P024

The influence of depressive symptoms on quality of life in coronary artery disease inpatients after the successful coronary angioplasty

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Background: Studies confirm a strong relationship between depression, quality of life and coronary artery disease (CAD)

Aim: To assess how the comorbidity of depressive symptoms and CAD influences the quality of life (QoL) in patients after the successful coronary angioplasty (PCI).

Methods: 227 patients with CAD selected for PTCA were enrolled. 156 patients with full clinical and angiographic success and without restenosis within 4 weeks after the intervention were included in one year follow-up. Patients' status was assessed four times (one day before and at 1, 6 and 12 months after the intervention), with: polish version of SF-36, Beck Depression Inventory (BDI), Rosenberg Self-Esteem Scale (RS), Beck Hopelessness Scale (HS), Automatic Thoughts Questionnaire (ATQ).

Results: In the whole study group (n=156) the QoL at 1 month after PTCA was significantly improved. This tendency persisted in further examinations. There was a significant correlation between the quality of life (SF-36), severity of depressive symptoms (BDI) and parameters describing depressive changes in thinking (HS, RS, ATQ). On each occasion during the one-year follow-up the presence of depressive symptoms was associated with the poorer quality of life, both with respect to the total SF-36 points and individual components of QoL measured by 8 subscales of the SF-36.

Conclusion: Present findings indicate that depressive disorders in patients with CAD – even after successful intervention –significantly affect the quality of life. Optimized comprehensive approach to CAD patients with concomitant depressive disorders may require inclusion of psychological intervention, and in severe cases even psychiatric treatment.

P025

Depressive symptoms in coronary artery disease inpatients after the successful coronary angioplasty

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Background: Studies confirm a strong relationship between depression and coronary artery disease (CAD).

Aims: To investigate the spectrum and course of depressive symptoms in CAD patients before and after the successful coronary angioplasty (PCI) in one year follow-up.

Methods: 227 patients with CAD selected for PTCA were enrolled. 156 patients with full clinical and angiographic success and without restenosis within 4 weeks after the intervention were included in further analysis. Patients' status was assessed four times (one day before and at 1, 6 and 12 months after the intervention), with Beck Depression Inventory (BDI), Rosenberg Self-Esteem Scale (RS), Beck Hopelessness Scale (HS), Automatic Thoughts Questionnaire (ATQ).

Results: Mild and moderate depressive disorders with the prevalence of nonspecific somatic symptoms were observed one day before PTCA in 75 (48%) patients. One month after the PCI, depressive symptoms persisted in 33 subjects. Moreover in group of patients who were free of depressive symptoms a day before PTCA, twelve patients (15%) developed depressive symptomatology. Depressive symptoms and depressive disorders of thinking (especially hopelessness) recognized 4 weeks after PTCA had a tendency to persist at 6 and 12 months. The tendency was associated with more severe affective-cognitive and somatic symptoms of the depressive syndrome, more frequent negative automatic thoughts and stronger hopelessness detected at the beginning of the study.

Conclusions: The results suggest that successful PCI is not sufficient determinant for the improvement of depressive symptoms. Diagnosis of depression in CAD patients needs a special attention, because of tendency to persistence.

P026

Urinary steroid metaboilites in patients with violent suicidal and nonsuicidal depressive disorders

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Background: The aim of the present study was to obtain comprehensive information on steroid metabolism in violent and nonviolent suicidal as well as in nonsuicidal depressed patients. METHODS:24-h urinary steroids were measured by gas chromatography in patients compared to controls. Psychobiological test (TCI)for evaluating personality and tests to measure depression and impulsivity (Beck, Barratt)were conducted. Kruskal Wallis and Mann Whitney test were used for statistical analysis.

Results: Significant differences were found between the suicidal (particularly violent)vs depressive and between the depressive vs control groups ($p<0.05$) with regard to F/DHEA (F-cortisol/DHEA dehidroepiandosteron). The Barratt scale's results also correlated significantly with this ratio. aTHF and alfa-cortolon differed the groups too. No significant age and sex differences were detected among the groups concerning the steroid metabolites.

Conclusion: Our investigations confirmed that affective disturbances, particularly in violent suicidal cases associated with altered steroid metabolism. These differences may be the cause as well as the consequence of the depressive-impulsive disturbances. Our experiences contribute to the knowledge of the nature and steroid background of the psychiatric diseases

P027

Fatigue in major depression: The role of anxiety and somatisation

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Objective: Fatigue in patients with major depression is understudied, although highly prominent. The objective of this ongoing study is to search for parameters correlating with the severity of reported fatigue along a major depressive episode.

Methods: We present preliminary findings regarding 58 currently depressed patients (47 females, 11 males) with a diagnosis of major depressive disorder. Patients' age ranged from 24 to 65 years old (49.8 ± 10.2). Patients suffering from physical diseases or other conditions associated with prominent fatigue were excluded. The severity of fatigue during the last two weeks prior to assessment was recorded with the Fatigue Severity Scale (FSS), the Fatigue Questionnaire (FQ), a visual analogue scale (VAS) and Beck Depression Inventory (BDI) item 17. The vitality subscale of the 36-item Short-Form

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Health Survey (SF-36) was also administered. Fatigue ratings were correlated with measures of depression severity (BDI and 17-item Hamilton Depression Rating Scale, HDRS17), anxiety (State/ Trait Anxiety Inventory, STAI) and somatization (the somatization subscale of the Symptom Checklist 90-Revised, SCL90-R).

