significant relation was found between intensity of depression and intensity of anxiety.

Conclusions: It seems interesting that no co-relation between the clinical symptoms and cognitive functions was found. It may be consistent with some of the observations, according to which a pharmacological treatment of depression causes an improvement in cognitive functioning of the patients which is independent of the clinical improvement.

P0206

Costs and productivity losses associated with changes in antidepressant treatment in a managed care population with major depressive disorder

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Objective: To determine whether subjects with major depressive disorder (MDD) that switch/augment therapy have higher health care costs and productivity losses compared to those who stay on therapy.

Methods: Data were derived from a national-employment-based medical and pharmacy claims database. Index date was defined based on pre-specified antidepressant prescription claims between 7/1/2002-3/31/2005. Subjects were treatment-naïve 6-months prior to index-date, continuously enrolled, and had at least one outpatient-based medical claim for MDD (ICD-9=296.2x/296.3x) during study period. Study cohorts [switchers/augmenters/maintainers] were defined based on antidepressant prescription refill pattern 12-months post index therapy. Productivity losses were defined as days absent from work for medical visits multiplied by average daily wage. Per-patient-per-year (PPPY) post-index costs were statistically (Type-1 error <0.05) compared multivariately (generalized-linear-model) and productivity losses were compared univariately (Wilcoxon-tests).

Results: Of 7,273 individuals who meet study criteria, 40.3% (n=2,931), 1.5% (n=109), and 58.2% (n=4,233) were classified as switchers, augmenters, and maintainers, respectively. Baseline characteristics were similar across the three cohorts. Average total and depression-related healthcare costs were 1.51-1.92 times ($p<.01$) and 1.52-1.42 times ($p<.001$) greater for switchers ($9,288 and $1,388) and augmenters ($9,350 and $1,027) vs. maintainers ($6,151 and $723) after controlling for baseline characteristics. Average total and depression-related productivity losses PPPY were $2,081/$680 for switchers, $2,010/$587 for augmenters and $1,424/$437 for maintainers. These productivity losses were greater for switchers and augmenters compared to maintainers ($p<.001$).

Conclusions: MDD subjects that change therapy within 12-months of treatment initiation have higher resource costs and productivity losses compared to those who stay on the same therapy.

P0207

The changes of sexual behavior and sexual activity of menopause women: Relation with sex hormones, social factors and emotional status

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Objective: The purpose of this research was to measure women's changes of sexual activity according to the phases of sexual intercourse and to show the dependency from sex hormones, social factors, also relation with depression, anxiety and menopause symptoms. During menopause women's sexuality and sexual activity changes related with the changes in sex hormones, social and emotional status. Sex hormones are responsible for the female sexual functioning. As a result low sexual desire, the decrease of orgasmic potential and lack of satisfaction during the intercourse occur during menopause. Changes in sex hormones influence mental health, especially emotional sphere. On the other hand, depressed mood, anxiety, sleep disturbances, decrease of energy can cause the dysfunctions of sexual activity. Social factors such as female education, working, usable medications, decreased partner's sexual potency also influence sexual activity of women.

Methods: Two groups of women were examined: one with hormone replacement therapy (HRT), another group without HRT. The expression of anxiety and depression symptoms was rated with Hospital Anxiety and Depression Scale, sexual dysfunctions were measured with Female Sexual Function Index, the relationship between the partners valued by Dyadic Adjustment Scale, menopause symptoms valued by Greene Climacteric Scale.

Conclusions: Results of this project will be presented. It is expected that these data will support the efforts of health policy in preventing sexual dysfunctions.

P0208

HTR1A polymorphisms are associated with the antidepressant response in patients with major depressive disorder

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Variability in antidepressant response is due to genetic and environmental factors. Among genetic factors, the ones controlling for availability of the drug at the target site are interesting candidates. Rs6295C/G SNP for 5-HT1A gene (HTR1A) has been found to effect the expression and function of HTR1A In fact rs6295C/G was in strong linkage disequilibrium with other polymorphisms of HTR1A suggesting that those functional effects could be associated with polymorphisms other than the synonymous rs6295C/G. In the present study we examine the possible association of a panel of markers in strong linkage disequilibrium of the HTR1A with SSRI/SNRI response in 137 Japanese major depression sample followed for 6 weeks. We observed the significant association of better response to antidepressant with rs10042486C/C ($p<0.0001$), rs6295G/G ($p<0.0001$) and rs1364043T/T ($p=0.018$) genotype carriers, that is mutant allele homozygote, independently from clinical variables. Furthermore mutant allele homozygote carriers in all these 3 SNPs was associated more solidly with treatment response by various assessment such as HAM-D score change over time ($p=0.001$), week 2 ($p<0.0001$), 4($p=0.007$), and 6($p=0.048$) as well as response rate ($p=0.0005$) and remission rate ($p=0.004$).

In conclusion, this is the first study that reports the significant association of antidepressant response with rs10042486C/T and rs1364043G/T variants of HTR1A and also with rs10042486-rs6295-rs1364043 combination. This finding adds an important piece

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