2,47). We compared 3 groups: 1. MDD without comorbidity (N=147), 2. MDD with comorbidity (no ADHD) (N=249), 3. MDD with ADHD with/without other comorbidity (N=87). Diagnoses were determined by semi-structured interview, quality of life was measured by self-report and parental report. Groups were compared by ANOVA, post hoc comparisons were done in cases of significant differences.

Results: The MDD with ADHD group differed from the others in gender distribution, younger age at onset of depression, more frequent hospitalization and/or outpatient treatment. Child reported QL was not different among the groups. Parent reported QL was the highest in the MDD without comorbidity group, somewhat decreased in the MDD with comorbidity group and lowest in the MDD and ADHD group.

Conclusions: ADHD worsens the course of MDD in children and adolescents. Quality of life of depressed children decreases further by additional comorbidity, but ADHD has the most negative effect in parents' opinion. It is important to ask both parent and child in examining QL of children.

P045

Duloxetine increases stage 3 sleep and suppresses rapid eye movement (REM) sleep in patients with major depression

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Background and aims: Sleep studies in patients with major depression receiving the new selective norepinephrine and serotonin reuptake inhibitor (SNRI) duloxetine are lacking.

Methods: Polysomnography in 10 patients with major depression (7 males, 39.9 $\pm$ 7.6 years, HAMD-21 score: 23.6 $\pm$ 5.6) was recorded twice, before and after 7-14 days of treatment with duloxetine.

Results: A significant ($p < 0.01$) increase from baseline to endpoint was found for amount of stage 3 sleep (21.0 $\pm$ 10.7 to 37.4 $\pm$ 20.1 minutes) and REM latency (58.5 $\pm$ 31.1 to 193.6 $\pm$ 72.6 minutes). Amount of REM sleep significantly ($p < 0.01$) decreased from 94.8 $\pm$ 34.5 to 51.5 $\pm$ 42.5 minutes.

Conclusions: These results partly differ from those in healthy subjects receiving duloxetine.

P046

Stress hormones and anabolic balance in depression: Influence of antidepressants.

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Objectives: Some researchers suppose that cortisol/DHEAS ratio is an important markers of anabolic balance.

The aim of the study was to investigate cortisol, DHEAS and cortisol/DHEAS ratio in depressed patients with antidepressant treatment.

Methods: There were examined 39 patients with depressive episode (F 32.2). Patients in the first group (n=25) had antidepressant treatment of tianeptine during three weeks in the average dose of 37,5 mg per day. Patients in the second group (n=14) had treatment of sertraline in the average dose of 50 mg per day. Depressive symptoms were evaluated by the Hamilton Depression Scale (HDS). Blood samples were drawn two times: before antidepressant treatment, and on 21 day of the treatment. Serum DHEAS and cortisol levels were measured using immune-enzyme method.

Results: There was a negative correlation between DHEAS level and score by the HDS before treatment (rs = - 0,47, p=0,037). Cortisol/DHEAS ratio in patients after tianeptine treatment was significantly low than before treatment (accordingly 258 and 394, P = 0,002). In patients under sertraline treatment these differences were also significant (accordingly 339 and 419, p=0,04), but after tianeptine treatment cortisol/DHEAS ratio was significantly low than after sertraline treatment (accordingly 258 and 339, p=0,003). Decrease in the cortisol/DHEAS ratio was correlated with improvement of depressive symptoms, measured by HDS (rs = 0,42, p=0,045).

Conclusions: Our results demonstrate that antidepressants influence on anabolic balance in depression, decreasing cortisol/DHEAS ratio. The influence of the tianeptine on cortisol/DHEAS ratio is marked more than sertraline.

P047

Role of psychological suitability factors in the choice between short and long-term therapy for treatment of depressive and anxiety disorders

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Patient's pre-treatment personality characteristics and interpersonal predispositions are known to predict outcome of psychotherapy. In order to choose an optimal treatment it is essential to know which of these psychological suitability factors predict different outcome in short and long-term therapy. In the Helsinki Psychotherapy Study the role of suitability factors between short-term and long-term therapies was studied.

A total of 326 outpatients aged 20-46 years and suffering from depressive or anxiety disorders were randomly assigned to short-term therapy (short-term psychodynamic psychotherapy or solution-focused therapy combined) or long-term psychodynamic psychotherapy and were followed for 3 years. Psychiatric symptoms were assessed with the Symptom Check List, Global Severity Index (SCL-90-GSI) and psychological suitability factors with a 7-item suitability assessment scale.

Patients with good or moderate values of psychological suitability factors gained more from short-term than from long-term therapy during the first year of follow-up. Among patients with poor values of certain suitability factors, long-term therapy appeared more effective than short-term therapy during the third year of follow-up. When combining two individual suitability factors four patient groups could be found: patients who gained faster from short-term therapies, patients who gained equally from both short and long-term therapies, patients who gained only from long-term therapies, and those who gained neither from short nor long-term therapy.

Patients with good or moderate values of suitability factors can be successfully treated with short-term therapy, whereas patients with poor values need long-term therapy or some other treatment to recover. More research is needed to verify these findings.

P048

Depressive symptoms and sport activity among college students

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