and 1990 decades but the published results were not sufficient to definitely establish or to exclude an association between MVP and PD or SAD, with prevalences ranging from 0 to 57%.

According to a recent literature review on this topic, there are no studies about this possible association using current MVP criteria.

Method: The study consisted of echocardiographic evaluation of 232 volunteers previously diagnosed with SAD (N=126), PD (N=41) or Control (N=65). The exams were performed by two cardiologists specialized in echocardiography who were blind to the psychiatric diagnosis of the participants.

Results: There were no statistical differences between groups in MVP prevalence (SAD=4.0%, PD=2.4% and Control=0.0%), with values similar to the prevalence currently estimated for the normal population (2-4%). When the data were evaluated using the M-mode, the method used in most of the previous studies but currently considered of questionable validity, the prevalence was higher in the SAD group (8.7%) compared to control (0.0%).

Regarding the other morphological characteristics of the mitral valve, no significant differences were detected between groups in terms of the presence of mitral insufficiency, mean valve thickness and mean valvar dislocation in any two-dimensional echocardiographic view.

Conclusion: If any relationship does actually exist among SAD, PD and MVP, it could be said that it is infrequent and that it mainly occurs in subjects with minor variants of MVP.

P0095

Spectrum of social anxiety disorder and impairment of psychosocial functioning

A. Santos Filho, J.A.S. Crippa, M.C.S. Freitas, F.L. Osorio, L.V. Morais, T. Borduqui, S.R. Loureiro, J.A.B. Hetem. *Department of Neuropsychiatry and Medical Psychology, Faculty of Medicine, University of Sao Paulo, Ribeirao Preto, Brazil*

Background: The Social Anxiety Disorder (SAD) is a highly incapacitating condition that can cause considerable subjective suffering, with a negative impact on psychosocial functioning. However, few data are available in the literature about the influence of SAD severity and of SAD subtypes or the presence of comorbidities on psychosocial functioning, and the possible extent of this impairment in individuals with subclinical signs and symptoms.

Method: The study consisted of the evaluation of psychosocial functioning using the Disability Profile (DP) in 355 volunteers, all of them college students who had been diagnosed in a previous study as SAD (N=141), Controls (N=92) or Subclinical (N=122), the last ones being defined as having unreasonable fear of a social situation but not fulfilling the criteria of avoidance or functional/occupational impairment due to this fear.

The groups were balanced regarding age, sex and socioeconomic level.

Results: The SAD group had higher scores than the other two groups in all domains of DP, both on a lifetime basis and during the last two weeks. Subjects with subclinical SAD presented intermediate values.

The impairment of psychosocial functioning was also significantly related to the severity of the disorder. Regarding subtype, generalized SAD causes more harm, and the presence of comorbidities is associated with greater impairment of psychosocial functioning in each group.

Conclusion: The impairment of psychosocial functioning progressively increases along the spectrum of social anxiety. Further studies are needed to evaluate the consequences of this association.

P0096

Spectrum of social anxiety disorder and psychiatric comorbidities

A. Santos Filho, L.A.B. Hetem, M.C.S. Freitas, F.L. Osorio, T. Borduqui, S.R. Loureiro, J.A.S. Crippa. *Department of Neuropsychiatry and Medical Psychology, Faculty of Medicine, University of Sao Paulo, Ribeirao Preto, Brazil*

Background: Most patients with Social Anxiety Disorder (SAD) present other psychiatric disorders. The lifetime prevalence of comorbidities has been reported to range from 52% to 92% in epidemiological studies. There is some evidence showing that the frequency of comorbidities varies according to subtype and severity of SAD and those subjects with subclinical SAD present intermediate values.

Methods: The study consisted of the evaluation of psychiatric comorbidities in 355 volunteers, all of them college students who had been diagnosed as SAD (N=141), Controls (N=92) or Subclinical (N=122) in a previous study. The groups were balanced regarding age, sex and socioeconomic level. Three interviewing psychiatrists, blind to the group to which the volunteers belonged, applied the SCID for the DSM-IV.

Results: The rate of comorbidity with other psychiatric disorders was 71.6% in the SAD group and 50% in subjects with Subclinical SAD and differed significantly from the Controls (28.7%). These results confirm in a Brazilian sample of college students the results of other epidemiological and clinical studies on the existence of high levels of lifetime comorbidity in SAD.

