Total number of patients was (2000 n =85 2006 n = 100). We did not find any significant difference between patient who have been on monotherapy vs combinations according to age, gender, psychiatric comorbidity. The only sifnificant difference (p<0.01) was in the duration of MDD. The longer duration of the disorder had been a predisposing factor for the significantly higher combinations in the treatment of MDD.Monotherapy is preferentially used in patients with shorter duration of the disorder.

P0061

Clinical outcome and tolerability of Duloxetine in the treatment of major depressive disorder: A 12-week study with plasma levels

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Background and Aims: Duloxetine (DLX) is approved for treatment of Major Depressive Disorder (MDD).

Aims of this study were to assess the clinical outcome of DLX in the treatment of MDD, with efficacy measures based on clinician and patient assessment, and to evaluate the predicitve value of DLX plasma levels on clinical response.

Methods: 45 out-patients affected by MDD were included in the study and prescribed 30-120 mg/day of DLX for 12 weeks.

Patients were evaluated at T0, after 2 (T1), 4 (T2), and 12 weeks (T3), by using HAMD21, HAMA, CGI-S, and the self-rating scales BDI and VAS. Plasma samples were collected at T2.

Results: Responders (50% reduction in HAMD21) were 60% and remitters (HAMD21 $\leq$7) were 56%. HAMD21 showed a significant improvement at T1, T2, T3 vs T0. HAMA and CGI-S showed a significant improvement at T2, T3 vs T0.

15 (33%) patients discontinued the treatment.

Blood pressure, heart rate, and body weight did not show relevant changes.

DLX plasma levels ranged from 5 ng/ml to 135 ng/ml (mean 53.56 $\pm$ 39.45 SD). The incidence of side effects irritability and anxiety was found to be significantly correlated with the highest DLX level/dose (mean 1.6 ng/ml/mg $\pm$ 0.29 SD) (p=0.02).

We observed a curvilinear relationship between HAMD21 percentage of amelioration at T2 and DLX plasma levels/dose (mg/kg) ($y=22.74+0.78x-0.0038x2$, $R2=0.134$; $p=0.23$).

Conclusion: Good medium-term clinical response, but plasma levels showed an increased of adverse events at higher values, reducing the advantages of dose escalation.

Poster Session II: Anxiety Disorders

P0062

Stigmatization in anxiety disorders

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Stigmatization, as a fear of something unknown, of difereneces from the majority, is nowdays an important theme to discussion in the psychiatry. The labelling of the patients is known not only in the laic, common population, but unfortunatelly also in the psychiatric community. The people with neurotic symptoms are mostly affected with autostereotypes, what means they are afraid of psychiatric labelling. This leads to denying of psychic problems and symptoms, searching for somatic explain and to inadequate or late treatment. Sometimes even the fact of "psychiatric disorder" is understood as a synonym to be "a fool" so the patients tend to see a somatic specialist or are waiting till they get over the symptoms. Also the relatives are afraid of stigmatization for the whole family and minimize or neglect the symptoms. A somatic explanation is better tolerated and triggers sympathy and protection.. Only a small part of patients with panic disorder gets to a specialist.

We have studied the documentation of patients in Psychiatric centre Prague with panic disorder and agoraphobia. By using the linear regresion we have found, that the education of the patients can have an influence on the start of adequate treatment - the higher the education was, the later the treatment starts. We also searched the severity of the symptoms before and after the treatment, to find out the influence of the lag and stigmatization on the treatment efficacy.

P0063

Anxiety and the patients with aorto-coronary by pass

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The cardiovascular deasises is rapidly incresed. The therapy of these deseases have the multidisciplinary approach with the cardiologist, cardiosurgery, psyciatrist and psychologist.The pations with cardiosurgery intervention(aorto-corony by pass) always manifested anxioty.

Materials and Methods: This study will be done at the PZO Filip II-Skopje and are included 30 hospitalisated patients with aorto-coronary by pass, age from 20 to 60 yaer old, male and female.These pacient will be treated with the clinical psychiary interview and HAMA-14.

Results and Conclusions: All the pations manifested increased level on HAMA results. The anxioty is the chalenge for the psychology-psychiatrist team to work with the cardiovascular pation at the cardio-surgery unit.

P0064

Assessment of social support in the course of manifestation of panic disorder with agoraphobia

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Background and Objectives: Social support has its role in maintaining of mental health and modification of the effects of aversive life events. It can be defined with respect to numerous variables: 1) The level of social integration, 2) Subjective experience of the quality of interpersonal relationships, 3) Help and support by other persons, 4) Supportive behavior actually taking place. The objective of our

investigation was to establish the level of social support in patients suffering from Panic Disorder with Agoraphobia (PDA), in the course of the manifestation of the disorder.

Method: 40 patients who fulfilled DSM-IV criteria for the PDA (mean age 39.25, SD 6.96) and 40 matched healthy controls were assessed by Social Support Index, Family Hardness Index, Family Coping Coherence Index, Relative and Friend Support Index (Mc Cubbin, et al., 1982).

