the activity of suprasegmental ergotropic systems and the functional decrease of sympathetic mechanisms activity are observed. At the stage of the depression reduction the decrease of the activity of suprasegmental ergotropic systems with the hyper-activation of peripheral sympathoadrenal mechanisms are revealed.

**Conclusions:** Obtained data could be considered in chose and efficiency rating of therapy at the different stages of MDD.

### P0170

Alexithymy and depression in chronic dermatosis

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Alexithymy is a concept developed by the psychosomatic Paris school. It means the incapacity to express emotions by words and

to differentiate them from the body feelings with a limitation of imaginary life and an operational way of thinking.

It is regarded as a characteristic operating mode of patients suffering of diseases with psychosomatic components.

We made a study in the university service of dermatology with the objective to measure the degree of alexithymy at patients presenting a chronic dermatosis and to establish correlations between this psychological state, the type and the extent of dermatosis and depression.

We used a questionnaire studying socio-demographic elements of our patients, pathological antecedents, type of dermatological lesions and their extents.

alexithymy was measured by Toronto scale in version with 20 items (TAS-20). Depression was evaluated by Hamilton scale. The statistical analyzes were carried out with SPSS. The correlations between alexithymy, depression and the extent of the lesions were carried out by using Pearson coefficient.

Our sample is composed of 75 subjects. 60,5% were hospitalized. 52,6% are represented by men. The mean age was 40,34 years with extremes from 15 to 89 years.

Dermatoses are represented particularly by psoriasis, skin wool, pemphigus and urticaria. The lesions were extended in 40,8%.

The mean score of TAS-20 is 54,75, the mean scores of the three principal factors were also measured. The correlations between TAS-20, HAM-D and the extent of the lesions were significant.

### P0171

Bruxist behaviour in a patient with depression: A reported case

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**Background and Aims:** Bruxism is the most common form of maxillofacial hyperkinesia. Behavioral disorders as well as affective psychological factors, depression and anxiety being one of the most prominent factors, can together with emotional stress, induce bruxism. There has been the correlation between medications and bruxism (for example SSRI's).

**Method:** We reported a case of a 47-year-old female patient who has been psychiatrically treated for depression since 1988 (F 32.1 by ICD 10). In 2005, she was hospitalised for the second time, this time for depression with psychotic traits (F 33.3 by ICD 10) due to which she was also hospitalised in 2006 and 2007. During 2005 and 2006 she was taking mirtazapine, paroxetine as well as olanzapine and since 2007 she has been taking sertraline and olanzapine.

**Results:** There was an excessive wear of tooth surfaces and edges due to bruxism on seven-year-old bridge, which she noticed herself two years ago. She was awake during the diurnal bruxism and nocturnal bruxist activity was confirmed by her husband. Michigan splint was fabricated, thus alleviating the destructive impact of masticatory forces on the teeth and their supportive tissues.

**Conclusions:** Bruxism, associated with medications or mental disorders and very detrimental to teeth, the periodontium and oral health in psychiatric patients should be also treated as a general health problem and oral health problem. The prognosis for stopping bruxist activity is bad because a complete prosthodontic treatment was extremely limited due to the patient's psychiatric condition.

**P0172**

Some particularities of depression in diabetic patients

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The presence of diabetes doubles the odds of comorbid depression. In patients with preexisting diabetes, depression is an independent risk factor for coronary disease and appears to accelerate the presentation of coronary heart disease. Concurrent depression is associated with a decrease in metabolic control of diabetes mellitus, poor adherence to medication and diet regimens, a reduction in quality of life and an increase in health care expenditures.

**Objective:** To diagnose and treat the depression illness in diabetic patients.

**Methods:** A sample of 30 diabetic patients (15 women, 15 men), mean age 59,6 years was assessed for depression - ICD 10 criteria. HAM-D (Hamilton for depression scale), CGI-S (Clinical global impression –severity) and CGI-I (Clinical global impression –improvement) were performed at baseline, 7, 14, 21, 28 and 42 days. Patients received antidepressant medication: tianeptine 37,5 mg/day or venlafaxine 75-150 mg/day.

