Alcoholism has a pronounced effect on people's mental and physical health. Glutamate dehydrogenase (GLDH) is a linking factor in metabolism of carbohydrates and proteins. It is an enzyme of mitochondrial matrix, but it is also found in rough endoplasmic reticulum. There is few relevant data about the role of GLDH in leukocytes and the effect of alcohol on leukocytes so far.

The aim of our study was to define GLDH activity in leukocytes under and after alcohol consumption, what can give us indirect data about protein metabolism in leukocytes.

We developed our own method to define GLDH activity and established our own reference activities for GLDH in leukocytes which were from 0.05 - 1.17 μkat/g protein.

Our research has been done on 142 healthy subjects and 113 alcoholics having consumed alcohol within last 48 hours.

Mean catalytic activity in healthy subjects was 0.5649 μkat/g protein. Mean catalytic GLDH activity in alcoholics increased from 0.5042 μkat/g to 0.6696 μkat/g after 24 - 48 hours to 0.6974 μkat/g after 48 - 72 hours of abstinence. We found a statistically significant increase ($p = 0.012$) in GLDH activity after 48-72 hours of abstinence.

It is possible to conclude that under the influence of alcohol the leukocyte GLDH activity in alcoholics is lower than in healthy subjects. Cessation of alcohol consumption has resulted in a statistically significant increase in leukocytes GDLH activity. Therefore, alcohol consumption results in reduction in GLDH activity as well as protein production and consecutively leads to diminished leukocytes protective ability.

P0079

Pregabalin improves pain in fibromyalgia (FM) patients regardless of baseline anxiety and depression levels

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Aims: Examine the evidence for a relationship between pregabalin effect on pain and baseline anxiety and depressive symptoms in patients with fibromyalgia (FM).

Background: Chronic pain and concomitant anxiety and depressive symptoms are common in patients with FM, as well as in other chronic pain disorders. Pregabalin was effective for treating pain in FM patients in three parallel group RCTs (105, 1056, 1077) where data for anxiety and depressive symptom levels were collected.

Design/Methods: Patients meeting ACR criteria for FM with a pain VAS score ≥40 mm were followed for 8-14 weeks in 3 randomized, double-blind, placebo-controlled trials. Patients (N=2022) received 150, 300, 450 or 600mg/d pregabalin or placebo. The primary efficacy parameter was change in endpoint Mean Pain Score (MPS) (range 0 [no pain]-10[worst possible pain]). Regression analyses evaluated whether changes in pain bore any relation to the baseline Hospital Anxiety and Depression Scales (HADS-A) and (HADS-D) levels.

Results: Pregabalin 300, 450, and 600 mg/d, but not 150 mg/d, showed statistically significant improvements in pain compared with placebo ($p<0.0001$). For each pregabalin treatment group, improvements in pain at endpoint were not found to have a statistically significant association with baseline levels of anxiety or depressive symptoms. Adverse events (AEs) were consistent with known side effects of pregabalin; dizziness and somnolence, mild to moderate in intensity, were the most frequently reported AEs for pregabalin patients.

Conclusions/Relevance: Pregabalin treatment demonstrated significant improvements in pain regardless of baseline anxiety or depressive symptom levels for patients with FM.

Study funded by Pfizer, Inc

P0080

Efficacy of Pregabalin and Venlafaxine-XR in generalized anxiety disorder: Results of a double-blind, placebo-controlled 8-week trial

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Background and Aims: To compare the anxiolytic efficacy and speed of onset of pregabalin (PGB) and venlafaxine-XR (VXR) in patients with GAD.

Methods: Adult outpatients with DSM-IV GAD and a HAM-A score >20 were randomized to 8-weeks of flexible-dose double-bind treatment with PGB 300-600mg/d (n=121), VXR 75-225mg/d (n=125), or placebo (PBO; n=128). Primary outcome: LOCF-endpoint change in HAM-A total score. Secondary outcomes included the Clinical Global Impression, Severity scale (CGI-S).

Results: Study groups were similar at baseline, or PGB, VXR, and PBO, respectively, in terms of gender, mean age, and baseline HAM-A (27.6±0.4 vs. 27.4±0.4 vs. 26.8±0.4. Treatment with PGB was associated with significantly greater improvement than placebo at LOCF-endpoint, with onset of treatment effect beginning by day 4. HAM-A-total scores for PBO, PGB, and VXR at day 4 were: -3.4±0.5, -5.3±0.5 (P=.008), and -2.9±0.6 (P=.070), respectively; corresponding LOCF-endpoint HAM-A-total scores were: -11.7±0.9, -14.5±0.9 (P=.03), and -12.0±0.9 (P=.097). LOCF-endpoint CGI-S scores for PBO, PGB, and VXR were: -1.5±0.2, -2.0±0.2 (P=.02), and -1.7±0.2 (P=.36),

Severe AE rates were: PGB (9.1%), VXR (20.0%), and PBO (7.8%). Discontinuation due to AEs were: PGB (12.4%), VXR (17.6%), and PBO (5.5%).

Conclusions: Pregabalin was safe and effective, demonstrating significantly earlier onset of anxiolytic activity against GAD than venlafaxine-XR. Venlafaxine-XR did not demonstrate significant efficacy, possibly due to a relatively high placebo response.

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P0081

Rapid onset anxiolytic efficacy after a single dose of Pregabalin: Double-blind, placebo-controlled evaluation using a dental anxiety model

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Background and Aims: To assess the speed of onset of anxiolytic efficacy of a single-dose of pregabalin (PGB) in a dental-anxiety model.