The presence of comorbidities increased progressively according to SAD subtype and severity, with the rates for subclinical subjects being intermediate, with lower values than subjects with circumscribed SAD or with mild cases of SAD, but significantly higher than control.

Conclusion: The rates of psychiatric comorbidity increase progressively along the spectrum of social anxiety. Further studies are needed to determine the consequences of this association.

P0097

Efficacy of Selective Serotonin Reuptake Inhibitors (SSRIS) compared to placebo in obsessive compulsive disorder in adults

G.M. Soomro [1], D. Altman [2], S. Rajgopal [3], M. Oakley-Browne [4]. [1] *St James Hospital, Portsmouth, UK* [2] *University of Oxford, Oxford, UK* [3] *Institute of Psychiatry, London, UK* [4] *Monash University, Melbourne, Australia*

Background and Aims: Most of the previous systematic reviews are methodologically problematic or limited in their analysis. The aim was to systematically review all RCTs of SSRIs versus placebo in OCD in adults using continuous and dichotomous efficacy data and adverse effects data.

Methods: All published RCTs were identified using Cochrane Collaboration's Depression, Anxiety and Neurosis Groups' Controlled Register, which includes all RCTs from other databases and other sources. Study selection and data extraction was carried out by two co-reviewers. The RCTs were quality assessed. Analysis included investigating publication bias, summary measures, sensitivity analysis, heterogeneity exploration and subgroup analysis.

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Main Results: Random effects model was used in view of clinical and some statistical heterogeneity. Overall pooled WMD for YBOCS (Yale Brown Obsessive Compulsive Scale) for all the studies of SSRIs was -3.21 (95% CI -3.84 to -2.57, number of RCTs 17, number of patients 3097). Pooled WMD for YBOCS of individual drugs were similar and not statistically different. Overall pooled RR for response across all the studies of all the 5 SSRIs was 1.84 (95% CI 1.56 to 2.17, number of RCTs 13, number of patients 2697). (Thus NNTs for patients with baseline risk of response rate of 10% would be 12 and of 20% would be 6). Pooled RR of individual drugs were similar and not statistically different.

Conclusions: SSRIs are effective in reducing symptoms in OCD in comparison to placebo. Potential benefits of SSRIs should be weighed against their adverse effects before prescribing these drugs.

P0098

Comparison of genders in terms of co-occurrence of axis I and axis II disorders with panic disorder with agoraphobia

V. Starcevic [1,2], M. Latas [3,4], D. Kolar [5], D. Vucinic-Latas [3], G. Bogojevic [6], S. Milovanovic [3,4]. [1] *University of Sydney, Discipline of Psychological Medicine, Sydney, Australia* [2] *Nepean Hospital, Department of Psychological Medicine, Sydney, Australia* [3] *Institute of Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia* [4] *University of Belgrade School of Medicine, Belgrade, Serbia* [5] *Institute of Neurology and Psychiatry for Children and Adolescents, University of Belgrade School of Medicine, Belgrade, Serbia* [6] *Institute of Mental Health, Belgrade, Serbia*

Aims: To compare female and male patients with panic disorder with agoraphobia (PDA) in terms of the co-occurring Axis I and Axis II (personality) disorders.

Methods: The Structured Clinical Interview for DSM-IV Axis I Disorders and the Structured Clinical Interview for DSM-IV Axis II Personality Disorders were administered to 157 consecutive outpatients (112 females and 45 males) with PDA, who attended two anxiety disorders clinics. Women and men with PDA were compared with regards to the type and frequency of the co-occurring Axis I and Axis II disorders.

Results: Women with PDA had a statistically greater tendency to receive co-occurring Axis I diagnoses and a greater number of Axis I diagnoses than men. Such a difference was not found for Axis II disorders. There was no gender difference in terms of the mean number of co-occurring Axis I and Axis II diagnoses per patient. There were significantly more women with at least one co-occurring anxiety disorder. Women had a significantly higher frequency of specific phobia, while men were significantly more frequently diagnosed with hypochondriasis and past alcohol abuse/dependence. With regards to Axis II disorders, only dependent personality disorder was significantly more frequent among women.

