

(n=151) and placebo (n=157). Primary endpoint: baseline to Week 6 change in MADRS total score. Secondary variables included: baseline to Week 6 change in HAM-D total and Item 1 (depressed mood) scores. Safety assessments included AE reporting.

Results: Mean MADRS total score (overall baseline mean, 30.15) was significantly reduced at Week 6 by quetiapine XR 150mg/day, 300mg/day and duloxetine versus placebo (−14.81, −15.29, −14.64, −11.18, respectively; $p \leq 0.001$).

At Week 6, mean HAM-D total scores (overall baseline mean, 25.25) were significantly reduced versus placebo (−10.26) by quetiapine XR 150mg/day, 300mg/day (−13.12, −14.02, respectively, $p \leq 0.001$) and duloxetine (−12.37, $p < 0.05$). Mean HAM-D item 1 scores (overall baseline mean, 3.03) were significantly reduced versus placebo (−1.07) by quetiapine XR 150mg/day, 300mg/day (−1.49, −1.56, respectively, $p \leq 0.001$) and duloxetine (−1.53, $p < 0.001$).

Incidence of serious AEs were low ($\leq 2\%$) in all groups. Most common AEs ($>10\%$) were dry mouth, sedation, somnolence, dizziness, headache and nausea with quetiapine; dizziness and headache with placebo; and dry mouth, sedation, somnolence, dizziness, headache, constipation, nausea, diarrhoea and insomnia with duloxetine. Most AEs were mild-to-moderate in intensity.

Conclusion: Quetiapine XR monotherapy at 150 and 300mg/day was effective and well tolerated in the treatment of patients with MDD.

P0229

The study of correlation between depression, quality of life and glycemic control in a sample of Iranian diabetic patients

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Background: The prevalence of depression in diabetic patients is 2-3 times more than general population. The quality of life (QOL) and glycemic control are 2 important outcome measures of diabetes management. The aim of this research is to study the relationship between depression, glycemic control and QOL in a sample of Iranian diabetic patients.

Methods: One hundred diabetic patients who were referred to diabetes clinic of Dr. Shariati Hospital were included in the study consecutively. The depression subscale of Hospital Anxiety and Depression Scale (HADS-D) were used to determine depression. The World Health Organization Quality of life brief version questionnaire (WHOQOL-BREF) was used to measure QOL. The status of glycemic control was evaluated through measuring HbA1c. Other measured variables included: demographic variables, smoking, diabetes type, body mass index, duration and complications of diabetes and previous history of depression. The linear regression method was implemented to analyze the data.

Results: Depression was observed in 30% of the patients. Glycemic control had a reverse significant correlation with diabetes complications. No significant relationship was found between HbA1c and scores of HADS-D. WHOQOL-BREF subscales scores had no significant relationship with glycemic control. There was a significant relation between scores of HADS-D and WHOQOL-BREF subscales.

Conclusion: Improving quality of life (QOL) is one of the main outcomes in the management of diabetes. According to the result of

this study, depression had a more prominent relationship with QOL than glycemic control. Thus, careful management of depression may be necessary to improve QOL of diabetic patients.

P0230

Influence of moderate physical exercise on mood and quality of life in older patients with atrial fibrillation

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Background and Aims: Affective disorder has not been considered appropriately in patients with atrial fibrillation (AF) representing a chronic disorder with reduced quality of life. Adequate ventricular rate (VR) control in permanent atrial fibrillation (AF) is not easy to accomplish. The aim was to assess whether regular moderate physical activity elevates the parasympathetic tone to the atrioventricular node and decreases VR during permanent AF but also improves psychic wellbeing.

Methods: 10 patients (59±10y) with permanent AF underwent moderate physical exercise (45min walking/jogging, 2/week). To analyze VR control, we performed Holter-ECG recordings, physical exercise treadmill tests, and stepwise lactate tests before, during and after 4 months of training. Psychiatric interviews and psychometric examinations of mood and quality of life (SKID, BDI, HAM-D, SF-36) were obtained, too.

Results: Out of 10 patients, six revealed a previous psychiatric history, four subclinical depressive symptoms and one a depressive syndrome. After training there were significant ($p < 0.05$) improvements with decrease in VR (24 hours, exercise) and increase of lactate threshold (exercise), accompanied by improved general health perceptions in 7/8 quality of life dimensions. Enhanced global physical health was significantly higher in case of more pronounced depressive symptoms ($r=0.86$; $p < 0.01$). Importantly, in three patients reductions/terminations of cardiac drugs could be undertaken.

Conclusions: Physical training should be accounted for VR control during AF. Regarding the high prevalence of affective symptoms in our AF patients, bodily-oriented rehabilitation might minimize comorbid chronic affective disorder.

