studies can determine outcomes in a heterogeneous group of patients and they reflect the routine care of depression in clinical practice.

FINDER was supported by Eli Lilly and Company Limited & Boehringer Ingelheim GmbH

S60.02

Health related quality of life outcomes in a depressed population 6 months after treatment initiation: Results from the FINDER study

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Objective: This analysis explores factors associated with health-related quality of life (HRQoL) outcomes following treatment for a depressive episode.

Methods: FINDER was a prospective, observational study evaluating HRQoL in 3,468 depressed outpatients receiving antidepressant (AD) treatment. Patients completed the Short-Form-Health-Survey (SF-36) and European-Quality-of-life-5-Dimensions (EQ-5D) questionnaire at baseline, 3 and 6-months. SF-36 is summarised with the Physical and Mental Component Summary (PCS and MCS) scores. AD medication was recorded at each observation, and patients completed ratings on the Hospital Anxiety and Depression Scale (HADS), Somatic Symptom Inventory (SSI-28) and pain severity Visual Analogue Scale (VAS). Multivariate analysis for HRQoL outcomes was performed.

Results: In addition to the respective baseline HRQoL score, somatic symptoms had the strongest association with SF-36 MCS; age and the presence of chronic medical conditions had the strongest association with PCS (all $p<0.001$). Variables most strongly associated with EQ-5D, besides their respective baseline scores, were somatic symptoms and pain severity, as well as duration of current depression (all $p<0.001$). AD treatment was significantly associated with

SF-36 MCS and EQ-5D VAS (all $p<0.001$). Switching medication within class during 6 months was significantly associated with poorer outcomes on all HRQoL measures (all $p<0.001$) compared to not switching.

Conclusions: HRQoL at treatment initiation and somatic symptoms were associated with the level of improvement in HRQoL observed in depressed outpatients over the course of 6 months. Treatment switching, duration of episode and pain were also important factors to consider.

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S60.03

Prevalence of pain in depression and health related quality of life outcomes: Results from FINDER

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Objective: To explore health-related quality of life (HRQoL) outcomes of patients with depression and moderate/severe pain compared to depressed patients with no/mild pain.

Methods: FINDER was a 6-month prospective, observational study to investigate HRQoL of 3,468 depressed outpatients receiving antidepressant treatment. Patients completed ratings on pain severity using Visual Analogue Scales (VAS) at the beginning of treatment, 3 and 6-months. Overall VAS pain severity ratings ?30mm were defined as 'no/mild pain', and >30mm as 'moderate/severe pain.' Pain response was defined as rating >30mm at baseline, changing to ?30mm at 6-months. Patients also completed the Short-Form-Health-Survey (SF-36) and European-Quality-of-Life-5-Dimensions (EQ-5D) questionnaire.

Results: 56% of patients with depression experienced moderate/severe pain at baseline, and 70% of these had no physical explanation. Those with depression and pain at baseline reported poorer HRQoL on the SF-36 physical component score (but not mental component score) and EQ-5D scores at baseline and 6-months. 47% (n=685) of those with depression and pain at baseline had moderate/severe pain at 6-months. Pain response was highest for those with greater baseline depression. Several socio-demographic, psychiatric and medical history characteristics were associated with decreased pain response according to logistic regression, as was baseline level of pain. In addition, those using analgesics, particularly opioids, were less likely to respond.

Conclusions: There was considerable comorbidity between pain and depression. Almost half of such patients did not demonstrate a pain response within the observation period and may represent a specific subgroup.

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S60.04

Six month outcomes for different baseline 'caseness' status: A closer look at depression, anxiety and comorbid depression and anxiety

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Objective: This analysis explores outcomes of depressed outpatients observed for 6-months in routine care. Clinically diagnosed patients were grouped with respect to their 'caseness' for depression and/or anxiety.

Methods: FINDER was a prospective, observational study evaluating health-related quality of life (HRQoL) in 3,468 depressed outpatients receiving antidepressant treatment. Patients completed ratings on the Hospital Anxiety and Depression Scale (HADS) at baseline, 3 and 6 months. HADS subscores of $\leq$7, 8-10 and >11 at baseline were used to classify patients into 'non-cases,' 'doubtful cases,' and 'probable cases' for depression and anxiety, respectively. HRQoL measures included the Short-Form-Health-Survey (SF-36).

Results: 74% of patients with clinically diagnosed depression fulfilled HADS criteria for probable case for anxiety, 66% for probable case for depression and 56% for both, depression and anxiety. After 6-months, 50% of HADS-defined cases for depression at baseline were non-cases for anxiety and depression. Similarly, 40% of cases for anxiety and 41% of cases for both depression and anxiety at baseline were non-cases for anxiety and depression at 6-months. SF-36 physical and mental component scores (PCS, MCS) at 6-months were 51.5(7.6), 46.1(8.6) for non-cases for depression, 51.3(7.8), 46.9(8.3) for anxiety non-cases and 52.0(7.4), 48.2(7.5) for non-cases for comorbid depression and anxiety at 6-months, respectively.

Conclusions: Depression seems to improve more than anxiety or comorbid depression and anxiety, according to HADS. Physicians appear to not always comply with DSM-IV classification criteria when making a diagnosis of clinical depression.

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S60.05

Patterns of antidepressant use in routine care of depressive outpatients in a 6-month European observational study: Results from finder

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