the action of antipsychotic drugs. A common functional polymorphism (rs6295) in the promoter region of the human 5-HT1A receptor gene has been reported. This polymorphism may be useful in identifying psychopathology and phenotypic characteristics associated with altered function of the human 5-HT1A receptor.

The aim of this study was to determine whether genetic variants for these receptor influence the functional morphological characteristics of brain in schizophrenia.

63 patients with schizophrenia were genotyped for the functional variant in the promoter region of 5-HT1A receptor (rs6295) and for polymorphisms for 5-HT2A (rs6313) and serotonin transporter-SERT (rs4795541). The subjects were investigated by 18fluoro-deoxyglucose (18FDG) positron emission tomography (PET) in the resting state, magnetic resonance imaging (MR) and functional magnetic resonance (fMR) with 2-back test activation paradigm. Voxel-based-morphometry (VBM) was used to detect the differences in the density of grey and white matter. The neuroimaging data were treated by the use Statistical Parametric Mapping (SPM5) with genetic variants as the factor.

The polymorphism in 5-HT1A receptor was associated with the functional morphometric characteristics in cortical regions in projection areas of serotonergic system.

Our findings identify an important genetic factor predicting functional and structural characteristics in schizophrenia. Future research would test the role of HT1A polymorphism in the interaction with 5HT2A and SERT on morphological characteristics within the context of antipsychotic effects.

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S48.04

Serotonin-1A agonists as a cognitive enhancer in schizophrenia: Clinical evidence

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Background and Aims: Postmortem and PET studies indicate increased serotonin (5-HT)-5-HT1A receptor density in frontal and temporal cortices in schizophrenia, suggesting up-regulation secondary to diminished 5-HT1A-receptor stimulation. We previously conducted a series of pilot studies of the effects of the addition of tandospirone, a 5-HT1A partial agonist and azapirone derivative, to ongoing treatment with small to moderate doses of typical antipsychotic drugs, on cognitive function in patients with schizophrenia. The addition of tandospirone (30 mg/day), but not placebo, for 4 to 6 weeks was found to improve executive function and verbal learning and memory.

Methods and Results: We have conducted a randomly-assigned placebo-controlled double-blind study to investigate the ability of the addition of buspirone to enhance cognitive function in subjects with schizophrenia treated with atypical antipsychotic drugs (AAPDs). Buspirone, 30 mg/day, outperformed placebo in improving the performance on a measure of attention/speeded motor performance and index of general cognitive function. The distinct cognition-enhancing ability of buspirone suggests its usefulness for patients who have large deficits in attention in spite of treatment with AAPDs.

Conclusions: The findings from these clinical studies indicate 5-HT1A receptors are a promising target for the management of psychotic symptoms and cognitive disturbances of schizophrenia. This concept has prompted the development of novel antipsychotic compounds with agonist actions at 5-HT1A receptors, e.g. F156063, SLV313, SSR181507, and bifeprunox. Evidence from basic studies with these drugs suggests an optimal balance of activity at 5-HT1A and dopamine-D2 receptors is required to gain cognitive benefits, which deserves further investigations.

Free Communications

FC02.01

New psychotherapeutic package for PTSD- patients without marked personality disorders

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Cognitive models suggest that PTSD becomes persistent when individuals process the trauma in a way that leads to a sense of threat, which arises as a consequence of excessively negative appraisals of the trauma and its sequelae, and of a disturbance of autobiographical memory characterised by poor elaboration and contextualization, strong associative memory and strong conceptual priming. Nevertheless, despite adequacy and pertinence of the cognitive model of PTSD, recent neurobiological evidence shows that emotions can be experienced without cortical interpretations of stimuli, and clinical evidence indicates that experiences can be stored as isolated affective fragments that function later to distort cognition. This suggests that cognitive therapies are based on a limited model of mental functions that sometimes must be supplemented by broader approach, combined with classical cognitive therapy. EMDR for instance may be a specific treatment for non-cognitive driven and primary emotions, derived from direct activation of the amygdala. The actual impact of CBT on PTSD may be considered a result of the well known efficacy of those treatments on comorbid personality disorders or unipolar depression, which are often associated with PTSD. However, the usually high failure rate in treating PTSD along the lines of CBT may be due to its inefficacy on primary emotions, not-linked to cognitive dysfunction. Therefore, a combination of treatments targeting primary emotional disorders as well as secondary affective disorders, linked to cognitive distortions, may enhance efficacy of therapeutic management in PTSD.

FC02.02

PTSD Symptoms: Results of trauma or correlates of psychosocial characteristics?

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Background and Aims: Reports in recent literature regarding PTSD note that: 1) defining symptoms do not always accompany exposure to a potentially traumatic event and 2) symptoms are often observed in the absence of experience with traumatic events. The question arises: is manifesting PTSD symptoms principally a function of experiencing traumatic events or of unrelated psychosocial characteristics.