0s: The patients having PDA, compared to the healthy controls, had statistically significantly lower scores (p<0.001) on all the indexes except on the Relative and Friends Support Index, where there was no statistically significant difference.

Conclusion: In the course of the disorder, patients suffering from PDA, compared to the healthy controls, had a significantly lower level of social integration in the social community and poorer quality of family relationships, but not a lower level of help and support by relatives and friends outside the close family.

P0065

Religious attitudes and anxiety

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The purpose of the present study was to examine the relationship between religious attitudes and anxiety among students.

Method: Participants were 549 undergraduate students of Islamic Azad university of Azadshahr . The mean age of the participants was 22.7 years (SD = 4.58) and ages ranged from 18 to 30 years old. The were 245 men and 324 women. Measures: All participants completed a questionnaire booklet containing two self- report measures. The State – Trait Anxiety Inventory (STAI) of Spilberger and Religious Attitudes Inventory (Bahrami, 2000).

Results: The results of the present study demonstrate that: 1)-Correlation between religious attitudes and student's anxiety is meaningful and negative(r=-0.442).2)-Correlation between female student's anxiety and religious attitudes is (r=-0.497).3)-Correlation between male student's anxiety and religious attitudes is (r=-0.427).

Conclusions: The present study revealed that a more positive attitude toward religion is associated with a lower level of self-reported anxiety. This contradicts the findings of O'Connor et al (2003).

Key words: Religious attitudes, Anxiety

P0066

Threat and anxiety affect contrast perception

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Background and Aims: Functional imaging studies during viewing of visual threat stimuli, show faster detection of threat-related cues and activation of the visual cortex, but the functional visual processes underlying these phenomena have not been determined.

Methods: Eighteen healthy subjects were pre-selected on the basis of their trait anxiety, in order to form a low- and a high-trait anxiety group. Pattern VEPs were elicited in a baseline and a verbal threat condition with two stimulus contrast magnitudes.

Results: Compared to baseline, threat accelerated contrast perception in the low- but not the high-trait anxiety group, as evidenced by significant reductions in P100-latency. This reduction in the low anxiety group was greater with increasing stimulus contrast magnitude, consistent with a multiplicative gain control mechanism.

Conclusions: The efficiency of the P100-latency reduction mechanism depends on trait anxiety, in a manner reminiscent of the inverted U-shape curve which relates anxiety to motor/behavioral performance responses. These results are compelling because they extend the effects of anxiety from response systems to perceptual processes. Data based on the effects of threat on visual search studies should be reappraised to include an effect of threat on contrast perception.

P0067

Once-daily extended-release Quetiapine Fumarate (Quetiapine XR) monotherapy in generalised anxiety disorder (GAD): A placebo-controlled study with active-comparator Patoxetine

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Objectives: To evaluate the efficacy and tolerability of once-daily quetiapine XR monotherapy in outpatients with moderate-to-severe GAD without major depressive disorder.

Methods: 10-week (8-week active treatment, randomised phase; 2-week post-treatment drug-discontinuation/tapering phase), multi-centre, double-blind, placebo-controlled, parallel-group comparison with paroxetine study (D1448C00011). 873 patients were randomised to receive quetiapine XR 50mg/day (n=221), 150mg/day (n=218), paroxetine 20mg/day (n=217) or placebo (n=217). Primary endpoint: change from baseline to Week 8 in HAM-A total score. Secondary outcomes included: change from baseline to Week 8 in HAM-A psychic and somatic clusters.

Results: Mean HAM-A total score (overall baseline mean, 26.98) was significantly reduced at Week 8 by quetiapine XR 50mg/day (-13.95, p<0.05), 150mg/day (-15.96, p<0.001) and paroxetine (-14.45, p<0.01) versus placebo (-12.30).

At Week 8, mean HAM-A psychic cluster score (overall baseline mean, 14.40) was significantly reduced by quetiapine XR 50mg/day (-7.42, p<0.01), 150mg/day (-8.64, p<0.001) and paroxetine (-7.70, p<0.001) versus placebo (-6.27). Mean HAM-A somatic cluster score (overall baseline mean, 12.58) was significantly reduced by quetiapine XR 150mg/day (-7.37, p<0.001) versus placebo (-6.00), but not quetiapine XR 50mg/day (-6.54, p=0.15) or paroxetine (-6.74, p=0.05).

The incidence of serious AEs was low (<2%) in all treatment groups. During Weeks 1-8, most common AEs (>10%) were dry mouth, somnolence, fatigue, dizziness and headache with quetiapine; headache with placebo; and somnolence, dizziness, headache and nausea with paroxetine.

Conclusion: Once-daily oral treatment with quetiapine XR (50 and 150mg/day) was well tolerated and significantly reduced anxiety symptoms, demonstrating effects on both somatic and psychic symptoms, in patients with GAD.