Results: 22.1% of all patients had a DD according to PHQ. 46.5% were not previously diagnosed as having a DD. 81.4% of depressed patients had a comorbid psychiatric disorder. Comorbid patients contacted more frequently their primary care physicians and spent more days absent from work compared to the other two groups ($p<0.001$; $p=0.005$, respectively). Comorbid subjects had more depressive symptoms and experienced more recent life events compared to the other two groups ($p<0.001$; $p=0.001$, respectively). Suicidal ideation was reported by 48.6% of comorbid subjects ($p<0.001$). Severe suicidal ideation was reported only by the comorbid patients.

Conclusions: Patients with DD are frequently seen in primary care practice. All patients with depression should be screened for suicidal ideation. Primary care physicians should concentrate their prevention efforts for suicidal behavior on depressed patients with comorbid psychiatric disorders.

P055

Neuroticism and life adversity in the development of depressive symptoms

K. Malyszczak [1], T. Pawlowski [1], A. Pyszel [2], M. Inglot [3], A. Kiejna [1]. [1] *Department of Psychiatry, Wroclaw Medical University, Wroclaw, Poland* [2] *Department of Internal Medicine, Wroclaw Medical University, Wroclaw, Poland* [3] *Department of Infectious Diseases, Wroclaw Medical University, Wroclaw, Poland*

Backgroung: Yet, little is known about the role neuroticism and life adversity play in the development of depressive symptoms.

Method: A total of 184 subjects aged 20-80 years were examined in the cross-sectional study. The whole group consists of 4 subgroups, namely: inpatients with haematologic malignances, inpatients with various internal illnesses like the cardiovascular disease or diabetes, outpatients infected with HCV (before antiviral treatment), and healthy subjects. The Eysenck's neuroticism questionnaire (EPQ) and the Present State Examination (PSE from SCAN 2.0) were used in the study

Results: Mean neuroticism scores in groups were similar (11.3, 12.6, 11.3, 10.0 respectively) differences were not statistically significant (ANOVA, $F = 1.44$, $p = 0.23$). Mean depression scores were different (6.33, 4.57, 3.93, 1.93 respectively), differences were statistically significant (ANOVA, $F = 6.34$, $p < 0.001$). Slopes of regression line between depression and neuroticism scores (0.73, 0.39, 0.5, 0.05 respectively) were not homogenous ($F = 7.16$, $p < 0.001$). Results revealed strong interaction between group variable and neuroticism in terms of their influence on depression mean scores ($F = 22.9$, $p < 0.001$). Residual effect of the group variable was weaker ($F = 0.54$, $p = 0.21$).

Conclusions: Differences in mean depression score among groups resulted mainly from symmetric interactions between group variable (adversity caused by an illness and treatment) and neuroticism. Slope of regression line between depression and neuroticism scores among subjects undergoing similar life adversity could be treated as a potential of this adversity to provoke emotional stress, and consequently depressive symptoms.

P056

Conventional EEG as predictor to mood stabilisers choice?

D.J. Marinkovic, O.O. Marinkovic, S.D. Totic, M.D. Marjanovic. *Institute of Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia*

Background and aims: To examine the efficacy of lithium and valproate in Bipolar I patients suffering from a manic episode with previous EEG abnormalities.

Method: Fifteen patients of both sexes were included in four weeks, prospective, observational, open-label treatment trial. They met criteria: Bipolar I affective disorder (manic episode) according to ICD-10 and EEG abnormalities (high voltage, 10-13 cps alpha, ''iritative'', sharp activity). Patients were divided into two groups: Group I – seven patients (4 male and 3 female) treated with lithium 900 mg/day, haloperidol 10 mg/day and chlorpromazine 150 mg/day and Group II – eight patients (4 male and 4 female) treated with valproate 1000 mg/day, haloperidol 10 ma/day and 150 mg/day. Severity of illness and treatment efficacy were measured with Young Mania Rating Scale (YMRS) at the start point, after 2 and 4 weeks, along with conventional EEG registration.

Results: Throughout observational period, lithium treated patients (Group I) did not expressed any improvement in EEG (continuously showing high voltage, sharp alpha activity). Meanwhile, Group II (valproate) patients, after 2 weeks of treatment expressed clear EEG stabilisation. In addition, after 4 week of lithium appliance (Group I) there is no significant reduction in YMRS-score. Group II (valproate) patients after 2 weeks achieved significant clinical improvement (significance level $p<0,05$) and after 4 weeks highly significant YMRS-score reduction ($p<0,01$).

Conclusion: Conventional EEG may be useful in therapeutic prediction in a manner that patients with EEG abnormalities had better respond to anticonvulsant mood stabilizers than lithium.

P057

Early screening of risk factors of postpartum depression at the obstetric ward

E. Gelabert [1,2], P. Navarro [2], A. Plaza [2], M.L. Imaz [1,2], S. Subira [3], L.L. Garcia-Esteve [2], R. Martin-Santos [1]. [1] *Unitat de Recerca en Farmacologia, Institut Municipal Investigacio Medica (IMIM), Barcelona, Spain* [2] *Unitat de Psiquiatria Perinatal I Recerca de Genere (UPPiRG), Hospital Clinic Universitari de Barcelona, Barcelona, Spain* [3] *Departament de Psicologia Clinica I de la Salut, Facultat de Psicologia, Universitat Autonoma de Barcelona, Barcelona, Spain*

Objective: The aim of this study was to identify risk factors in early postpartum that predict postpartum depression (PPD) at 6-8 weeks.

Method: A prospective cohort of 309 women was studied between the 2nd-3rd days postpartum and at 6-8 weeks postpartum. Initially we administered a general information questionnaire that included obstetrical variables and history of personal and family affective disorders. Between the 2nd and 3rd days postpartum they filled out the Spanish version of the Edinburgh Postnatal Depression Scale (EPDS), Spielberg Anxiety Trait and State Inventory (STAI-R/S), Neuroticism Dimension (EPQ), St Paul Ramsey Questionnaire (life events) and Duke Social Support Scale. At 6-8 weeks postpartum they filled out again the EPDS. Women who scored ≥ 10 were screened as having PPD.

Results: The incidence of PPD at 6-8 weeks was 14.6%. After Bonferroni correction, univariated analysis showed that previous personal history of depression ($p<0.001$), high neuroticism ($p<0.001$), low social support ($p<0.002$) and high EPDS ($p<0.001$) in the immediate postpartum were associated with PPD. Logistical regression analysis identified previous personal history of depression and high initial level of depression (OR=14.6; 95%CI=4.8-12.2; $p<0.001$) as risk factors for PPD. The absence of signification of the

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