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The influence of depressive symptoms on quality of life in coronary artery disease inpatients after the successful coronary angioplasty

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Background: Studies confirm a strong relationship between depression, quality of life and coronary artery disease (CAD)

Aim: To assess how the comorbidity of depressive symptoms and CAD influences the quality of life (QoL) in patients after the successful coronary angioplasty (PCI).

Methods: 227 patients with CAD selected for PTCA were enrolled. 156 patients with full clinical and angiographic success and without restenosis within 4 weeks after the intervention were included in one year follow-up. Patients' status was assessed four times (one day before and at 1, 6 and 12 months after the intervention), with: polish version of SF-36, Beck Depression Inventory (BDI), Rosenberg Self-Esteem Scale (RS), Beck Hopelessness Scale (HS), Automatic Thoughts Questionnaire (ATQ).

Results: In the whole study group (n=156) the QoL at 1 month after PTCA was significantly improved. This tendency persisted in further examinations. There was a significant correlation between the quality of life (SF-36), severity of depressive symptoms (BDI) and parameters describing depressive changes in thinking (HS, RS, ATQ). On each occasion during the one-year follow-up the presence of depressive symptoms was associated with the poorer quality of life, both with respect to the total SF-36 points and individual components of QoL measured by 8 subscales of the SF-36.

Conclusion: Present findings indicate that depressive disorders in patients with CAD – even after successful intervention – significantly affect the quality of life. Optimized comprehensive approach to CAD patients with concomitant depressive disorders may require inclusion of psychological intervention, and in severe cases even psychiatric treatment.

P025

Depressive symptoms in coronary artery disease inpatients after the successful coronary angioplasty

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Background: Studies confirm a strong relationship between depression and coronary artery disease (CAD).

Aims: To investigate the spectrum and course of depressive symptoms in CAD patients before and after the successful coronary angioplasty (PCI) in one year follow-up.

Methods: 227 patients with CAD selected for PTCA were enrolled. 156 patients with full clinical and angiographic success and without restenosis within 4 weeks after the intervention were included in further analysis. Patients' status was assessed four times (one day before and at 1, 6 and 12 months after the intervention), with Beck Depression Inventory (BDI), Rosenberg Self-Esteem Scale (RS), Beck Hopelessness Scale (HS), Automatic Thoughts Questionnaire (ATQ).

Results: Mild and moderate depressive disorders with the prevalence of nonspecific somatic symptoms were observed one day before PTCA in 75 (48%) patients. One month after the PCI, depressive symptoms persisted in 33 subjects. Moreover in group of patients

who were free of depressive symptoms a day before PTCA, twelve patients (15%) developed depressive symptomatology. Depressive symptoms and depressive disorders of thinking (especially hopelessness) recognized 4 weeks after PTCA had a tendency to persist at 6 and 12 months. The tendency was associated with more severe affective-cognitive and somatic symptoms of the depressive syndrome, more frequent negative automatic thoughts and stronger hopelessness detected at the beginning of the study.

Conclusions: The results suggest that successful PCI is not sufficient determinant for the improvement of depressive symptoms. Diagnosis of depression in CAD patients needs a special attention, because of tendency to persistence.

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Urinary steroid metabolites in patients with violent suicidal and non-suicidal depressive disorders

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Background: The aim of the present study was to obtain comprehensive information on steroid metabolism in violent and nonviolent suicidal as well as in nonsuicidal depressed patients. METHODS:24-h urinary steroids were measured by gas chromatography in patients compared to controls. Psychobiological test (TCI)for evaluating personality and tests to measure depression and impulsivity (Beck, Barratt)were conducted. Kruskal Wallis and Mann Whitney test were used for statistical analysis.

Results: Significant differences were found between the suicidal (particularly violent)vs depressive and between the depressive vs control groups ($p<0.05$) with regard to F/DHEA (F-cortisol/DHEA dehydroepiandrosteron). The Barratt scale's results also correlated significantly with this ratio. aTHF and alfa-cortolon differed the groups too. No significant age and sex differences were detected among the groups concerning the steroid metabolites.

Conclusion: Our investigations confirmed that affective disturbances, particularly in violent suicidal cases associated with altered steroid metabolism. These differences may be the cause as well as the consequence of the depressive-impulsive disturbances. Our experiences contribute to the knowledge of the nature and steroid background of the psychiatric diseases

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Fatigue in major depression: The role of anxiety and somatisation

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Objective: Fatigue in patients with major depression is understudied, although highly prominent. The objective of this ongoing study is to search for parameters correlating with the severity of reported fatigue along a major depressive episode.

Methods: We present preliminary findings regarding 58 currently depressed patients (47 females, 11 males) with a diagnosis of major depressive disorder. Patients' age ranged from 24 to 65 years old (49.8 ± 10.2). Patients suffering from physical diseases or other conditions associated with prominent fatigue were excluded. The severity of fatigue during the last two weeks prior to assessment was recorded with the Fatigue Severity Scale (FSS), the Fatigue Questionnaire (FQ), a visual analogue scale (VAS) and Beck Depression Inventory (BDI) item 17. The vitality subscale of the 36-item Short-Form