P007

Depression in patients with coronary heart disease

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Background: Depression is a risk factor for coronary heart disease (CHD) and for other cardiovascular diseases. It cause high mortality in known patients. SSRIs are safe and have a negligible effect on the cardiovascular system, even in cases of overdose.

Objective: To examine the antidepressant effect of sertraline and paroxetine in patients with CHD after the incidence of an acute coronary event.

Method: 46 patients (26 female, mean age 59,8; 20 male, mean age 57,8) diagnosed with CHD, after 1-3 months from an acute coronary syndrome, no depression in the past, met the criteria for major depressive disorder (MDD) according to ICD10. It was performed HAMD 17 items.

Results: Patients received either sertraline 75-150 mg/day (n=23; mean dose 104,3 mg/day) or paroxetine 20-30 mg/day (n=23; mean dose 22,6 mg/day). They were examined on baseline and days 7, 28, 56, 112, 168 using cardiologic evaluation, and depression rating scale HAMD. All treated patients had a significant improvement on HAMD score (from mean 21,8 to 10,6). Significant improvement was noted at 28 days of treatment. 12/46 (26,08%) were mildly improved and 34/46 (73,92%) were much or very much improved. No important side effects were recorded.

Conclusions: 1) Patients with no recent history of depression suffering a cardiovascular event were more likely to be diagnosed with depression. 2) Diagnosis and treatment of depression should be incorporated into the clinical management of CHD 3) Sertraline and paroxetine are a safe and effective treatment in patients with CHD without other life-threatening medical conditions.

P008

Testing ters and madrs on 567 pre-OLTx patients

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Background and aims: Ortothopic Liver Transplantation (OLTx) is a therapeutic option for selected patients with severe hepatopatic diseases. Resources are precious and limited, and selection of ''ideal'' candidates is tough but necessary; the psychiatrist is involved in the assessment of compliance and adherence to the therapeutic process by the patient. Moreover, the inclusion in the waiting list for OLTx activates multiple psychological reactions in the patient, mainly anxiety and depression, and a need to test patients' coping capacity is also crucial.

Methods: 567 patients from the Liver Transplantation Surgery Unit of Modena General Hospital were assessed by professionally-trained psychiatrists between January 2002 and December 2005. After a standard psychiatric assessment, the Transplant Evaluation Rating Scale (TERS) and Montgomery-Asberg Depression Rating Scale (MADRS) scales were administered to each patient. The TERS scale was specifically developed to test the attitude of the patient to receive a transplant. The MADRS quantifies the presence of anxious and depressive symptoms.

Results: TERS and MADRS scores show a statistically significant inverse correlation one to each other: patients showing high levels of anxious and/or depression symptoms appear to be worse candidates at the TERS evaluation.

Conclusions: Psychiatric assessment of patients waiting for OLTx is relevant, not only for selection of candidates, but also to activate a psychological support and/or a psychopharmacological therapy, to improve patients' coping strategies in facing both a debilitating physical illness and a difficult therapeutic pathway.

P009

Efficacy of fluoxetine compared to amitriptyline in patients with premenstrual dysphoric disorder

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Objective: To assess efficacy of fluoxetine, 60 mg per menstrual cycle, in the treatment premenstrual dysphoric disorder (PMDD).

Method: 114 female outpatients aged between 18 and 45 years old, who met DSM-IV-TR criteria for PMDD, were randomly assigned to receive either fluoxetine or amitriptyline during luteal phase for 4 menstrual cycles. Fluoxetine was administered in 3 doses according to the following scheme: 20 mg/day for 2 consecutive days starting from the beginning of luteal phase and 20 mg/day after 7 days since first dose. Amitriptyline was administered in dose of 25 mg/day continuously during the whole luteal phase. Efficacy measures included HAMD17 total score, individual HAMD17 items, HAMA total score, individual HAMA items, CGI-S and CGI-I scales.

Results: Compared with amitriptyline, 60 mg of fluoxetine per menstrual cycle produced significantly greater baseline-to-endpoint mean change in HAMD17 total score, and items 8 (Retardation), and 13 (Somatic symptoms general) as well; HAMA total score, and items 5 (Intellectual), 8 (Somatic symptoms − Sensory), and 9 (Cardiovascular symptoms) as well; and the CGI-I scale (LOCF analyses; $p<.01$ for each variable). 50%-reduction from baseline of HAMD17 total score, as well as HAMA total score was observed at the end of 1 course of therapy (end of 1 luteal phase) in both treatment groups. There was no significant difference in CGI-S scale baseline-to-endpoint mean change between fluoxetine and amitriptyline groups.

Conclusions: 60 mg of fluoxetine per menstrual cycle demonstrated comparative or superior efficacy as compared with amitriptyline in standard dose in the treatment of PMDD.

P010

Relationship between depression and hostility among teachers

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Aims: The purpose of the present study was to examine the relationship between depression and hostility among teacher.

Method: Participants were 531 teachers of education organization of Golestan province in Iran. The mean age of the participants was 37.49 years (SD = 5.58) and ages ranged from 21 to 50 years old. There were 215 men and 316 women.

Measures: All participants completed a questionnaire booklet containing one self- report measures: The Symptom Checklist-90-R (SCL-90-R).

Results: The results of the present study demonstrate that: 1) Correlation between depression and student's hostility is meaningful and positive (r = 0.714, $p<0.001$).