a negative impact on quality of life. The physician should remain vigilant for symptoms of depression as they may be mistaken for the progression of Parkinson's disease itself.

The aim of the study was to evaluate the frequency of depression in patients with parkinson's disease.we have recruited 53 patients, 35 males and 18 females aged 36-80 years(mean age 60 years), only 15% of patients have a job, two patints was already treated for depression.

Diagnosis of depression was accorded to ICD10 criteria and evaluated by depression hamilton scale.

Depression was diaqnosed in 26 patients (49,1%), it was light in 6 patients (23.1%), middle in 14 patients(53,8%), and heavy in 6 patients(23,1%). 15 patients have dysthymia.

Depression occurring during Parkinson's disease must be treated; SSRI's are preferred, mainly because of its good tolerance.

Next, recognition of the signs and symptoms of depression associated with Parkinson's disease is essential for clinical practitioners.

It is important to identify the features of depression associated with Parkinson's disease in order to render early diagnosis and institute practical and efficacious therapy.

P089

Venlafaxine XR versus fluoxetine in the treatment of major depressive disorder and generalized anxiety disorder dual diagnosis

D. Vasile, O. Vasiliu, P. Ivanov, D. Ojog, M. Sarmache, M. Vasile. *Department of Psychiatry, Military Emergency Hospital, Bucharest, Romania*

Background: Venlafaxine extended release (XR) stands as an optimal therapeutic choice for the major depressive disorder (MDD) and generalized anxiety disorder (GAD) dual diagnosis.

Objective: We focused upon the evaluation of venlafaxine XR efficacy in treating MDD and GAD dual diagnosis patients, using an selective serotoninergic reuptake inhibitor comparator, fluoxetine.

Methods: A 23 patients group, 13 male and 10 female, mean age 36.7, admitted in our clinic, that met the DSM IV TR criteria for both MDD and GAD, were distributed in two groups, receiving venlafaxine XR in 75-150 mg flexible dose (n=12) or fluoxetine 20-40 mg flexible dose (n=11). We assessed patients evolution under treatment every two weeks for 6 months using Hamilton Depression Rating Scale 17 items (HAMD-17), Hamilton Anxiety Scale for Anxiety (HAMA), Global Assessment of Functioning Scale (GAF) and Clinical Global Impressions (CGI).

Results: In the intent-to-treat (ITT) and last-observation-carried-forward (LOCF) analysis, differences between groups became statistically significant at week 4, venlafaxine XR treated patients improved better as HAMD-17 (-7.8 points, $p<0.05$) and HAMA (-8.9 points, $p<0.05$) reflected. The end-point HAMD-17 and HAMA scores were smaller in the venlafaxine treated group (6.7 and 9.1, $p<0.05$). Endpoint CGI (1.5) and GAF (92) scores were also better in venlafaxine XR treated group ($p<0.01$).

Conclusions: The 6 months clinical trial proved venlafaxine XR superior to the active comparator, fluoxetine, in the treatment of MDD and GAD dual diagnosis.

P090

5-httlpr polymorphism in patients with depression and the treatment response to citalopram.

L. Vavrusova [1], V. Repiska [2], T. Braxatorisova [2]. [1] *Depatrment of Psychiatry, University Hospital Ruzinov, Bratislava, Slovak Republic* [2] *Department of Biology, Comenius University, Bratislava, Slovak Republic*

The relationship of the serotonin transporter gene promoter region polymorphism (5-HTTLPR) to antidepressant response was examined in 50 patients receiving protocolized treatment for depression with citalopram. Patients were treated for up to 12 weeks assessed weekly with clinical ratings and measurements (HAMD-17, MADRS, CGI).

Samples from 50 subjects with Major depressive disorder - recurrent episode (DSM-IV) were analyzed for 5-HTT-promotor polymorphism.

Patients with genotype II responded more rapidly and better to treatment with citalopram in comparison to those who did not responded or were only partial responders.

Allelic variation of 5-HTTLPR may contribute to the variable response of patients treated with selective serotonin reuptake inhibitor.