Methods: Data on three sets of variables [PTSD symptoms (Intrusive Experiences and Defensive Avoidance), potentially traumatic experiences (victim of assault, witness of assault, experiencing domestic violence, experiencing interpersonal loss, injured in an accident) and psychosocial characteristics (availability of adult confidant, sense of personal efficacy, emotional reactivity)] were collected by

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questionnaire from a community sample of 416 older adolescents age 18. Data were analyzed by hierarchical regression procedures.

Results: 11% of the sample reported "clinically significant" levels of PTSD symptoms. Each of the trauma and psychosocial variables was significantly correlated with PTSD symptoms. A multiple R of .58 was obtained between the eight independent variables and level of symptoms, accounting for 33% of the variance in symptoms: trauma independently accounted for 8% of the variance in symptoms, psychosocial characteristics independently accounted for 19% of the variance in symptoms, and overlapping influences of trauma and psychosocial characteristics accounted for 6% of the variance in symptoms.

Conclusions: Although manifesting PTSD symptoms is related to exposure to potentially traumatic events, it appears to be primarily a function of psychosocial characteristics, not of exposure to traumatic events.

FC02.03

Predictors of response to pharmacotherapy in mood and anxiety disorders: Commonalities, differences and indications

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The pharmacological treatment of mood and anxiety disorders reduced their morbidity and improved mental health for millions of people. Unfortunately, not all subjects benefit from treatments.

The aim of the present review is to summarize available knowledge about antidepressants and anxiolytics' genetic, demographic, psychosocial and clinical predictors of response, identifying common and specific predictors.

A literature search was conducted using MEDLINE and references of selected articles. The search strategy sought only studies published in English.

Many predictors have been identified. The main genetic finding regards the serotonin transporter gene promoter (SERTPR) polymorphisms which long variant seems to be related to a positive response to therapy in mood disorders and could have a role in anxiety disorders as well. Other genetic predictors as the catechol-O-methyltransferase, the dopamine receptor and the serotonin receptor polymorphisms have been analyzed. Anyway the role of genetic predictors seems nowadays very limited in common clinical practice.

Among other predictors, the main factors common to most disorders are: a comorbid axis II disorder, early onset and a longer duration of illness, which seem related to a worse response to therapy and the presence of a good social support, a good social adjustment and spirituality related to a better outcome. A number of other specific predictors have also been consistently reported.

Possible limitations and suggestions for future researches and clinical practice based on a more integrated vision of human complexity, network of interactions and dynamicity are explained and discussed.

FC02.04

Depression and anxiety of CABG patients - long-term follow-up

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Objective: assessing the incidence, severity and course of self-reported depression and anxiety of CABG patients in long-term follow-up.

Method: 53 patients were examined before coronary artery bypass grafting (CABG), 7-10 days and 3 months after CABG. The follow-up response rate after 6 years (T4) was 83%, 37 were assessed and 7 patients died. Spielberger State-Trait Anxiety Questionnaire and Beck Depression Inventory (BDI) were used.

Results: Patients who died between T3 and T4 had significantly more postoperative complications, lower physical and mental well-being after operation and the higher BDI somatic subscale scores than those, who were assessed at T4.

Most of patients without depressive symptoms before operation did not have those afterwards. Mean BDI affective subscale scores were stable within 4 assessments. BDI affective subscale scores were higher among persons with comorbidity. Longer intubation and postoperative complications was associated with higher scores of BDI somatic symptoms. Higher BDI scores were correlated with worse physical well-being rather than mental one. The level of anxiety symptoms was positively correlated with severity of depressive symptoms. However, in the follow-up group the significant reduction of anxiety symptoms after 3 months and 6 years in comparison to preoperative levels were observed.

Conclusions: Positive cardiac effect of CABG did not influence on reduction of depressive symptoms in short and long-term perspective. Preoperative assessment of anxiety and depressive symptoms can indicate risk group and suggest care proceedings during rehabilitation period in order to improve effectiveness of cardiac grafting.

Symposium: Longitudinal findings of a European study in depression (FINDER)

S60.01

Observational studies in depression

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There is increasing debate in the healthcare literature about the 'efficacy gap' and assessment of the 'relative effectiveness' of healthcare interventions, especially for publicly funded healthcare systems where demand always exceeds available resources and where physicians and decision-makers must choose between different treatments. By providing further information about the management of depressed patients in real life settings, observational studies complement randomised controlled trials (RCTs) findings and provide information about the benefits of different treatments on patient outcomes

Although the efficacy of antidepressant medications and psychotherapeutic treatments are well established, their effectiveness in improving a broad range of outcomes is less clear. The goal of treatment is to achieve remission (generally defined as no or minimal symptoms and a return to normal functioning) as this is associated with a lower risk of relapse. Various factors have been reported to influence the likelihood of achieving remission: severity and chronicity of depression, demographic factors, anxiety symptoms, painful physical symptoms, co-morbidities and adherence to treatment.

Remission is assessed by prospective studies, particularly RCTs. The generalisability of these results is often limited by the selectivity of the participating patients. Many patients taking part in observational studies have comorbidities that would have excluded them from randomised controlled trials, but who represent the "real-world" population of patients with depression. Observational longitudinal

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