Results: Fatigue severity, as measured with FQ and VAS correlated positively to a significant degree with state anxiety (r=0.276, p=0.04 and r=0.356, p=0.007, respectively) while vitality correlated negatively with trait anxiety (r=-0.312, p=0.02). Correlations remained significant after depression severity was controlled for. All fatigue and vitality measures correlated strongly with somatisation scores, even after controlling for depression severity, state or trait anxiety.

Conclusions: The preliminary results of this ongoing study indicate that the severity of fatigue in major depression correlates with state / trait anxiety and somatisation.

P028

Long-term treatment of severe major depression (MDD) with escitalopram or paroxetine

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Purpose: This randomised, double-blind fixed-dose study compared the efficacy of escitalopram and paroxetine in the long-term treatment of patients with severe MDD.

Methods: Patients with DSM-IV-defined MDD and baseline Montgomery-Åsberg Depression Rating Scale (MADRS ≥30) were randomised in a 1:1 ratio to 24 weeks of double-blind treatment with either escitalopram (20mg) or paroxetine (40mg). The primary analysis of efficacy was an analysis of covariance of change from baseline to Week 24 in MADRS total score using the last observation carried forward (LOCF) method.

Results: At endpoint (24 weeks), the mean change from baseline in total MADRS score was -25.2 for escitalopram-treated patients (n=228) and -23.1 for paroxetine-treated patients (n=223), a difference of 2.1 points (p<0.05). The difference on the MADRS (LOCF) was significantly in favour of escitalopram from Week 8 onwards. Response rates (≥50% decrease in MADRS) after 24 weeks were 82% (escitalopram) and 77% (paroxetine). Remission rates (MADRS ≤12) were 75% (escitalopram) and 67% (paroxetine) (p<0.05). These results were supported by a significantly greater difference in favour of escitalopram on all secondary efficacy analyses. For very severely depressed patients (baseline MADRS ≥35), there was a difference of 3.5 points in favour of escitalopram (p<0.05) at endpoint (24 weeks). The overall withdrawal rate for patients treated with escitalopram (19%) was significantly lower than with paroxetine (32%) (p<0.01). The withdrawal rate due to AEs was significantly lower for escitalopram (8%) compared to paroxetine (16%) (p<0.05).

Conclusion: Escitalopram was significantly more effective than paroxetine in the treatment of patients with severe MDD.

P029

Meta analysis of randomised controlled trials describing the effectiveness of venlafaxine in the treatment of major depressive disorder

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Background: A number of different antidepressant types are available, and many randomised trials (most modest in size and statistical power) have evaluated their relative effectiveness. Venlafaxine is a well established antidepressant, and previous work has indicated that it may be superior to SSRIs in treating depression.

Methods: We conducted a meta analysis of all available trials comparing venlafaxine and SSRIs examining the outcomes of response, remission and relative tolerability. Trials were identified through searches of Medline, Embase, Cochrane Library and through accessing unpublished trials held by the manufacturer. Results based on intention to treat analyses, were pooled using theoretically exact conditional maximum likelihood methods for fixed effects, and numerical simulation for full random effects.

Results: We identified 34 trials comparing venlafaxine with an SSRI, including 6374 patients. Venlafaxine was compared with fluoxetine in 18 trials, with paroxetine in 6 trials and with sertraline in 4 trials. Other comparators were citalopram (2 trials), escilatopram (2 trials) and fluvoxamine (2 trials). Response to venlafaxine was superior to that of alternative SSRIs, odds ratio 1.17 (95% CI 1.05 to 1.30; P = 0.0052). Similarly, for remission, venlafaxine was superior to SSRIs, odds ratio 1.24 (95% CI 1.10 to 1.40; P = 0.0004). Similar results were identified for full random effects analyses. Overall drop out was similar for SSRIs and venalfaxine.

Conclusion: Venlafaxine is more effective then SSRIs in achieving response and remission, and appears similarly tolerated.

P030

Alexithymia and winter seasonal affective disorder: Prevalence, sociodemographic and clinical correlates

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Background: Alexithymia refers to a cluster of cognitive-affective deficit in emotion-processing characterized by difficulties in experiencing and expression emotions. Seasonal Affective Disorder (SAD) is a form of recurrent depressive or bipolar disorder highlighting somatic symptoms (hyperphagia and snacking for carbohydrate/ high fat food, hypersomnia). Alexithymic characteristics could explained why some patients suffering from winter depression are likely to selectively focus on somatic symptoms.

Aims: We report the first study assessing the prevalence, sociodemographic and clinical correlates of Alexithymia in patients suffering from Winter Seasonal Affective Disorder (SAD).

Methods: In a sample of 59 consecutive depressed outpatients with winter seasonal features (DSM-IV criteria), alexithymia was assessed with the Toronto Alexithymia Scale -20 (TAS-20), severity of depression was assessed with the Hamilton Depression Rating Scale and Sigh-SAD version -25, depressive and anxious symptoms were evaluated with the depression and anxiety subscales of the Hospital Depression scale (HAD).

Results: The prevalence of alexithymia was 35.6%. Total TAS-20 scores were significantly correlated with: age (r= 0.27), duration of the illness (r= 0.31), depression and anxiety HAD scores, respectively r = 0.34 and r= 0.37. Alexithymia was not related to other sociodemographic and clinical variables (hyperphagia, snacking for carbohydrate food and hypersomnia).

Conclusions: Alexithymia is frequent in patients suffering from Winter Seasonal Affective Disorder. Nevertheless, this study does not provide support to a relationship between alexithymia and

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