end 2006) albeit recruitment is accomplished. Based on preliminary findings, the focus will be on methodological implications.

Methods: This is an open, multicenter, randomised trial conducted within the Danish University Antidepressant Group Subjects suffered from bipolar disorder indicating prophylaxis. Exclusion criteria were kept to a minimum. Randomisation took place when clinically appropriate The primary end-point was the need for additional medication or hospitalization, conditionally that patients were stabilized on monotherapy 6 months after randomisation. Patients were followed up to 6 years after randomisation.

Results: Of the 155 randomised patients, 123 (79%) were recruited at the main center. So far, 25% of the patients were prematurely withdrawn within the first 6 months after randomisation, 25% were withdrawn at 6 months since they were not in monotherapy at this point, 25% have reached the primary end-point and the remaining 25% are still in trial.

Conclusions: The large proportion of patients that needed additional medications even after 6 months indicates that previous long-term studies randomising patients on monotherapies may have limited generalisability. The uneven contribution from the main center and the other centers indicates that multicenter studies may include patients that are selected beyond the selection criteria.

P052

Influences of personality traits on depressive tendency among adolescents in Eastern Taiwan

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Purpose: To investigate whether the depressive tendency of adolescents are associated with certain personality traits in a stratified sample in eastern Taiwan.

Methods: Students who were sampled from 6 junior high and 25 primary schools in a multi-stratified manner were invited to join the study and asked to complete the Center for Epidemiologic Studies Depression Scale (CES-D) and the Junior Eysenck Personality Questionnaire (JEPQ) administrated together with other measurements of behavioral problems and life events. Effects of gender and grades on the score of the CES-D and the JEPQ and all its four subscales (N, E, P, and L) were analyzed. Correlation between the CES-D and the JEPQ's subscales were explored.

Results: Data from 3222 participants was analysed. Scores of CES-D and all four subscales (N, E, P, and L) of JEPQ were not influenced by gender. Scores of CES-D of participants from junior high school (grade 7-9) were significantly higher than those from primary schools (grade 4-6) but not similar finding in JEPQ scores. Gender difference was not noted in the low depressive tendency group, but there's more girls (59.2%) than boys (41.8%) in the high depressive group. Participants in the high depressive tendency group had significantly higher scores of N and P subscale, but not E subscale of JEPQ than those in the low depressive tendency group.

Conclusion: Different aspects of personality might be correlated differently to the tendency of depression among adolescents. Whether there's developmental causation warrants further analyses and explorations.

P053

The intensity dependence of auditoy ERP components in unmedicated patients with major depression. an analysis of group differences.

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Background: The intensity dependent amplitude change (IDAP) of auditory evoked Event Related Potential (ERP) components has been found to correlate with the level of central serotonergic neurotransmission and to be associated with response to certain antidepressants. However, it is currently unknown whether there is a general abnormality of the IDAP in patients with major depression. Therefore, the purpose of the present study was to compare the IDAP in unmedicated depressive individuals with that of healthy control subjects.

Methods: We report the results of a study evaluating the change of auditory evoked P1, N1, P2 as well as P1/N1 and N1/P2 peak to peak amplitudes in 40 in-patients with major depressive episode prior to antidepressant treatment, and 44 healthy control subjects. Clinical symptoms of depression were assessed by means of standardized psychiatric rating scales (CGI, HDRS, HAMA and BDI).

Results: In multivariate analyses of variance we found no group differences in the intensity dependent increase neither of the P1, N1, and P2 nor of the P1/N1 and N1/P2 peak to peak amplitudes between patients and controls.

Conclusions: Our data revealed no general abnormality of the IDAP in patients with major depression in comparison to healthy control subjects.

P054

Suicidal ideation and depressive disorders in primary care: The role of comorbidity

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Background and objectives: Most suicide victims contact a primary care physician within a month before their death. Over 90% of suicide victims have a diagnosable psychiatric illness, most commonly a mood disorder.

To compare demographic and clinical characteristics of depressed patients with and without a comorbid psychiatric disorder, and subjects without depressive disorders (DD). We hypothesized that depressed patients with a comorbid disorder would be the most impaired group and would have the greatest suicidality.

Methods: 195 patients were evaluated in three primary care centers in Madrid (Spain) using systematic sampling. Patients were assessed using the Spanish version of Prime-PHQ and a Recent Life Changes Checklist. Demographic data and previous psychiatric history were also collected.

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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

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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?

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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

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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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