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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studies can determine outcomes in a heterogeneous group of patients and they reflect the routine care of depression in clinical practice.

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## S60.02

Health related quality of life outcomes in a depressed population 6 months after treatment initiation: Results from the FINDER study

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**Objective:** This analysis explores factors associated with health-related quality of life (HRQoL) outcomes following treatment for a depressive episode.

**Methods:** FINDER was a prospective, observational study evaluating HRQoL in 3,468 depressed outpatients receiving antidepressant (AD) treatment. Patients completed the Short-Form-Health-Survey (SF-36) and European-Quality-of-life-5-Dimensions (EQ-5D) questionnaire at baseline, 3 and 6-months. SF-36 is summarised with the Physical and Mental Component Summary (PCS and MCS) scores. AD medication was recorded at each observation, and patients completed ratings on the Hospital Anxiety and Depression Scale (HADS), Somatic Symptom Inventory (SSI-28) and pain severity Visual Analogue Scale (VAS). Multivariate analysis for HRQoL outcomes was performed.

**Results:** In addition to the respective baseline HRQoL score, somatic symptoms had the strongest association with SF-36 MCS; age and the presence of chronic medical conditions had the strongest association with PCS (all $p<0.001$). Variables most strongly associated with EQ-5D, besides their respective baseline scores, were somatic symptoms and pain severity, as well as duration of current depression (all $p<0.001$). AD treatment was significantly associated with

SF-36 MCS and EQ-5D VAS (all $p<0.001$). Switching medication within class during 6 months was significantly associated with poorer outcomes on all HRQoL measures (all $p<0.001$) compared to not switching.

**Conclusions:** HRQoL at treatment initiation and somatic symptoms were associated with the level of improvement in HRQoL observed in depressed outpatients over the course of 6 months. Treatment switching, duration of episode and pain were also important factors to consider.

FINDER was supported by Eli Lilly and Company Limited & Boehringer Ingelheim GmbH

## S60.03

Prevalence of pain in depression and health related quality of life outcomes: Results from FINDER

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**Objective:** To explore health-related quality of life (HRQoL) outcomes of patients with depression and moderate/severe pain compared to depressed patients with no/mild pain.

**Methods:** FINDER was a 6-month prospective, observational study to investigate HRQoL of 3,468 depressed outpatients receiving antidepressant treatment. Patients completed ratings on pain severity using Visual Analogue Scales (VAS) at the beginning of treatment, 3 and 6-months. Overall VAS pain severity ratings ?30mm were defined as 'no/mild pain', and >30mm as 'moderate/severe pain.' Pain response was defined as rating >30mm at baseline, changing to ?30mm at 6-months. Patients also completed the Short-Form-Health-Survey (SF-36) and European-Quality-of-Life-5-Dimensions (EQ-5D) questionnaire.

**Results:** 56% of patients with depression experienced moderate/severe pain at baseline, and 70% of these had no physical explanation. Those with depression and pain at baseline reported poorer HRQoL on the SF-36 physical component score (but not mental component score) and EQ-5D scores at baseline and 6-months. 47% (n=685) of those with depression and pain at baseline had moderate/severe pain at 6-months. Pain response was highest for those with greater baseline depression. Several socio-demographic, psychiatric and medical history characteristics were associated with decreased pain response according to logistic regression, as was baseline level of pain. In addition, those using analgesics, particularly opioids, were less likely to respond.

**Conclusions:** There was considerable comorbidity between pain and depression. Almost half of such patients did not demonstrate a pain response within the observation period and may represent a specific subgroup.

FINDER was supported by Eli Lilly and Company Limited & Boehringer Ingelheim GmbH.

## S60.04

Six month outcomes for different baseline 'caseness' status: A closer look at depression, anxiety and comorbid depression and anxiety

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**Objective:** This analysis explores outcomes of depressed outpatients observed for 6-months in routine care. Clinically diagnosed patients were grouped with respect to their 'caseness' for depression and/or anxiety.

**Methods:** FINDER was a prospective, observational study evaluating health-related quality of life (HRQoL) in 3,468 depressed outpatients receiving antidepressant treatment. Patients completed ratings on the Hospital Anxiety and Depression Scale (HADS) at baseline, 3 and 6 months. HADS subscores of $\leq$7, 8-10 and >11 at baseline were used to classify patients into 'non-cases,' 'doubtful cases,' and 'probable cases' for depression and anxiety, respectively. HRQoL measures included the Short-Form-Health-Survey (SF-36).

**Results:** 74% of patients with clinically diagnosed depression fulfilled HADS criteria for probable case for anxiety, 66% for probable case for depression and 56% for both, depression and anxiety. After 6-months, 50% of HADS-defined cases for depression at baseline were non-cases for anxiety and depression. Similarly, 40% of cases for anxiety and 41% of cases for both depression and anxiety at baseline were non-cases for anxiety and depression at 6-months. SF-36 physical and mental component scores (PCS, MCS) at 6-months were 51.5(7.6), 46.1(8.6) for non-cases for depression, 51.3(7.8), 46.9(8.3) for anxiety non-cases and 52.0(7.4), 48.2(7.5) for non-cases for comorbid depression and anxiety at 6-months, respectively.

**Conclusions:** Depression seems to improve more than anxiety or comorbid depression and anxiety, according to HADS. Physicians appear to not always comply with DSM-IV classification criteria when making a diagnosis of clinical depression.

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## S60.05

Patterns of antidepressant use in routine care of depressive outpatients in a 6-month European observational study: Results from finder

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