p=0.001 and the NNT is 16. Remission data for 656 patients with a baseline HAM-D17 >30 were available. The LOCF analysis revealed, that the OR is 1.55 (95%CI 1.10, 2.18), p=0.015 and the NNT is 11, whereas the completer analysis revealed, that the OR is 1.93 (95%CI 1.25, 2.97), p=0.003 and the NNT is 7.

Conclusion: This analysis demonstrates that venlafaxine is superior to SSRIs in both the mild/moderate and severe depression in achieving remission. However, the magnitude of superiority was higher in the subgroup of patients with a baseline HAM-D17 >30 suggesting a pronounced clinical benefit for the treatment of severely depressed patients.

P0239

Action monitoring in major depressive disorder: Longitudinal results

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Background: Disturbed action monitoring has been demonstrated in Major Depressive Disorder (MDD). A well-known marker for performance monitoring is the error-related negativity (ERN), an event-related potential (ERP) generated in the anterior cingulate cortex following erroneous responses. The aim of the current study was to explore the mood state dependency of the ERN in MDD.

Methods: Behavioural and ERP measurements were obtained during performance on a speeded two-choice reaction task in 15 patients with MDD and 17 matched controls. Measurements took place during the early stages of a depressive episode and again following 7 weeks of antidepressant treatment. The healthy volunteers also participated in both sessions.

Results: Whereas speed of response had substantially increased at session 2 in both groups with larger increases in the MDD group, equal ERN amplitudes were demonstrated between both sessions for the controls as well as the patients. The equal amplitudes in the MDD group might be attributable to the great variance in mood symptom remission rates in our sample. Nevertheless, strong correlations between inter-session changes in symptom severity and ERN amplitudes did emerge in the patient group.

Conclusions: The present ERP results indicate that performance monitoring in MDD is affected by mood state with only totally remitted patients demonstrating increased ERN amplitudes. The observed behavioural performance adjustments in all patients might mainly be attributable to a practise effect and the (partial) remission of depressive symptoms. Future longitudinal studies that include only patients with total symptom remission should corroborate and refine the current findings.

P0240

Systems redesign supports rational antidepressant use in everyday practice

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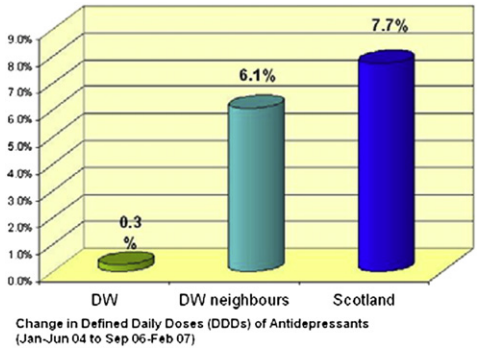
Background: Antidepressant use has risen x3-5 in Western countries since the early 1990s, outstripping changes in depression incidence or prevalence. This represents a major public health challenge.

Methods: Nationally-collected antidepressant data were used to assess the impact of "Doing Well", (DW) a novel depression care programme operating in Renfrewshire, Scotland. "Doing Well" implemented a model of ''stepped collaborative care'', practitioner education and significant service redesign. Prescribing was compared for three groups: "DW" (76,000 population; clinical and educational intervention), "DW neighbours'' (101,000 population; educational interventions only), and Scotland (no specific intervention).

Results: A national rise in antidepressant prescriptions was stabilised for the "DW" group (graph). Antidepressant cost/item fell by 42% and 40% in both ''DW'' and ''DW neighbours'' groups but rose by 8% nationally.

Conclusions: Access to clinical interventions are required to reduce antidepressant prescriptions, but cost savings may be made with educational interventions alone.



P0241

Desvenlafaxine Succinate efficacy in improving functional outcomes and pain in younger, midlife, and older women and men with major depression

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Objective: To evaluate functioning, well being, and pain outcomes with desvenlafaxine succinate (DVS) treatment in depressed men and women of different age groups.

Methods: Data from the Sheehan Disability Scale (SDS), 5-item World Health Organization Well-Being Index (WHO-5), and Visual Analog Scale–Pain Intensity (VAS-PI) were pooled from 6 double-blind, placebo-controlled, 8-week DVS trials conducted in outpatients with major depressive disorder (MDD). Patients were divided into 3 age groups. The 18-39 and >55 years of age groups were chosen as proxies for pre- and postmenopausal status; the age group of 40-55 years, which was likely to include perimenopausal women, was also evaluated. Male patients were similarly grouped to differentiate effects of menopausal status from age on treatment response.

