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## Comorbidity of anxiety and depression

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Epidemiological studies have shown that anxiety disorders and depressive disorders frequently co-occur. Comorbidity studies revealed that estimations on comorbidity patterns of anxiety disorder and depressive disorders differs widely (30-80%). These differences may be due to different sampling-frames (community sample; primary care sample; secondary care sample). Our data were derived from the first wave of the Netherlands Study on Depression and Anxiety (NESDA), a 10-year longitudinal study on the long term prognosis of anxiety and depression. In our sample, 1285 subjects (52%) had a Major Depressive Disorder and/or an anxiety disorder (GAD; Social Phobia, PD with or without agoraphobia; agoraphobia alone) measured with the CIDI. These subjects were recruited from the general population (9%), in primary care (46%) and in specialized mental health care (44%). Of the 870 subjects with a MDD in the previous 6-months, 60% had an anxiety disorder (6-months) and 71% had an life-time anxiety disorder. Of the 937 subjects with a PD, GAD, Social Phobia or Agoraphobia in the previous 6-months, 56% had a MDD (6-months) and 70% had an life-time MDD. As expected comorbidity between anxiety disorders and MDD were significantly higher for subjects recruited in specialized mental health care settings (50%), then for subjects recruited in primary health-care facilities (34%) and for subject recruited from general population (27%)( $p < .001$ ). These preliminary findings suggested high levels of comorbidity between MDD and anxiety disorder. Furthermore, our findings demonstrated higher comorbidity patterns for subjects in specialized mental health care-settings.

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## Transcultural aspects of non-psychotic disorders prevalence rate in Buryatia

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According to data of official statistic for recent decade, dynamic indices of number of newly diagnosed patients as non-psychotically disordered in Buryatia essentially is lower than analogous over East-Siberian region. Of special difference are indices of dispensary and liaison account, if as a whole for the Siberian region ratios of indices 1:2, 1:4 are noted, in Buryatia indices of liaison care are lower or equal to dispensary observation. We have conducted analysis of indices of sick rate with non-psychotic disorders depending on age and place of living in 2005. As a whole over Buryatia for total population indices of dispensary and liaison account practically do not differ, minimum indices have been documented in adults, maximum ones in adolescents of dispensary group and children of liaison group. Over Ulan-Ude indices are lower than over Republic both for general population and for adults, in group of dispensary account, but higher for adults of liaison group and for children of both groups. Indices of adolescence in dispensary group exceed 10 times the analogous index in adults. Higher indices of childhood and adolescence, in our opinion, are associated with active dispensarization of these age groups. Rarity of search for help in adults with non-psychotic disorders is

to greater extent culturally conditioned. Irrespective from ethnic belonging patients with neurotic disorders, in the process of search for help, firstly seek for lamas and shamans and only after that into psychoneurological dispensary, and prefer psychotherapists to psychiatrists.

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## Prevalence of overweight and obesity, and relationship to physical activity among Norwegian women (18-65) in 1991 and 2004

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**Background:** The increase in obesity has been described in the US as a major health problem. Recent European and Scandinavian studies indicate similar issues, yet little longitudinal data exists. Increased weight and BMI could indicate a lifestyle with a non-healthy diet and sparsely physical activity.

**Objective:** To study the prevalence of overweight and obesity in the general population of women aged 18-65 years in Norway 1991 (n=1849) and 2004 (n=1521).

**Methods:** Body Mass Index categories (kg/m<sup>2</sup>) were constructed based on self-reported height and weight. Questions on physical activity were added as well as items concerning pathological eating behaviors.

**Results:** The main findings are presented in Table 1. We will also present results concerning the relationship between obesity and physical activity.

**Discussion:** The overall overweight/obesity group has increased nearly 2.5 times from 1991 to 2004. A double increase in overweight, and a triple increase in the obesity 1 and 3 categories were found. These results are discussed in terms of changes in lifestyles and inactivity. In addition, suggestions are given on how to deal with this increasing health problem in the population.

Table 1

Obesity in 1991 and 2004.

BMI categories		1991	2004
Overweight	25–29.9	12.8	28.8
Obesity 1	30–34.9	2.3	6.7
Obesity 2	35–39.9	0.9	1.2
Obesity 3	≥ 40	0.2	0.6
<b>Total</b>		16.2	37.3

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## Incident sexual dysfunction disorders in clinically significant depression in a UK representative patient population

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**Background:** Depression is among the most common psychiatric disorders seen in primary care. Sexual dysfunction is often present in patients diagnosed with depression, but the temporality of the association is not clear. The aim of the present study is to ascertain sexual dysfunction for men and for women relative to diagnosis of