

Results: The results showed that there was no relationship between kind of delivery and PPD ($p < 0.0574$). In cases group; mild, moderate and severe depression were 42/2%, 47/4% and 10/4% and normal vaginal delivery (NVD) was 53/9% and in control group NVD was 47/8%. In this matter, there was no significant relationship between mother education and job, neonatal gender, number of live birth and wanted or unwanted pregnancy with PPD.

Conclusions: There is no a relationship between kind of delivery and PPD. It's recommended to do cohort study and effect of other factors in PPD in much more sampling in future researches.

Keywords: Postpartum depression, Normal vaginal delivery, Cesarean section

P085

Cardiac parasympathetic dysfunction in depressed coronary heart disease patients: what is the response to treatment with sertraline?

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It is known that depression increased mortality of coronary patients. The decrease in parasympathetic innervation and exposing the heart to unopposed stimulation by sympathetic nerves which in turn leads to increase in heart rate and decrease in heart rate variability has been proposed as an explanation for this association.

The aim of this study was to determine whether treatment of depression in coronary heart disease patients is associated with a reduced heart rate or increase in heart rate variability. We have studied 28 depressed patients with stable CHD, classified as either mildly or moderately to severely depressed, to whom Sertaline 100mg/day was given for six months. The 24-hour rate and HRV were measured in those patients and in 20 medically comparable non depressed controls before and after treatment of the depressed patients. We found that treating depression was quite effective and resulted in improving in both average heart rate and short-term HRV [reflecting mostly parasympathetic activity].

We concluded that treating depression may have a beneficial effect on a risk factor for mortality in depressed coronary heart disease patients.

P086

The depression prevalence and its related factors in teenagers in Kashan-Iran 2006

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Background and aims: Teenagers specially girls have many problems with adaptation of development and their need during adolescence. One of the most serious problems that they face is depression. Prevalence of depression in teenagers is 40-70% and it is in girls twice as many as boys. This study has been carried out to evaluate prevalence of depression and its related factors in high school girls in Kashan -IRAN 2006.

Methods: This descriptive cross-sectional study was performed to evaluate 762 high school girls who were selected randomly from the school of Kashan IRAN 2006. The Beck questionnaire was used for depression assessment scores less than 5, 5-7, 8-15 and more

than 16 were considered normal, mild, moderate and severe depression respectively. In addition some questions about demographic criteria were asked. X² and T test were used to analyze the data.

Results: The frequency of mild, moderate and severe depression were 148(19.4%), 183(24%) and 77 (10%) respectively (on the whole 53.4%). There was no relationship between depression and mother education, mother and father job, number of sisters and brothers and father's age while there was significant relationship between depression and father education ($p < 0.007$). In depression group there was 28.9% illiterate and primary school fathers and 16.2% university education fathers while in normal group was 21.2% and 22.9% respectively.

Conclusions: Because of high prevalence of depression in teenagers, it's recommended to study more on effective factors on depression especially in teenagers.

Keywords: Depression, Teenagers

P087

48 week follow-up study of venlafaxine extended release and fluoxetine hydrochloride treatment for first-episode depression

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Objectives: To compare therapeutic efficacy, social function, discontinuation rate, relapse and recurrence rate of the depression outpatients with first episode between Venlafaxine extended release and Fluoxetine hydrochloride treatment. **Methods:** In this 48 week natural parallel follow-up study, total 188 patients who meet ICD-10 criteria for a major depressive episode were admitted and assigned to receive either Venlafaxine Extended Release (Venlafaxine XR group) (n=89) or Fluoxetine hydrochloride (Fluoxetine group) (n=99). At baseline, week 2, 8, 12, 16, 24, 32, 48, Hamilton Rating Scale for Depression (HAM-D)-17 item was used to value disease severity, and Social Disability Screening Schedule (SDSS) for social disability, and the discontinuation, relapse and recurrence rates were compared. **Results:** (1) At week 24 Venlafaxine XR group had much lower HAM-D17 total score than Fluoxetine group ($P < 0.05$). (2) The remission rate and response rate between two groups had no statistical difference ($P > 0.05$). (3) At week 12, Venlafaxine XR group had a higher SDSS score than Fluoxetine group ($P < 0.05$). (4) At week 12, 16, 24, 32, 48, Venlafaxine XR group displayed lower discontinuation rates ($P < 0.05$). Venlafaxine XR group had a longer treatment course than Fluoxetine did [(30.99 ± 15.98) weeks vs. [(22.57 ± 15.26) weeks] ($P < 0.01$). (5) The relapse and recurrence rates of two groups had no statistical difference ($P > 0.05$). **Conclusions:** In the acute phase, Venlafaxine XR has a better effect for social function and treatment adherence than Fluoxetine hydrochloride. In the continued phase and sustained phase, Venlafaxine XR performs better for symptoms relief and treatment adherence. Venlafaxine XR has parallel performance with Fluoxetine hydrochloride by the terms of therapeutic efficacy, social function restore, relapse and recurrence rate.

P088

Psychiatric disorder and Parkinson's disease

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Depression is an important and common nonmotor feature of Parkinson's disease (PD) that is associated with significant disability and