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, weather 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 it's 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 khi^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.

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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 specialist1 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 ($p<0.001$)

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