Methods: Adult outpatients in this double-blind, parallel-group study received a single-dose PGB 150mg (n=27), alprazolam 0.5mg (n=31; ALP), or placebo (n=31; PBO) 4 hours before a dental procedure. Inclusion criteria included Dental Anxiety Total score ≥12 (moderate-to-severe) without presence of DSM-IV anxiety disorder. Efficacy and safety assessments (at 2, 2.5, 3, 3.5, and 4 hours

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post-dose) included: 100-mm Visual Analogue Scale for Anxiety (VAS-A; primary outcome); 100-mm VAS-Sedation (VAS-S); and Time-to-Onset of Action Scale (TOAS), which rates anti-anxiety drug benefit (0-10, no–full benefit).

Results: VAS-A scores at baseline were higher on PGB (70.2) compared to ALP (57.4) or PBO (64.1). On a mixed-model analysis, VAS-A improvement slopes were greater for PGB (t= -2.47; P=0.014) and ALP (t= -2.39; P=0.018) vs PBO. Significant improvement on TOAS was seen at hour 2 and hour 3 through endpoint for ALP and PGB subjects, respectively ($P \leq 0.05$ vs PBO, both groups). VAS-S scores were significantly higher vs PBO for PGB at hours 2.5-4.0, and at hours 2 until endpoint for ALP ($P \leq 0.05$ both groups). Spearman analysis showed similar levels of correlation between the TOAS and VAS-S (r= +0.58) and VAS-A (r= -0.50), suggesting that the VAS-S may be measuring an efficacy outcome in this model. Both PGB and ALP were well-tolerated.

Conclusion: Clinically meaningful anxiolytic effect occurred within 3-4 hours after single-dose PGB in this dental-anxiety model.

P0082

Cortisol, suicidality and spiritual well-being in Croatian war veterans suffering from PTSD

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Biological, psychological and spiritual parameters have been frequently associated with the wellbeing of psychiatric patients. War veterans suffering from PTSD reveal a low basal plasma cortisol level and an enhanced cortisol response to the dexamethasone test, reflecting a hypersensitiveness of the hypothalamic-pituitary-adrenal axis (HHA). The level of HHA disregulation can be caused by many factors; among others it depends on the spirituality/religiosity level.

The aim of this work is to observe the relationship between the cortisol level, the level of spiritual wellbeing and its components (religious and existential well-being) and suicidal tendency in Croatian war veterans suffering from PTSD.

The survey has been conducted on 17 war veterans satisfying the DSM-IV criteria for the PTSD diagnosis and not suffering from any serious somatic illnesses.

The spiritual wellbeing has been determined by the score on the Spiritual Well-Being Scale (SWB); suicidal risk was determined by the Suicide Assessment Scale (SUAS) and Beck Hopelessness Scale (BHS); the plasma cortisol level was obtained by venepunction from the cubital vein and an excretion curve for every examinee (8, 12, 13, 16, 22 hours) was obtained.

Results demonstrate a higher cortisol level in the group with lower spiritual wellbeing and higher suicide risk. Obtained results confirm our hypotheses.

Limitations of this study were a small sample size and adjusted pharmacotherapy.

P0083

Trends of admissions of somatoform disorder in Mosul Iraq

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A retrospective study was done on admissions of Somatoform Disorder in Mosul Psychiatric Unit for five years period. Two hundred seventy five patients were admitted during that period 224 women and 51 men. Majority of men came from Urban areas compared to 58% of women. Single status were over represented 55% compared to 34% married. 82% of the singles, 90% of widows and 83% of divorced were women. It also showed that there were two seasonal peaks of admissions in January and July. Hysterical pseudo-fits were the most frequent diagnosis. There were no significant change in the number of yearly admissions apart from the first year. The proportion of hysterical disorders compared to total psychiatric disorders admissions was 7.4%.

Results: were consistent with national studies but showed higher figures to neighbouring countries. It was consistent with figures in United Kingdom before 1950.

P0084

Relationship between anxiety and depression and service satisfaction in a sample of Iranian inpatients admitted in a general hospital

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Aims: Patient's satisfaction is a vital part of the assessment of quality of health care. Patient's mental health situation may influence service satisfaction and vice versa. The aim of this study was to evaluate relationship between anxiety and depression and service satisfaction, in a group of patients that were admitted in a general hospital.

Methods: Four hundred patients who were admitted in Dr. Shariati Hospital were included in the study consecutively. Participants were recruited from medical and surgical wards. The Hospital Anxiety and Depression Scale (HADS) was used to determine depression and anxiety and 18 items Patient Satisfaction Questionnaire (PSQ-18) was used to measure service satisfaction. Other variables that were measured included: demographic variables, duration of disease, time passed from admission, ward of admission, pattern of referral to hospital, type of insurance and the way of payment.

Results: Patient with anxiety and depression were less satisfied with services. Service satisfaction according to PSQ-18 scores had a reverse significant relation with anxiety score of HADS. There was no significant relationship between service satisfaction and age, sex, education, duration of disease, time passed from admission, ward of admission, pathway of referral, type of insurance and the way of payment.

Conclusions: Psychological profile of hospitalized patients may play important role in their satisfaction with services. Careful management of mental health problem may be necessary to improve service satisfaction of medical inpatients. On the other hand improvement in quality of care and increasing service satisfaction may reduce mental health problem of the patients.

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