At the follow-up MADRS highlights an improvement at all the items for HIV patients. In the non-HIV group score variation was: B = 7.10, FU = 8.15; in the HIV group: B = 10.20, FU = 4.09 ($p<0.001$).

The average score at TERS was higher in patients with HIV (43 ± 9 vs 35 ± 9, p = ns).

**Conslusions:** At B HIV patients with ESLD show a greater frailty to psychopathology but they quite improved during FU. The contrary happen in non-HIV group.

## P0222

Pregabalin as long-term treatment of fibromyalgia pain

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**Introduction:** This study (A0081057) was designed to evaluate the long-term safety and efficacy of pregabalin treatment of fibromyalgia (FM).

**Methods:** In this 1-year, open-label (OL) extension of a 13-week randomized, placebo-controlled trial of pregabalin FM patients had the option of continuing pregabalin at doses of 150 to 600 mg/d. Efficacy was measured by the Short-Form McGill Pain Questionnaire (SF-MPQ), which included sensory and affective pain descriptors, Present Pain Intensity (PPI) index, and a Visual Analog Scale (VAS).

**Results:** 429 of 431 screened patients entered OL treatment, 249 (58%) completed, 70 (16.3%) discontinued due to an adverse event (AE), and 110 (25.7%) discontinued for other reasons. Median duration of treatment with pregabalin was 357 days (range, 1-402 days); 114 received pregabalin for ≥1 year. No clinically meaningful increases in dose were noted over the OL treatment period. Weighted mean dose was 414 mg/d in the first 3 months of treatment and 444 mg/d after 9 months of treatment. SF-MPQ sensory, affective, and total scores were improved relative to baseline, VAS pain score decreased 21 points (0-100 scale), and PPI decreased 0.9 point (0-5 scale). The most frequently reported all-causality AEs were dizziness, somnolence, peripheral edema, and increased weight, most of which were mild to moderate in intensity and of limited duration.

**Conclusions:** Pregabalin administered for up to 1 year was generally well tolerated by FM patients without evidence of dose increase over time. The sustained improvement in pain measures during OL treatment was consistent with that in shorter term double-blind trials.

## P0223

Dynamic of quality of life in patients exposed to aortocoronary bypass surgery

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**Objective:** To compare indices of quality of life of patients after aortocoronary bypass surgery depending on level of alexithymia.

**Material and Methods:** We have examined 101 patients with verified diagnosis of IHD (44 – 65 years), exposed to aortocoronary bypass surgery (ABS). Level of alexithymia was identified according to TAS-26 scale. Indices of quality of life (QL) before and a year after surgical intervention were assessed according to general questionnaire of QL SF-36.

**Results:** Comparative analysis of two groups of patients with IHD exposed to ABS with alexithymia (n=45; level of alexithymia according to scale TAS - 80,24±0,88) and without alexithymia (n=56; level of alexithymia according to scale TAS – 64,13±1,15) has been conducted. Mental status of patients in preoperative period and at the moment of catamnesis has detected as statistically significant differences according to frequency of anxious disorders. Level of anxiety according to Sheehan scale before operation in group with alexithymia has constituted 35,67±2,61 as compared with 28,34±1,99 in group without alexithymia; p=0,025613). At the moment of catamnesis statistically significant differences remained during reduction of indices of anxiety. A year after operation patients with high level of alexithymia had worse indices in association with relevant problems both of physical and mental health according to frequency of depressive and anxious-phobic disorders and number of not working persons (remaining disability).

**Conclusions:** We have revealed statistically significant role of alexithymia in prognosis of dynamic of psychoemotional and somatic status of IHD patients determining quality of life after aortocoronary bypass surgery.

## P0224

Anxiety, depression and quality of life in patients with cutaneous factitious disorder: A case-control study

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**Background and Aims:** Cutaneous Factitious Disorder (CFD) is rare but often chronic and recurrent illness that impairs patients' quality of life. Few are known about its underlying mechanism which often involves emotional factors such as anxiety and depression.

This study aimed to compare depression, anxiety and quality of life scores in patients diagnosed as CFD and in control patients with chronic dermatological diseases.

**Methods:** It's a case-control study held in dermatology and psychiatry departments of the university hospital Farhat Hached (Sousse, Tunisia). Twenty-five female patients diagnosed as CFD according to DSM-IV criteria were prospectively recruited. The control group consisted of twenty-five female patients with chronic dermatological condition. They were age and disease duration matched. Assessment was based on family and personal history, HAD-S anxiety and depression scores and SF-36 quality of life measures. Statistical comparisons were performed with Khi 2, Student and Fisher tests.

**Results:** CFD patients had a mean age of 31 ± 8.62 years. They were more often celibates ($p < 10-4$) and had lower educational level (p=0.21) than controls. They also had more long family medical history (p=0.49), more personal psychiatric antecedents (p=0.29) and more previous suicide attempts (p = 0.10).

The level of depression and anxiety was the same between CFD patients' group and controls. However, quality of life measures were lower in CFD group ($p<10-4$).

**Conclusion:** In spite of a same level of depression and anxiety in the two groups, patients with CFD had a more impaired quality of life than those with other chronic dermatological condition.