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Results: Patients were randomized to receive DVS 100-400mg (N=1048; 18-39 years [n=451]; 40-55 years [n=457]; >55 [n=140]) or placebo (N=718; 18-39 years [n=306]; 40-55 years [n=310]; >55 [n=102]). The final SDS, WHO-5, and VAS-PI overall pain change from baseline for the total population were significantly greater in the DVS vs the placebo group (P<0.001). Mean differences (adjusted ANCOVA) from placebo in women were: SDS: 18-39: −2.1, 40-55: −2.1, >55: −3.2; WHO-5: 18-39: +1.1, 40-55: +1.8, >55: +3.3; VAS-PI 18-39: −1.4, 40-55: −5.2, >55: −9.1. In men, results were consistent across age groups studied (SDS: 18-39: −2.9, 40-55: −3.4, >55: +2.6; WHO-5: 18-39: +1.5, 40-55: +2.4, >55: −0.3; VAS-PI 18-39: −3.0, 40-55: −7.7, >55: +2.0).

Conclusions: DVS improves functional outcomes and pain symptoms in depressed men and women across the age groups studied.

P0242

Depression in coronary heart disease

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Background and Aims: Current studies on Coronary Heart Disease (CHD) show significant relationship with depression, which play important role in the course and clinical pictures of the illness. Depression is connected with worse course and more pessimistic prognosis in patients with CHD.

This study is expected to lead to better understanding the etiopatogenesis of CHD and its connections with depression and to create an efficient treatment programs in these disturbances.

Methods: Two methods estimating intensification of depressive symptoms were used in this study; Beck Depression Inventory (BDI) and Hamilton Depression Rating Scale (HDRS)

Results: To explore the connection between depression and CHD the investigation has been conducted in a group of 111 patients with different course of CHD. The age of the group was 41-65 years (mean = 55; SD = 5,6).

The results of the study indicated the sub clinical state of depression in the whole investigated group. The highest values of BDI and HDRS were noticed in women as well as of men and women with disability pension or in pensioners.

Conclusions: We conclude that women with CHD have higher level of depression and the active employment status has protective influence on the mood.

P0243

Depression and the competence for selection, optimisation and compensation (SOC)

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Background: The meta theory of selection, optimisation and compensation is a concept of successful coping and especially ''successful'' aging (1,2). Since depression is the most prevalent psychiatric disorder in old age, we wanted to know whether depression is associated with impairment of SOC-competence on a state or trait basis.

Method: In a pilot study n=50 inpatients took part after informed consent. They were between 21 and 73years old and suffered from a depressive syndrome (F32, F43.2, F33, F43.1, F31, F41.2). Patients with organic and/or psychotic underlying condition werde excluded. We applied a standardised scale, developed by Freund & Baltes (3). Together with standard instruments (MADRS, GDS) at the beginning and the end of inpatient treatment. For this study, data from a representative German study (ALLEE) served as control.

Results: As to be expected, SOC-competence was significantly lower compared to normal values in the depressed state. After remission however, there were no differences left. There were also no significant differences found when comparing a group of younger (<50y) and a group of older (>50y) patients.

Conclusion: We draw the preliminary conclusion that impairments in SOC competence seem to be no trait marker for depression at any age. Further study should test whether there are differences in various subtypes of depression (e.g. early versus late onset, double depression…..).

P0244

Chaotic neural response reflecting stroop incongruent task is related to serum Cortisol levels in patients with unipolar depression

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Background and Aims: According to recent findings detecting a cognitive conflict is related to activation of anterior cingulate cortex (ACC) and central autonomic network. Several recent findings also suggest the hypothesis that the cognitive conflict is related to specific nonlinear chaotic changes of the neural signal. This conflict related activation elicits autonomic responses which can be assessed by psychophysiological measures such as heart rate variability calculated as beat to beat R-R intervals (RRI).

Method: The present study used Stroop word-colour test as an experimental approach to psychophysiological study of cognitive conflict in connection with RRI measurement, assessment of serum cortisol and calculation of largest Lyapunov exponents in nonlinear data analysis of RRI time series in 32 patients with unipolar depression.

Result: Significant correlation −0.43 ($p<0.01$) between largest Lyapunov exponents during conflicting Stroop task and serum cortisol levels has been found.

Conclusion: The study indicates that a defect of neural inhibition during conflicting Stroop task is closely related to decreased serum cortisol levels which probably reflect defense psychological mechanisms.

P0245

Depressive disorders and herpes simplex virus infection

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Introduction: The impact of HSV infection on psychiatric status of patients correlates with the disease nature and duration. Recurrent genital herpes can have a major impact on sufferers' sex lives. HSV recurrences are often accompanied by anxiety and depression, up to suicidal attempts.

Purpose of this study is to investigate clinical typology of depressive disorders of HSV patients.

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