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Generalized anxiety disorder in the anxiety/depression spectrum

H. Oskarsso [1], T.E. Thorgeirsson [2], F. Geller [2], H. Kolbeinsson [3], J.G. Stefansson [3], E. Lindal [3], A. Ingibergsdottir [4], J. Gulcher [2], K. Stefansson [2]. [1] *Therapeia Inc., Reykjavík, Iceland* [2] *Decode Genetics, Reykjavík, Iceland* [3] *National University Hospital, Department of Psychiatry, Reykjavík, Iceland* [4] *University of Iceland Faculty of Psychology, Reykjavík, Iceland*

Background and Aims: Generalized Anxiety Disorder (GAD) is classified as an anxiety disorder. High co-morbidity with other anxiety and depressive disorders blurs boundaries between these disorders, clinically as in research. This is particularly relevant for genetic research into causes of these disorders.

We attempt to clarify where GAD belongs in the anxiety/depression spectrum disorders.

Methods: The cohort is based on a population-wide screening for anxiety and depression in Iceland as part of a genetic research project. Following the screening participants underwent the Composite International Diagnostic Interview (CIDI) for possible ICD-10 diagnoses. Odds ratios (OR) were calculated by logistic regression analysis for GAD and the other disorders. The phobias (simple, social and agoraphobia) were pooled together in the analysis.

Results: A total of 3.150 participants underwent the CIDI. The OR between GAD and dysthymia was 2.99 (2.37-3,78), Panic disorder, PD, 2.03 (1.59-2.59); any phobia 1.15 (0.92-1.42) and Major Depressive Disorder, MDD, 1.07 (0.84-1.37). The OR between dysthymia, MDD and GAD is very high, . The OR, with co-morbidity accounted for by logistic regression analysis, is slightly lowered for all except dysthymia.

Conclusions: Our results show that GAD is significantly associated with dysthymia, followed by PD, but non-significant with the phobias and MDD. Dysthymia, on the other hand, has a robust relationship both to GAD and MDD, 2.97 and 2.91 respectively. Logistic regression confirms the strong link between GAD and dysthymia and gives these disorders the possible role of a genetic bridge between anxiety and depressive disorders.

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Insomnia and generalized anxiety disorder: Impact on clinical presentation and response to Pregabalin

S. Pallanti [1], S. Giordano [2], F. Mandel [2]. [1] *University of Florence Medical School, Florence, Italy* [2] *Pfizer Global Pharmaceuticals, Pfizer Inc, New York, NY, USA*

Background and Aims: To assess the impact of high levels of insomnia on response to pregabalin (PGB) in patients with GAD.

Methods: Pooled data were analyzed from 6 double-blind, placebo-controlled, 4- to 6-week trials of outpatients who met DSM-IV criteria for GAD with a minimum Hamilton rating scale for anxiety (HAM-A) score $\geq$18. Response was evaluated for 3 fixed-dose PGB groups: 150mg/d, 300-450mg/d, and 600mg/d. A "high-insomnia" subgroup was defined by a baseline HAM-D insomnia factor score $\geq$4 (maximum=6).

Results: At baseline, 482 (31%) patients met criteria for the high-insomnia subgroup, and 1073 (69%) for the low-insomnia subgroup. Mean baseline HAM-A scores were non-significantly higher (approx. 1-point) in high-insomnia vs low-insomnia patients. In high-insomnia patients, PGB produced significantly greater improvement in HAM-A total scores at LOCF-endpoint vs placebo—PGB 150mg/d (-10.3±1.01), PGB 300-450mg/d (-12.4±0.88), PGB 600mg/d (-11.6±0.72), and placebo (-8.4±0.66) ($P<0.0001$, all comparisons). Effect sizes for endpoint HAM-A change were higher in high-insomnia than low-insomnia subgroups (0.47 vs 0.32). Endpoint HAM-A-score changes were the same (-12.0) on PGB in both insomnia subgroups; placebo response was higher in low-insomnia patients. Significantly more high-insomnia patients on PGB were insomnia responders (reduction to minimal-to-no insomnia) (75.2%, all doses combined) vs placebo (61.5%; $P<0.005$). Rates of treatment-emergent insomnia were 4.7% for all PGB doses combined vs 5.4% for placebo.

Conclusion: Pregabalin was well tolerated, and improved overall anxiety symptoms, while specifically improving insomnia in patients with GAD presenting with high levels of concurrent insomnia.

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Emotional intelligence and panic disorder

G. Perna [1,2,3], R. Menotti [1], G. Boriello [1], L. Bellodi [1,2]. [1] *Anxiety Disorders Clinical and Research Unit, San Raffaele Turro, Milan, Italy* [2] *Faculty of Psychology, University of L'Aquila, L'Aquila, Italy* [3] *Vita Salute University San Raffaele, Milano, Italy*

Backgrund and Aims: Panic attacks are psychopathological phenomena with a strong emotional component that often induce an adaptive response with anticipatory anxiety and phobic avoidance. There are evidences of the presence of biases in emotional processing in patients with panic disorder. The aims of this study were to compare Emotional Intelligence (EI) between patients with PD and control subjects and to investigate if this construct is related to the severity of agoraphobia.

Methods: Fifty-one patients with PD and 50 healthy controls were assessed for their EI with the Mayer-Salovey-Caruso Emotional Intelligence Scale and their phobic avoidance with the Mobility Inventory for Agoraphobia. Data were analysed by not parametric statics.

Results: The Strategic Emotional Intelligence area showed lower scores in patients with PD compared to healthy controls (median 80 vs 84.9, $z = -3.37$, $p<.0008$). Among the subscales of this area, this difference was significant (median 80 vs 85.3, $z = -2.61$, $p<.009$) for the ''Understanding emotions'' branch. The severity of agoraphobia correlated with the ''Facilitating thought with emotion'' branch of Experiential EI area.

Conclusions: Patients with PD show a lower strategic EI. Some aspect of experiential EI seem to be related to the severity of agoraphobia. A training focused on the development of the strategic component of emotional intelligence might help patients with PD.

Mayer J., Caruso D., Salovey P. Emotional Intelligence Meets Traditional Standards for an Intelligence. Intelligence 2000; 27: 267–298.

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Platelet 18 kDa translocator protein density is reduced in depressed patients with adult separation anxiety

S. Pini, B. Chelli, M. Abelli, M. Muti, C. Gesi, A. Cardini, L. Lari, G.B. Cassano, A. Lucacchini, C. Martini. *Department of Psychiatry, Neurobiology, Pharmacology and Biotechnologies, University of Pisa, Pisa, Italy*

Background: Recent studies indicate that Adult Separation Anxiety Disorder (ASAD) may represent a discrete diagnostic entity worthy of attention. Adults with ASAD report estreme anxiety and fear about separations from major attachment figures. These symptoms lead to

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