**Results:** Mean score HAM D at baseline was 21.4. The reassessment after 7, 14, 21, 28 and 42 days revealed significant decrease of depressive symptomatology after 4 weeks of medication (HAM D was 15.4). After 42 days the mean score HAM-D was 9,5. CGI-S at baseline was 4.5 and on 42 day 1.8. Mean blood glucose was evaluated from 215,5 mg/dl at inclusion and 142,3mg/dl on day 42.

**Conclusions:** 1) Successful treatment of depression is associated with improvements in glycemic control. 2) Improvements in mood increase the functioning and quality of life. 3) Further studies are important to demonstrate the role of maintenance antidepressant treatment for the prevention of recurrence.

**P0173**

Effect of once-daily extended release Quetiapine Fumarate (Quetiapine XR) as add-on to antidepressants in major depressive disorder (MDD)

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**Objective:** To evaluate the efficacy and tolerability of once-daily quetiapine XR adjunctive to antidepressant therapy versus antidepressant alone in patients with MDD showing an inadequate response to antidepressant treatment (mainly SSRIs/SNRIs).

**Methods:** 6-week, multicentre, double-blind, parallel-group study (D1448C00007). Patients were randomised to receive quetiapine XR 150mg/day (n=167), 300mg/day (n=163) or placebo (n=163) as add-on to maintained antidepressant treatment. Primary endpoint: baseline to Week 6 change in MADRS total score. Secondary variables included: baseline to Week 1 change in MADRS total score; baseline to Week 6 change in HAM-A total and psychic anxiety subscale scores. Safety assessments included AE reporting.

**Results:** Mean change in MADRS total score (overall baseline mean, 28.4) from baseline to Week 6 was significant (p<0.01) for quetiapine XR 150mg/day (-15.26) and 300mg/day (-14.94) versus placebo (-12.21). Separation from placebo in MADRS total score was apparent from Week 1 for both quetiapine doses (p<0.001).

At Week 6, mean change from baseline in HAM-A total score (overall baseline mean, 20.8) was significant for quetiapine XR 150mg/day (-10.27, p<0.01) and 300mg/day (-9.70, p<0.05) versus placebo (-7.92). Mean change from baseline in HAM-A psychic anxiety subscale score (overall baseline mean, 12.83) was significant with quetiapine XR 150mg/day (-6.82, p<0.001) and 300mg/day (-6.47, p<0.01) versus placebo (-5.11).

Most common AEs (>10%) were dry mouth, somnolence, fatigue, sedation, constipation and dizziness with quetiapine XR.

**Conclusion:** In patients with MDD with an inadequate response to antidepressant treatment, adjunctive quetiapine XR 150mg/day and 300mg/day was well tolerated and effective at reducing depressive and anxiety symptoms.

**P0174**

Mindfulness-based cognitive therapy reduces depression symptoms in people with a traumatic brain injury: Results from a pilot study

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**Background and Aims:** Major depression is a significant problem for people with a traumatic brain injury (TBI) and its treatment remains difficult. A promising approach to treat depression is Mindfulness-based cognitive therapy (MBCT), a relatively new therapeutic approach rooted in mindfulness based stress-reduction (MBSR) and cognitive behavioral therapy (CBT). We conducted this study to examine the effectiveness of MBCT in reducing depression symptoms among people who have a TBI.

**Methods:** Twenty individuals diagnosed with major depression were recruited from a rehabilitation clinic and completed the 8-week MBCT intervention. Instruments used to measure depression symptoms included: BDI-II, PHQ-9, HADS, SF-36 (Mental Health subscale), and SCL-90 (Depression subscale). They were completed at baseline and post-intervention.

**Results:** All instruments indicated a statistically significant reduction in depression symptoms post-intervention (p < .05). For example, the total mean score on the BDI-II decreased from 25.2 (9.8) at baseline to 18.2 (11.7) post-intervention (p=.001). Using a PHQ threshold of 10, the proportion of participants with a diagnosis of major depression was reduced by 59% at follow-up (p=.012).

**Conclusions:** Most participants reported reductions in depression symptoms after the intervention such that many would not meet the criteria for a diagnosis of major depression. This intervention may provide an opportunity to address a debilitating aspect of TBI and could be implemented concurrently with more traditional forms of treatment, possibly enhancing their success. The next step will involve the execution of multi-site, randomized controlled trials to fully demonstrate the value of the intervention.

**P0175**

Homogeneous expression of candidate genes in patients with major depression is followed by heterogeneous return to normal levels after treatment

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