Psychiatry and Psychological Medicine,Medical Faculty, University of Rijeka, Rijeka, Croatia

The link between two very common illnesses, hypertension and depression, has not yet been adequately examined.

The aim of this research was to determine if the taking of antidepressive therapy in combination with antihypertensive therapy leads to improved blood pressure regulation.

Methods: The research was conducted in two family medicine practices. By using the Beck depression inventary and SCID module for depression among the patients with hypertension and no previous psychiatric history, a group with elevated depression was recognised. Half of them were taking both antihypertensive and antidepressive therapy over the course of 24 weeks while the other half was taking antihypertensive therapy only.

Results: Out of 452 patients with arterial hypertension, 134 (29,64%) have been found with elevated depression. Patients with both arterial hypertension and depression had significantly higher values of sistolic blood pressure (155/138 mmHg, Z=9,77, p<0,001). and significantly higher values of diastolic blood pressure (88/81 mmHg, Z=10,57, p<0,001) comparing to nondepressive patients with hypertension. 73 patients were subjected to antidepressive therapy along with the antihypertensives. The controls were 61 patients which were taking antihypertonics only. After the 24 weeks, the 73 patients had significantly lower values of the sistolic (128/155 mmHg ,

Z = 7,42, p<0,001) and diastolic blood pressure (73/90 mmHg , Z= 7,36, p<0,001) comparing to first measurement while that was not the case in the control group.

P0193

Amygdala-Orbitofrontal connectivity and 5-HTT genotype effects in healthy controls and patients with major depression

E. Friedel, F. Schlagenhauf, S.Y. Park, T. Kahnt, J. Wrase, A. Stroehle, A. Heinz. *Department of Psychiatry and Psychotherapy, Charite University Medical Center Berlin (CCM), Berlin, Germany*

Amygdala functions and reactivity have been identified to play a major role in mood disorders and anxiety. A polymorphism of the human serotonin transporter gene (SCL6A4) has been associated with serotonin transporter expression and with processing of aversive stimuli in the amygdala. There is converging evidence that SCL6A4 genotype accounts for about 30% of the total variance in amygdala response during the presentation of aversive but not affectively positive visual stimuli, which were equally salient. S-allele carriers also showed stronger prefrontal-amygdala connectivity. This suggests that increased amygdala responses in s-allele carriers are related to altered serotonergic modulation of prefrontal afferents within the amygdala. In patients with major depression amygdala activation to aversive stimuli and prefrontal connectivity may be dysfunctional. This hypothesis was tested in 20 patients with major depression and 20 age-matched healthy controls.

Results will be discussed with respect to genotype effects on limbic activation and connectivity.

P0194

Differences between patients with depressive disorder and healthy controls in relation to salivary Cortisol, psychopathology and results in neuropsychological testing

V. Gapp [1], T. Wetterling [2], K. Israel-Laubinger [1], N. Helbing [1], L. Dibbelt [3], B. Weber [1]. [1] *Clinic for Psychiatry, Psychosomatics and Psychotherapy, J. W Goethe University, Frankfurt, Germany* [2] *Clinic for Psychiatry and Psychotherapy - Gerontopsychiatry, Vivantes Klinikum Hellersdorf, Berlin, Germany* [3] *University Clinic of Schleswig Holstein, Schleswig Holstein, Germany*

The hypothalamic-pituitary-adrenal axis (HPA) is highly relevant in depressive disorders. Some investigations suggest that the HPA axis is altered in depressive disorders as indicated by higher awakening cortisol levels. There are also some results that show relations between cortisol level, psychopathology and neuropsychological performance. However, a systematic investigation of this relationship with a large and matched sample of patients and controls is missing. We tested 59 patients with depressive disorders and 75 healthy controls with tasks from the neuropsychological CANTAB and NEUROBAT battery. Before and after these tests we collected salivary samples. The study ended followed with an extensive measurement of psychopathology (e. g. BDI, HAM-D) and mood (visual analog scales).

The study revealed a significant relationship between salivary cortisol and results in tasks to executive function in the neuropsychological assessment in the control group but not in the patient group. There was no relationship between salivary cortisol and other cognitive performances. While patients with higher salivary cortisol levels reported worse mood, higher salivary levels in healthy controls were associated with better mood. These results could be related to different stress levels and different expectations regarding the examination of the groups.

P0195

"Vulnerable personality" in women with postpartum depression

E. Gelabert [1,3], P. Navarro [2], K. Langohr [1], R. Navines [1], S. Subira [3], L.L. Garcia-Esteve [2], R. Martin-Santos [1]. [1] *Pharmacology Research Unit, Institut Municipal D'Investigacio Medica (IMIM-H Mar), Barcelona, Spain* [2] *Psychiatry Perinatal Unit, Hospital Clinic, Barcelona, Spain* [3] *Department of Clinical and Health Psychology, Universitat Autonoma de Barcelona, Barcelona, Spain*

Few studies have evaluated personality traits as a risk factor of postpartum depression (PPD). The Vulnerable Personality Style Questionnaire (VPSQ; Boyce et al. 2001), is a 9-item self-report scale developed to evaluate personality vulnerability to PPD with satisfactory psychometric properties. It assesses 9 personality dimensions: Coping, Nervy, Timidity, Sensitivity, Worrier, Obsessive, Volatility Organized and Expressive.

Objective: To study the vulnerable personality style in a Spanish postpartum sample.

Method: A case-control study: 145 PPD women visited at the Psychiatry Perinatal Unit were compared to 203 healthy women from a postpartum population based study. All women were assessed with the VPSQ (Spanish adaptation), the Edinburgh Postnatal Depression Scale and the Structured Clinical Interview (DSM-IV) axis I. Personality traits were evaluated after full clinical remission. The study was approved by the Institution board.

Results: Univariated analysis showed that women with PPD obtained higher scores (p<.000) in seven VPSQ personality dimensions: Coping, Nervy, Timidity, Sensitivity, Worrier, Obsessive, and Volatility, as well as the VPSQ total score (p<.000). Personal history of depression (p<.000) was also associated with PPD. In the logistic regression analysis; an increase of one point on the VPSQ total score increased the OR in 1.151 fold (95%CI:1.095-1.210) the association with PPD. Other variables associated were age and personal history of

https://doi.org/10.1016/j.eurpsy.2008.01.484 Published online by Cambridge University Press