Conclusions: There are more similarities than differences between genders in terms of the co-occurring Axis I and Axis II disorders. Still, the relatively specific relationships between PDA and excessive alcohol use in men and between PDA and dependent personality traits and personality disorder in women seem important and have implications for clinical practice and treatment.

P0099

Impact of Pregabalin on gastrointestinal symptoms in generalized anxiety disorder: Results of a 6-study combined analysis

D. Stein [1], R.B. Lydiard [2], S. Giordano [3], F. Mandel [3]. [1] *University of Cape Town, Cape Town, South Africa* [2] *Southeast Health Consultants LLC, Charleston, SC, USA* [3] *Pfizer Global Pharmaceuticals, Pfizer Inc, New York, NY, USA*

Background and Aims: To evaluate the clinical characteristics of GAD patients with prominent GI symptoms (GI-high) and their response to pregabalin (PGB) treatment.

Methods: Data were pooled from 6 double-blind, placebo-controlled, 4-6 week trials of outpatients who met DSM-IV criteria for GAD with a minimum HAM-A total score $\geq$18. Treatment response was evaluated for 3 PGB fixed-dosage groups: 150 mg/d, 300-450 mg/d, and 600 mg/d. A GI-high subgroup (high GI symptomatology) was defined by a baseline HAM-A item-11 (GI) score $\geq$3 (severe/very severe).

Results: At baseline, 261 patients (17%) met criteria for the GI-high subgroup, while 1294 patients (83%) were in the GI-low subgroup. Baseline characteristics were similar for the 4 study treatments in the GI-high subgroup. For the GI-high subgroup, LOCF-endpoint reduction in HAM-A was significantly higher on PGB-150, -13.8±1.7; PGB-300/450 -13.5±1.2; PGB-600, -14.8±1.1; vs PBO, -10.6±1.0 ($P<0.0001$ for all comparisons). In the GI-high subgroup, the proportion of patients showing a response in GI symptoms (HAM-A item 11 improving from severe/very severe to mild-to-none) was significantly higher on PGB-150 (62%), PGB-300/450 (73%), PGB-600 (68%) vs PBO (56%; $P<0.0001$ for all comparisons). The incidence of adverse events referable to the GI system was the same on PGB-150 and PBO, 8% higher on PGB-200/450 vs PBO, and 5% higher on PGB-600 vs PBO.

Conclusion: PGB was effective and well-tolerated in the subgroup of GAD patients presenting with severe GI symptoms. Treatment with PGB improved both overall levels of anxiety, as well as specifically improving GI symptoms.

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P0100

Influence of gender on the clinical presentation of generalized anxiety disorder, and response to treatment with Pregabalin

M. Van Ameringen [1], M.A. Rynn [2], T.K. Murphy [3], F. Mandel [3]. [1] *McMaster University Medical Centre, Hamilton, ON, Canada* [2] *Columbia University, New York State Psychiatric Institute, New York, NY, USA* [3] *Pfizer Global Pharmaceuticals, Pfizer Inc, New York, NY, USA*

Background and Aims: To assess gender differences in the clinical presentation of GAD and response to pregabalin (PGB) treatment.

Methods: Data were pooled from 6 randomized, double-blind, placebo-controlled, 4- to 6-week trials of outpatients who met DSM-IV criteria for GAD with a minimum HAM-A total score >18. Response was evaluated for 3 fixed-dosage groups: 150 mg/d, 300-450 mg/d, and 600 mg/d.

Results: Baseline presentation of GAD was similar for women and men, respectively, for mean (±SD) age (38.6±12.3 vs 39.4±11.5 y) and severity of concurrent depressive symptoms (HAM-D score, 13.7±4.4 vs 13.4±4.3). However, women had a modest but significantly higher mean HAM-A somatic factor score (11.5±3.2 vs 10.8±3.1; $P<0.01$). For both sexes, treatment with PGB resulted in significantly higher LOCF-endpoint improvement in HAM-A total score: Women: PGB-150 mg, -10.7±0.82; PGB-300/450 mg, -11.8±0.68; PGB-600 mg, -12.4±0.59 vs. placebo, -9.5±0.51; $P<0.0001$ for all comparisons; Men: PGB-150

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