P091

Sexual disturbances associated with use of SSRI's and other antidepressants

M. Vucic Peitl, G. Rubesa, D. Ljubicic, V. Peitl. *Psychiatric Clinic of Clinical Hospital Centre, Rijeka, Croatia*

As a group of psychotropic medications - antidepressants are the most frequent cause of sexual disturbances. These side effects have been noted for the complete group of antidepressants but their frequency is not the same for different classes nor for different antidepressants of the same class.

The goals of this research were: 1) to establish possible differences between SSRI's and other antidepressants concerning sexual disturbances; 2) to establish if different sexual disturbances exist between males and females treated with various antidepressants.

100 patients treated for depression were divided into two groups, depending on the type of antidepressant used. They completed an ASEX questionnaire which was used to assess five aspects of sexual experience.

Statistically important differences were established among items used to assess sexual drive and excitement. Patients taking SSRI's rated their sexual drive ($x = 4.22 \pm SD = 1.12$) as significantly stronger ($p = 0.006$) then patients taking other antidepressants ($x = 4.85 \pm SD = 0.96$). Patients taking SSRI's rated that they achieve sexual excitement ($x = 3.86 \pm SD = 1.09$) significantly easier ($p = 0.032$) then patients taking other antidepressants ($x = 4.38 \pm SD = 1.19$). No significant differences have been noted concerning other aspects of sexual experience. Strength of male sexual drive significantly depended on the type of antidepressant used. Males taking SSRI's rated their sexual drive as significantly stronger than males taking other antidepressants ($p = 0.022$).

SSRI's cause the smallest amount of sexual disturbances in depressive patients, regardless of the gender.

P092

Treatment with sertraline(asentra) in patients with cardio-vascular difficulties after cardio-surgical interventions

V. Vujovic [1], S. Arsova [1], A. Novotni [1], G. Hadzi-Angelkovski [2], V. Gerazova [1], M. Stanoevska [4], L. Aleksovska [3]. [1] *Psychiatric Clinic, Skopje, Macedonia* [2] *Psychiatric Hospital, Skopje, Macedonia* [3] *Medical Ambulance, JPAU, Skopje, Macedonia* [4] *DOO KRKA FARMA, Skopje, Macedonia*

https://doi.org/10.1016/j.eurpsy.2007.01.829 Published online by Cambridge University Press

Aim of the work: To follow the efficiency of the Sertraline (Asentra) treatment in patients with anxiety and depression symptoms after cardio-surgical interventions.

Materials and methods: During the research we included 30 patients with anxiety and depression symptoms after cardio-surgical intervention. They were chosen randomly, hospitalized and treated in the Specialized cardio-surgical clinic Filip II, Skopje. The patients were of both sexes, aged 30-65. They were all treated with Asentra tablets in dosages of 50mg taken only in the morning over the period of 3 months. They were evaluated by HAMD and HAS in the beginning, after being treated for 4 weeks and after being treated for 6 months.

Results: In 18 patients there was a significant improvement which resulted in score decline. In 5 patients there was a slight improvement. And in 7 patients there was no significant improvement after 4 weeks or after 6 months.

Conclusion: Asentra(Sertraline) efficient and safe SSRI antidepressive in treating patients with anxiety and depression symptoms after cardio-surgical interventions.

P093

The effects eszopiclone 3mg on next day driving ability, cognitive and psychomotor function in patients with primary insomnia

T. Wessel [1], J. Caron [1], L. Trick [2], R. Rubens [1], J. Roach [1], J. Boyle [2]. [1] *Sepracor Inc., Marlborough, MA, USA* [2] *Clinical Research Centre, University of Surrey, Guildford, Surrey, United Kingdom*

Background: We investigated the impact of eszopiclone 3mg on next day driving ability (on-the-road brake-reaction-time, BRT) and cognitive and psychomotor performance in patients with primary insomnia.

Methods: Patients with DSM-IV primary insomnia completed this study. Treatment was administered 30min before bedtime, and next day driving ability was assessed by on-the-road BRT approximately 9.5 hours postdose. A cognitive test battery measured residual effects on information processing, divided attention, psychomotor tasks, and working memory. Overnight polysomnography was conducted to assess sleep architecture; subjective ratings of morning sedation and sleep quality were also obtained.

