

depressive symptoms and cardiovascular function changes recorded by means of instrumentation: the stronger are the depressive affections, the worse are the parameters “myocardium” and “rhythm”.

P0249

Clinical and dynamic characteristics of lingering Non-psychotic depression

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During last 40 years there are constant increase of depressive disorders in the population of many countries. Incidence of these disorders got the character of “big epidemy” and became one of the global problem for the world community. Psychogenic stressful factors, experienced by nearly every adult, have a principal role in development of these disorders. At the same time we have a tendency of forming lingering depressions, this fact shows us the urgency of study next important formation factors of lingering affective disorders - clinical factors, type of personality. The purpose of this investigation is a study of clinicopsychopathologic, typological features of patients with lingering non psychotic depression. The methods of this investigation include clinical method, personal inquirer of Leonhard, Lazarus’ indicator of coping-strategies. Patients with acute form of somatic disease and disorders of other registers didn’t take part in investigation. Evaluation of clinical syndroms of depression had displayed significant prevalence of astheno-adyamic, anxious and hypochondriacal depression. Most of the patients had a psychologic traumatic experience of interpersonal family relations. Analysis of individual typological features of personality had shown the prevalence of hysteroid and anxiously-sensitive accents of character. It had been discovered significant correlation between the type of personality and preferred coping-strategies in behaviour, realised as “looking-for social support”, “flight- avoidance” and “ranging”. Formation of lingering non psychotic depression is a multiple-factor mechanism. The components of this mechanism may be as clinical syndromic features so as definite type of personality with its coping-strategies and external factor of psychogenic nature.

P0250

Alcohol detoxification improves depressive symptomatology in alcohol dependent individuals

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Background and Aim: Alcohol abuse may result in symptoms of depression. The objective of this study was to investigate the effect of detoxification on depressive symptoms in alcohol abusing/dependent subjects

Methods: The sample comprised 240 alcohol dependent individuals (175 males, 65 females) who were treated either with sole psychotherapy or psychotherapy and pharmacotherapy as an adjunct. The Zung Depression Scale (ZDS) was used for the assessment of depressive symptoms. The scale was administered at the beginning and at the end of the detoxification period that lasted 4-6 weeks. T-test for paired samples was used for the comparison of Zung scores between the two time points.

Results: Mean age of subjects was 46.4 ± 11.1 years (male: 46.7 ± 11.3 , female: 45.6 ± 10.9) and mean alcohol consumption was 316.5 ± 218.7 gr/day, (male: 367.3 ± 223.9 , female: 151.8 ± 70.6 gr/day). Scores were indicative of severe symptoms of depression (score >70) before initiation of treatment. By the end of the detoxification period psychopathology significantly subsided (admission vs. discharge: 76.3 ± 5.8 vs. 35.7 ± 3.9 ; $p < .000$).

Conclusions: Alcohol abusing/dependent individuals exhibit severe depressive symptoms, as assessed through the ZDS. Following 4-6 weeks of detoxification these symptoms subside and reach normal levels. These results are in agreement with previous findings of our group with the use of Hamilton Depression Rating Scale as the assessment tool.

P0251

Schizophrenia patients with drug abuse perform better in CPT: One cross-sectional study in acute in-patients

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Background and Aims: The relationship between drug abuse and vulnerability for psychosis still remains insufficiently understood. A proportion of the schizophrenia syndrome could be due to drug abuse in the absence of genetic vulnerability. The objective is to test the association between drug abuse and attention endophenotype in schizophrenia.

Methods: One cross-sectional study was carried out in a sample of 70 schizophrenia in-patients in acute state. It was defined two groups of schizophrenia patients: with ($n=25$) and without ($n=45$) drug abuse. The attention endophenotype was measured using CPT (X version, d prime parameter). It was controlled for: general neuropsychological performance (Trail Making Test A and B, Stroop Test), symptoms (PANSS, SANS, SAPS), basic symptoms (FCQ-III), clinical global impression, functioning (GAF), treatment, extrapyramidal side effects and akathisia. After Z-score transformation, performance in CPT was compared between the two groups using the student’s t test. When necessary we used regression models for the adjustment of control variables.

Results: Schizophrenia patients with drug abuse had a better performance in CPT (effect size: 0.71; $p=0.004$). Both groups were comparable in terms of the control variables except for Trail Making A, but when controlling for this variable the difference remains significant. Nevertheless, Trail Making Test is linked to attention process, so the differences can be explained by the different performance in both groups.

Conclusions: Schizophrenia patients with drug abuse had less genetic vulnerability for the disease when using attention vulnerability markers. In this cases the use of abuse drugs probably have had important aetiological implications.

