P0225

A suicidal risk in patients with neurotic and endogenous depressions

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Background: Researches of a suicidal risk formation are an actual medical-social problem nowadays, as suicides are one of the leading causes in the structure of premature mortality. A formation of suicidal risk in various groups of patients is studied insufficiently, so an assessment of suicidal risk in patients with neurotic (F41.2, F43) and endogenous depression (F31, F32) was the aim of this investigation.

Methods: The methods included a clinico-psychopathological examination and a psychodiagnostical examination (the method of suicidal risk detection and the method for determination of self-consciousness of death (Gavenko V.L. et al., 2001)).

Results: It was defined that patients with neurotic depressions had a high suicidal risk level (27.75 points). The suicidal risk was manifested maximally (29.05 points) in patients with disorders of adaptation (F43), and was 26.45 points in patients with anxiety-depressive disorders (F41.2). An average suicidal risk for patients with endogenous depressions was 28.35 points. A level of self-consciousness of death by a person plays an important role in a suicidal behavior formation. Its low level enhances a risk of auto-aggression. Patients with neurotic depressions have generally higher levels of self-consciousness of death (22.72 points) in comparison with patients with endogenous depressions (21.16 points) that evidences an insufficient anti-suicidal barrier in latter patients and reflects a presence of real auto-aggressive intentions.

Conclusions: It is necessary to take onto account the data obtained in diagnosis and differentiated approaches to therapy and prevention of suicidal risk.

P0226

The predictive validity of postpartum depression predictors inventory-revised (PDPI-R). Results from the PND-RESCU study

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Background and Aims: After the development of the Postpartum Depression Predictors Inventory-Revised (PDPI-R) only one study was conducted to determine the predictive validity of the Prenatal and Full Versions of the instrument. However this study did not succeed in identifying the cut-off for the Full Version.

We aimed to determine the predictive validity of the PDPI-R as a screening instrument for post-partum depression (PPD).

Methods: Women completed the PDPI-R at the 3rd month of pregnancy and at the 1st month after childbirth. PPD symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS) at multiple time points during pregnancy and during the post-partum. When the EPDS score was $\geq$13, a Structured Clinical Interview for DSM-IV Disorders was conducted to determine whether criteria for depression were met.

Results: The Prenatal and Full Versions of the PDPI-R predicted accurately 80.3% and 88.2% of PPD. The Prenatal PDPI-R yielded a sensitivity of .72 and a specificity of .74 at a cut-off score of 4.5, while the Full version yielded a sensitivity of .83 and a specificity Conclusions

The PDPI-R is a useful and valid screener for PPD.

P0227

Depression and somatoform pain syndromes

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Patients suffering from Somatoform Pain Syndromes [S.P.S] are usually seen by general practitioners and more rarely by psychiatrists and they are usually treated with benzodiazepines.

Relationships have been identified between chronic pain and maladaptive ways of thinking (Jensen et al 1991) affective distress (Haythornthwaite et al 1991) and low serotonin turnover (Magni et al 1987).

Cognitive vulnerabilities include the sort of dysfunctional thinking associated with depression where perceptions of helplessness and hopelessness are common.

Serotonin is believed to have an important role in affective disorders and in pain perception [Gershon 1986],

The aims of the present study are to explore the psychopathology that occurs in patients with somatoform pain syndromes, to study in depth the psychiatric profile of the patients.

Twenty [20] males and thirty-nine [39] females. Mean age m 57, 35 SD =17, 01, suffering

From S.P.S.

There was a comparison group of healthy volunteers 23 males and 35 females. Their mean age m 48, 09 SD=14, 36.

The psychometric measurements employed were

Hostility was examined by the hostility and direction of hostility questionnaire [HDHQ].

The HDHQ measures non-physical aggressiveness. It consist of 52 items allocated to five subclasses each measuring a different hostility dimension,

Psychiatric symptomatology was evaluated by the symptom -checklist-90-R [SCL-90 R] and the Delusions Symptoms States Inventory / State of Anxiety and Depression, [DSSI / SAD].

The statistical analysis was made with the use of SPSS program.

The SPS patients reported significantly more symptoms of depression than the subjects without pain.

P0228

Extended release Quetiapine Fumarate (Quetiapine XR) monotherapy in the treatment of patients with major depressive disorder (MDD)

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Aim: To evaluate the efficacy and tolerability of once-daily quetiapine XR (extended release) monotherapy in patients with MDD (unipolar depression) compared with placebo.

Methods: 8-week (6-week active treatment, randomised phase; 2-week post-treatment drug-discontinuation/tapering phase), multicentre, double-blind, parallel-group, placebo- and active-controlled study (D1448C00002). 612 patients were randomised to quetiapine XR 150mg/day (n=152), 300mg/day (n=152), duloxetine 60mg/day

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