(SD=0.54) were randomly assigned to either a music/silence or a silence/music group sequence. The physiological measures of anxiety assessed in this study were finger temperature and pulse rate. Two additional psychological measures were also collected, the State-Trait Anxiety Inventory (STAI) and Test Anxiety Inventory (TAI). The students in the music group were given a 40-minute group-based music intervention in a classroom, whereas the students in the silence group received the regular test without music. The students had their physiological measures taken and the TAI and STAI were completed both immediately before the intervention/silence period and at the end.

**Results:** Using paired t-tests, there were no significant different in pretest scores for STAI, TAI, finger temperature and pulse rate between the two conditions. Nonetheless, the findings indicated that music intervention did effectively decrease examination anxiety and state of anxiety as well as reducing pulse rate and increasing higher finger temperature (p=0.05 to 0.001). In addition, significant differences were detected between the pretest and posttest measures for silence (p=0.001).

**Conclusions:** Lento music intervention is beneficial and is able to decrease anxiety among nursing students who are taking an examination. The results suggest that lento music is effective at anxiety reduction.

## P205

Music appreciation and intervention on stress reduction: a randomized crossover trial

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**Background:** Several clinical studies have indicated the effectiveness of music on stress; however, the study results are inconsistent. Moreover, no known published studies have investigated nurses' appreciation of music and the effects of music on job-related stress.

**Objectives:** To examine the effects of music preference and intervention on stress indices.

**Method:** Using a cross-over design, 54 subjects were randomly assigned to music/ chair rest or chair rest/music sequence for 30 minutes respectively. Subjects in the music condition listened to lento music by headphones throughout 30 minutes. In the chair rest condition subjects sat quietly for 30 minutes. Using a repeated measures design, subjects' heart rate, mean arterial pressure(MAP), finger temperature, and cortisol were measured before the study and every 15 minutes interval until the end of the whole procedure. Subjected stress was measured with visual analogue scale before the study, and at the end of the each condition. Data were analyzed with repeated-measures analysis of variance.

**Results:** The mean score of music appreciation was 8.81 (SD = 1.05), and was significantly associated with MAP, cortisol, stress, and finger temperature. Subjects when listened to music compared with chair rest had lower perceived stress level, cortisol, heart rate, and MAP as well as higher finger temperature (all $p < 0.05$ to 0.001). Paired t-test results were also significant for posttest heart rate, cortisol, finger temperature and MAP between the two conditions ($p < 0.05$ to 0.001).

**Discussion:** The findings provided evidence to use soothing music as a research-based intervention for stress reduction.

## P206

Reation of panic disorder and somatic illnesses

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**Objective:** The aim of this study was to indicate on the most common somatic illnesses in patients with panic disorder with agoraphobia and to estimate possible association between panic disorder with agoraphobia and somatic illnesses.

**Method:** The participants in this study were 93 patients with primary DSM IV diagnosis of panic disorder with agoraphobia and 48 control subjects without psychiatric diagnosis. The presences of somatic illnesses were ascertained from the modified National Institute of Mental Health Panic Questionnaire (NIMH PQ), where the patients and control subjects answered on the questions about presence of specified somatic illnesses.

**Results:** The most common somatic syndromes in the group of panic disorder patients were hypertension, hypotension, hyperthyroidism, constipation, and hypoglycaemia. Concerning somatic illnesses, in the sample of panic disorder patients most frequent were cardiovascular (61.3%), gastrointestinal (25.8%), endocrinology (19.4%) and urology (17.2%) illnesses. Comparing to control group, psychiatric healthy subjects, patients with panic disorder with agoraphobia have had statistically significant higher rate of cardiovascular (chi square=9.40, $p<0.01$) and endocrinology (chi square=19.31, $p<0.01$) illnesses.

**Conclusion:** The overall results of the study indicate that: 1. There is a high level of comorbidity between panic disorder with agoraphobia and somatic illnesses, 2. Cardiovascular diseases was the most common illnesses in patients with panic disorder with agoraphobia, 3. Cardiovascular and endocrine illnesses have had statistically significant higher rate in the patients than in the control group.

## P207

Preliminary results evaluating cognitive function in elderly from double-blind, placebo-controlled trial of pregabalin in generalized anxiety disorder (gad)

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**Background:** Benzodiazepines impair cognitive function, especially in the elderly. The current analysis sought preliminary data on the effect of pregabalin on cognition in elderly patients with GAD.

**Methods:** Patients aged ≥65 years who met DSM-IV criteria for GAD, with HAM-A≥20 and MMSE≥24, were randomized to 8 weeks of treatment with flexible-dosage pregabalin (150-600 mg/d) or placebo. A subgroup (N=89; 81% female; mean age=70.4 years; mean HAM-A=27.3) completed a cognitive battery including the Digit Symbol Substitution Test (DSST) and the Set Test at baseline and endpoint.

**Results:** At baseline, scores for pregabalin and placebo on the DSST were 13.75±3.51 vs 13.39±3.89 and on the Set Test 37.88±3.25 vs 37.63±3.69. There was significant (P<.05) inverse Pearson correlation between HAM-A item-5 (intellectual) and DSST (-0.32) and Set Test (-0.30) scores. There were also moderate inverse correlations between the DSST and HAM-A total score (-0.35) and age (-0.25). Weaker correlations (with the same directionality) were observed between the Set Test and these variables. At 8-week LOCF-endpoint, scores were comparable on the DSST (13.82 vs 14.54) and the Set Test (38.24 vs 37.95). Endpoint improvement in the HAM-A was moderately correlated with improvement in the Set Test (-0.23, P<.05) but not with DSST. Univariate and

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