P0252

Quality of life in HIV patients with depression

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Objective: To assess and compare the quality of life in HIV patients with and without depression.

Methodology: 100 HIV positive subjects were interviewed in a case control study. Subjects were interviewed by a psychiatrist to diagnose depression and HAM-D was used to rate the severity of depression. HAT-QOL was employed to assess Health related Quality of Life in these patients.

Results: 50 HIV patients were diagnosed to be depressed. 23% were mildly depressed, 19% were moderately depressed, 7% were severely depressed and 1% was very severely depressed. Mean QOL scores in depressed HIV patients were found to be significantly lower than that in non-depressed patients in all 9 dimensions.

Conclusion: HIV itself impairs QOL in HIV patients. Depression further worsens the QOL in these patients. Diagnosing depression in this set of HIV patients is the first step towards improving their Quality of Life.

P0253

Depression and Parkinson's disease: Frequency and treatment

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Parkinson's disease represents the affection of extrapyramidal system-part of the central nervous system. Dominating clinical signs are tremor, rigor, bradykinesia, and postural instability. It is widely known that Parkinson's disease is connected with psychical symptoms, which can precede the neurological symptoms or appear during the illness itself. These symptoms are represented by psychomotor retardation, symptoms of depression, or dementia in Parkinson's disease.

This study was conducted at Neuropsychiatric Ward of Military Hospital Nis in a period January - September 2007. It included all the patients diagnosed with Parkinson's disease, treated in this ward in a period January - September 2007. We tried to establish appearance of comorbid psychiatric symptoms / syndromes, especially depressive syndrome, within the basic neurological disorder. Investigators followed patients' neurological status through regular neurological examination and symptoms of depression were assessed with Hamilton's Depression Scale (HDRS) that was used as instrument of clinical assessment.

Results of this study confirm previously reported facts that depression is one of the most common psychiatric syndromes connected to Parkinson's disease, whether as prodromal symptom or as comorbid disorder. Results of the study indicate that depression is rarely recognized as prodromal symptom of Parkinson's disease, which has its negative influence considering successful treatment of this disorder. Patients treated at this ward were treated with antidepressants (SSRI and SARI group), all along with causal treatment, which improved their psychological, but also neurological condition.

P0254

Variability of oral Methadone dosages in three outpatient clinics in Paris

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Aims: The mean oral methadone dosage is reported to be 60-100 mg per day (Vazquez 2006).

Methods: We measured methadone oral dosages in three methadone clinics in Paris (Espace Murger, Marmottan, Horizons). The number of patients evaluated was 197. They were all at the steady state of methadone treatment. The influence of sex, center, age and retention in the program on prescribed oral dosage was tested with χ^2 and spearman tests.

Results: The mean dosage was 52 mg/d (+/- 28). The mean retention in the methadone program was more than three years. The dose range was [5-130]. The dosage was not different according to sex ($p=0,388$), retention ($p=0,744$), and age ($p=0,144$). But the dosages were statistically different according to the center: 60 mg/d in Horizons ($N=37$), 54 mg/d in Murger ($N=104$), and 44 mg/d in Marmottan ($N=56$) ($p=0,022$).

Conclusion: This study confirms the great variability of methadone oral dosages in France, with a center-effect. Dosages that were found are still lower than what is found in other countries [5-350 mg/j] (Eap 2000). Other variability factors are to be considered: clinical, pharmacokinetic and pharmaco-dynamic factors.

References:

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P0255

Escitalopram and Duloxetine in the treatment of major depression

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Purpose: To compare the tolerability and efficacy of escitalopram and duloxetine in the treatment of patients with major depressive disorder over 8 weeks.

Methods: Data from two randomised, multi-centre, double blind studies in specialist or psychiatric and general practice settings were pooled and analysed for all patients and for severely depressed patients (baseline MADRS at least 30). The primary efficacy measure in both studies was the MADRS total score.

Results: Patients were randomised to either escitalopram (10-20mg/day) ($n=280$) or duloxetine (60mg/day) ($n=284$). Escitalopram was statistically significantly superior to duloxetine with respect to mean change from baseline in MADRS total score at Weeks 1, 2, 4, and 8 (LOCF). The mean treatment difference at Week 8 was 2.6 points ($p<0.01$). For severely depressed patients, a mean treatment difference at Week 8 of 3.7 points ($p<0.01$) was seen. Response to treatment at Week 8 was statistically significantly greater for patients treated with escitalopram, as was remission when defined as MADRS ≤ 10 or 12. The percentage of escitalopram-treated patients that withdrew (12.9%, $n=36$) was significantly ($p<0.001$) less than in the duloxetine group (24.3%, $n=69$). Significantly fewer ($p<0.001$)