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P0231

An interdisciplinary approach to postpartum depression

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The postpartum depression occurs between the 2nd and 6th week after birth. It is characterized by ambivalent emotions concerning the baby, excessive demands, feelings of guilt, fears of failure, panic attacks and sometimes culminates in suicide or infanticide. Previous studies show prevalence between 5 and 15%. In Germany only few data exist concerning epidemiology, aetiology and risk factors. Previous psychological diseases, especially depression, missing social support and bad partner support are important components. There is nothing common about the neural correlates of postpartum depression so far. Patients, midwives and gynaecologists rarely have information about experts and possibilities of treatment. Because the postpartum depression has devastating consequences for the mother and for the development of the child, a close cooperation between gynaecological, midwives and psychosomatic disciplines is essential and a directed psychotherapeutic consultation absolutely necessary.

Therefore we accomplish an interdisciplinary project with a multimodal approach. Besides a 'postpartum-depression-hotline', which is well-staffed by experts 24 hours, a new homepage concerning postpartum depression is available (www.wochenbettdepression-hotline.de). Therapeutic support for mothers and fathers occurs immediately by our team and a mother-child-unit is available. Turkish patients are included to assess intercultural influences. Clinical interviews and psychometric instruments are used to analyze personality, attachment, body perception etc. For the first time neural networks of postpartum depression are examined by fMRI. A picture-paradigm is used.

By our interdisciplinary approach we already established a broad supportive network in only few months.

Our psychometric and fMRI results contribute to further knowledge of aetiology and risk factors of postnatal depression.

P0232

Mental health and symptomatology during pregnancy and postnatal period among Icelandic women

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Introduction: Many studies of postpartum depression have been carried out. Fewer studies have focused on depression and anxiety during pregnancy and anxiety after childbirth. The main objective of this study was to investigate symptoms of anxiety and depression among pregnant women in Iceland during the pre and postnatal period.

Methods: 560 pregnant women attending antenatal clinics at Primary Health Care Centres participated. These women were participants in a larger study on mental health during pregnancy and after birth in which use of psychoactive substances and psychosocial factors among pregnant women in Iceland are also studied and variables located that may predict postpartum depression. The purpose is also to investigate its relationship with the child's development at age five months and one, two and five years. Participants were screened three times during pregnancy and once after birth with the Depression Anxiety Stress Scales (DASS) and the Edinburgh Postnatal Depression Scale (EPDS).

Results: Results showed that anxiety is even a bigger problem during pregnancy than depression, but after childbirth more women suffer from depression than anxiety.

Discussion: The findings indicate the need to focus not exclusively on depression when studying the mental health of pregnant women but to include also other mental disorder such as anxiety.

P0233

Depression in Iranian asthmatic patient

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Asthma is chronic disease, that make many health problems in every where in the world. The quality of life is variable in asthmatic patients because has a long of treatment. The aim of this study is assessment of quality of life, especially depression in this patients.

Material and Methods: This study is descriptive-analytic research. The subject consisted of 386 patients who refers to medical clinic. The data gathered by questionnaire that had 2 part. First part was demographic data and second had gathered quality of life, sleep disorders and mental status. For determind validity use content validity and for determind reliability use alfa-kronbach.

Results: The results showed that the majority of subjects was female, married, unlettered, and in 41-50 age range. Also the most of them from physical and mental and sleep aspects of quality of life were in appropriate and in social economic aspects were rarely appropriate.

Conclusion: According to the finding, depression and sleep disorders in these patients are very common.

P0234

Tricyclic antidepressants and Benzodiazepines abuse, among former heroin addicts currently in Methadone maintenance treatment (MMT)

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Background and Aims: The tricyclic antidepressant amitriptyline was suspected to be abused among methadone maintenance treatment (MMT) patients in Israel. Given its potentially dangerous interaction with methadone, and even more so with benzodiazepines (BDZ), which is highly abused among MMT patients, we did a cross sectional studied all 303 patients (February, 2007).

Methods: Evidence of tricyclics presence in one of the 2±0.5 random urine samples (range 1-4) that are routinely taken for opiates, cocaine BDZ, amphetamines, and cannabis. Modified addiction severity index (ASI) and variables from patients' records.

Results: 48(15.8%) were positive for amitriptyline. They were similar to the others in age, gender, presence of DSM-IV psychiatric disorders, and QTc interval on ECG. Logistic regression (multivariate analyses) found that the extent of being amitriptyline positive was higher in BDZ abusers (OR=11.6 95%CI 4.4-30.7), in subjects with positive antibody to hepatitis C (OR=2.2, 95%CI 1.02-4.9) and in patients treated with high dose methadone (>150 mg/day) (OR=2.4, 95%CI 1.2-4.9). Amitriptyline was found in 12 (7.5%) of the "privileged" group members who, by definition, should not be abusing drugs.

Conclusion: The high prevalence of amitriptyline abuse, even among "privileged" patients, and in combination with BDZ abuse, emphasizes the importance of routine monitoring in order to decrease the potential risk associated with amitriptyline combined with methadone and BDZ, and to implement appropriate interventions.