## P0225

Serious psychiatric adverse events in chronic Hepatitis C patients treated with Pegylated or recombinant Interferon-Alpha plus Ribavirin

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The purpose of this observational study was an assessment of the incidence and types of serious psychiatric adverse events (SPAE) associated with the interferon-α (IFN-α) plus ribavirin (RV) therapy in chronic hepatitis C (CHC) patients with compensated liver function and without psychotic or bipolar disorder, without substance abuse or an organic brain disorder at the enrollment. Method. SPAE were defined as psychiatric consequences of IFN-α+RV therapy that resulted in discontinuation of the therapy, psychiatric hospitalisation or initiation of chronic psychiatric disorders. Results. A group of 273 patients (144 males and 129 females aged 18-69 years, mean 41) was prospectively observed. Psychiatric assessment prior to the therapy was done in 240 patients (88%). Recombinant IFN-α was used in 89 patients and 184 were treated with pegylated IFN-α. Overall SPAE were present in ten patients (3,7% of the sample). Eight of them received recombinant IFN-α (Fisher's exact test: p<0,01). One suicidal attempt and two cases of psychotic disorders occurred. Mixed states prevailed among serious affective disorders induced with the IFN-α+RV therapy. Premature cessation of the therapy due to SPAE occurred significantly more often in patients treated with recombinant IFN-α than in those treated with pegylated IFN-α (four vs none; Fisher's exact test: p=0,01). Conclusions. SPAE in CHC patients on the IFN-α+RV therapy arise rarely. However, potentially severe psychiatric consequences of the treatment in some patients point to necessity of psychiatric monitoring during the therapy. Treatment with pegylated IFN-α may be associated with less SPAE than treatment with recombinant IFN-α in CHC patients.

## P0226

Does baseline anxiety affect outcome of SSRI treatment in patients with severe depression?

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**Background:** To investigate if treatment outcome for severely depressed patients depends on their baseline level of anxiety.

**Methods:** Patients with a primary diagnosis of MDD with co-morbid anxiety (HAM-A at least 20) were randomised to 24 weeks of double-blind treatment with fixed doses of escitalopram (20 mg) (n=141) or paroxetine (40 mg) (n=139). Post-hoc analyses of efficacy were based on analysis of covariance (ANCOVA) of change from baseline to endpoint (last observation carried forward, LOCF).

**Results:** At Week 24, the mean change from baseline in MADRS total scores was 24.1 for escitalopram-treated patients and -21.4 for paroxetine-treated patients (mean difference 2.6, p<0.05). The mean change from baseline in HAM-A total score was 17.4 for escitalopram-treated patients and -15.1 for paroxetine-treated patients at Week 24 (p<0.05). The proportion of remitters (MADRS<=12 and HAM-A<=7) after 24 weeks of treatment was 58.2% (82 out of 141 patients) in the escitalopram group and 44.6% (62 out of 139 patients) in the paroxetine group (p<0.01). Significantly more patients (p<0.01) withdrew from the paroxetine group (31%) than from the escitalopram group (17%). The main AEs leading to withdrawal were nausea (escitalopram versus paroxetine: 1 versus 4), insomnia (2 versus 2), and hyperhidrosis (1 versus 2). There were no statistically significant differences in the incidence of individual adverse events between treatments.

**Conclusion:** Patients with severe depression together with comorbid anxiety symptoms responded statistically significantly better to treatment with escitalopram 20 mg compared with paroxetine 40 mg, regardless of the severity of anxiety symptoms at baseline.

## P0227

Adult ADHD: Psychometric properties of the Wender Utah rating scale

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Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD) is present at adulthood with a prevalence estimated around 4% in the general population regardless of culture and language. The Wender Utah Rating Scale (WURS) is a 61-item questionnaire aimed at assessing ADD/ADHD symptoms while the subject was a child. Such information is needed in the diagnostic process since ADD/ADHD is a neuro-developmental disorder which starts before age 7. Following WHO's guidelines the WURS was translated into French and back-translated into English. 350 subjects filled out the WURS (students in Paris and parents of a child diagnosed with ADD/ADHD in Nice). Its psychometric properties are presented.

**Keywords:** Impulsivity; Hyperactivity; Inattention; ADHD; Rating Scale; Factor Analysis

## P0228

Dickman impulsivity inventory's properties in a sample of adolescent inpatients

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Impulsivity can be measured by self-administered questionnaires, e.g. Barratt's BIS-11 and Eysenck's IVE-7. Impulsive behaviors can be observed from children to elders and adolescents classically show a higher level of impulsivity. Nevertheless, scales have been developed for adults not adolescents or children. We present here a psychometrical analysis of the properties and structure of Dickman's Impulsivity Inventory in a sample of 200 adolescents hospitalized in a paediatric unit chiefly after a suicide attempt. Two factors are expected (Functional Impulsivity and Dysfunctional Impulsivity) although we have reported elsewhere that a third factor, named Cognitive Impulsivity following Barratt's conceptualisation of impulsivity, could be reliably extracted regardless of item format (i.e. dichotomic vs. polytomic).

**Keywords:** Impulsivity; Rating Scale; Factor Analysis.

## P0229

Adult ADHD: Translation and factor analysis of the ASRS-1.1

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