

cognitive and psychosocial functions. We will then present test hypotheses derived from our own neuropsychological research approaches with different attention paradigms (evoked potentials, control of eye movement and overall attentional shifting).

Results: Age of onset is a significant predictor for the development of subtle neurocognitive function impairment in normal cannabis users.

Conclusions: The neuropsychological effects of chronic cannabis use with an early age of onset can only be detected with hypothesis-based neuroscientific studies using instruments which are sensitive to the cognitive and attentional functions. Subgroup effects may also have clinical relevance.

P0219

Prediction of a suitability score on psychiatric symptoms in short- and long-term therapy

M.A. Laaksonen¹, P. Knekt², O. Lindfors³. ¹National Public Health Institute, Helsinki, Finland ²Social Insurance Institution, Helsinki, Finland ³Biomedicum Helsinki, Helsinki, Finland

Background and Aims: Patient's pre-treatment personality characteristics and interpersonal predispositions indicate suitability for psychotherapy and predict its outcome. The predictive value of reliable and valid suitability assessment scales in short- and long-term therapy has not, however, been compared. This study compares the prediction of a suitability scale on changes in psychiatric symptoms in short- and long-term psychotherapy.

Methods: In the Helsinki Psychotherapy Study, 326 psychiatric outpatients, aged 20–46 years, and suffering from depressive or anxiety disorders were randomized to short-term therapy or long-term therapy. Psychological suitability measures were assessed with a 7-item Suitability for Psychotherapy Scale (SPS) at baseline and psychiatric symptoms with the Symptom Check List, Global Severity Index (SCL-90-GSI) at baseline and 7 times during a 3-year follow-up.

Results: Three patient groups were found when a suitability score based on the seven individual suitability measures was used to predict symptom development: patients with more good (4 or more) than poor values gained sufficiently from short-term therapy, patients with more poor (4–6) than good values needed long-term therapy, and patients with all 7 values poor failed to benefit from either short- or long-term therapy. Almost half of the patients received considerably auxiliary treatment besides the study treatment. For these patients, although equipped with mostly good values, short-term therapy was not sufficient.

Conclusions: The amount of therapy needed to recover may be predicted before start of therapy. The use of auxiliary treatment in addition to standard treatment needs, however, further clarification.

P0220

Effect of menopause and use of contraceptives/hormone therapy on association of C-reactive protein and depression: A population-based study

T. Liukkonen^{1,2}, M. Vanhala^{3,4,5}, J. Jokelainen^{2,6}, S. Keinänen-Kiukaanniemi^{2,6,7}, H. Koponen⁸, M. Timonen². ¹Savonlinna Central Hospital, Department of Psychiatry, Savonlinna, Finland ²University of Oulu, Department of Public Health Science and General Practice, University of Oulu, Oulu, Finland ³Laukaa Health Centre, Laukaa, Finland ⁴Centre Finland Central Hospital, Unit of General Practice, Jyväskylä, Finland ⁵Family Practice

Unit, Kuopio University and Kuopio University Hospital, Kuopio, Finland ⁶Oulu University Hospital, Unit of General Practice, Oulu, Finland ⁷Oulu Health Centre, Oulu, Finland ⁸Kuopio University Hospital, Department of Psychiatry and The Academy of Finland, Kuopio, Finland

Background: Unipolar depression has been found to associate with elevated C-reactive protein levels (CRP) in men, but findings among women have been conflicting. It has been hypothesized that this would be explained by a different hormonal environment (compared with men) and its changes throughout the lifecycle in women, but until now, the corresponding evidence has been lacking. We investigated the association between depressive symptoms and CRP levels in a population-based study in pre-, peri- and postmenopausal women, and also, whether this association is affected by the use of exogenous hormones (contraceptives and postmenopausal hormone therapy).

Methods: Initially, the entire age classes of those born in 1942, 1947, 1952, 1957 and 1962, and living in Pieksämäki, Finland were invited (N=1,294), and out of 730 women 512 (70.1 %) participated in this cross-sectional study in 1997–98. Depressive symptoms were assessed by Beck's Depression Inventory -21 (BDI-21) and C-reactive protein (CRP) was measured with a high-sensitivity CRP assay (hs-CRP).

Results: We found a statistically significant positive correlation between hs-CRP-levels and depressive symptoms in peri- and postmenopausal women not using exogenous hormones (Spearman partial correlation coefficient, $r=0.189$, $p=0.011$; and $r=0.436$, $p=0.033$, respectively). On the contrary, no significant correlations were found in peri- and postmenopausal women using exogenous hormones, or in premenopausal women irrespective of their exogenous hormone use.

Conclusions: Our novel findings strongly suggest that female hormones might have a major impact on the association between elevated CRP levels and depressive symptoms in females. Further studies are, however, needed to confirm our findings.

P0221

Special issues in addiction treatment: Addressing the unique needs of addict women in a recovery program in Cairo

R.M. Mohamed. *Psychiatry Department, Addiction Unit, Kasr El Eini Hospital, Cairo University, Cairo, Egypt*

Objectives: Designing and implementing a culturally sensitive and specific education on relapse prevention messages that meet the needs for addict women in an Egyptian recovery process. To contribute to upgrading their skills and self assertion, approaching their unique problems and helping their empowerment.

Methodology: 25 polysubstance abuse women (24 Egyptian and 1 Arab) joined a therapeutic community rehabilitation program, where the following was assessed: Addiction severity, impulsivity, sexual orientation, co morbidity, medical complications of addiction, effect of social taboo and stigma, psychodynamic correlates and skills assessment.

Cognitive therapy, art therapy, life skills training (stressing on how to overcome stigma, codependence, etc..) and vocational training were provided.

Outcomes: Emphasis on skills to overcome socio-cultural challenges were found to be accompanied by significant more favorable outcome than only stressing on classic relapse prevention techniques.

Conclusion: It was found that Women from special cultural subgroups can face strong taboos about disclosing family secrets,