Results: There were no significant differences in BRT following night time administration of eszopiclone 3mg compared with placebo ($p=0.39$) and there were no significant differences in objective cognitive tests of information processing, divided attention, psychomotor tasks and working memory (p values>0.15). No significant effect on subjective next day ratings of morning sedation, coordination or mood was observed (p values>0.22). There was improvement compared with placebo ($p<0.0001$) in subjective ease of getting to sleep and quality of sleep the morning following dosing, and no perceived impairment of behavior following awakening or early morning awakenings. Polysomnography demonstrated significant improvements in sleep onset and maintenance.

Conclusion: In this study, the first to assess next day on-the-road driving in primary insomniacs following hypnotic use, eszopiclone 3mg improved both objective and subjective measures of sleep onset and maintenance without residual impairments on next day driving ability or cognitive and psychomotor performance.

Support for this study provided by Sepracor Inc., Marlborough, MA.

P094

The impact of a novel computerized CBT CD-Rom (overcoming depression) offered to patients referred to clinical psychology

C.J. Williams [1], G. Whitfield [2], R. Hinshelwood [3], A. Pashley [3], L. Campsie [3]. [1] *Department of Psychological Medicine, University of Glasgow, Glasgow, Lanarkshire, Scotland, United Kingdom* [2] *CBT Service, Leicestershire Partnership NHS Trust, Leicester, Leicestershire NHS Trust, Leicestershire, United Kingdom* [3] *NHS Greater Glasgow and Clyde, Glasgow, Lanarkshire, Scotland, United Kingdom*

Methods: A new computerized cognitive behavioural therapy (CCBT) program was offered to consecutive referrals to the clinical psychology department where the referral letter had noted the presence of depression/low mood as a major problem. The exclusion criteria were age below 16 or above 65, current active suicidal intent, psychosis and an inability to read.

Results: Seventy-eight consecutive referrals were offered an appointment for CCBT; 20 (26%) attended at least one session of CCBT and 14 (70% of starters) completed all six hour-long sessions. A clinically and statistically significant fall of over 11.07 points (SD 6.16) on the BDI-II occurred between baseline and 6 weeks, from a mean score of 30 (severe) to 18.93 (mild). The equivalent mean differences between the baseline and 6-week scores were 7.66 points for the BAI (SD 11.25), 2.93 points for the BHS (SD 5.54), and −3.93 points for the SASS (SD 8.35). Beck Depression Inventory scores (BDI-II) fell from a mean of 28.15 (SD 11.41) to 20.00 (SD 10.41) ($p=.000$) over the 6-week intervention period using an intention to treat analysis. The mean time with a self-help support nurse supporting their use of the CD Rom was 52 minutes in total.

Conclusion: Only a quarter of patients on this psychology waiting list chose to use a CBT CD-Rom. The package seems to lead to improved mood. A randomised controlled study is required and is in progress.

P095

Association between quality of life and self-stigma, insight, and adverse effects of medication in patients with depressive disorders

C.F. Yen [1,2], C.C. Chen [1,2], Y. Lee [3], T.C. Tang [2], C.H. Ko [2], J.Y. Yen [2,4]. [1] *Department of Psychiatry, College of Medicine, Kaohsiung Medical University, Kaohsiung City, Taiwan* [2] *Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung City, Taiwan* [3] *Department of Psychiatry, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung County, Taiwan* [4] *Department of Psychiatry, Kaohsiung Municipal Hsiao-Kang Hospital, Kaohsiung City, Taiwan*

Background and aims: The aims of this study were to examine whether different domains of quality of life (QOL) are differently affected by depressive disorders by comparing QOL of subjects with and without depressive disorders, and to examine the association of QOL with self-stigma, insight and adverse effects of medication among subjects with depressive disorders.

Methods: The QOL on the four domains of the WHOQOL-BREF Taiwan version were compared between the 229 subjects with depressive disorders and 106 control subjects without depressive disorder. Among the subjects in the depressive group, the association between the four QOL domains and subjects' self-stigma, insight, and adverse effects of medication were examined using multiple regression

https://doi.org/10.1016/j.eurpsy.2007.01.829 Published online by Cambridge University Press