

Results: The results showed that there was no relationship between kind of delivery and PPD ($p < 0.0574$). In cases group; mild, moderate and severe depression were 42/2%, 47/4% and 10/4% and normal vaginal delivery (NVD) was 53/9% and in control group NVD was 47/8%. In this matter, there was no significant relationship between mother education and job, neonatal gender, number of live birth and wanted or unwanted pregnancy with PPD.

Conclusions: There is no a relationship between kind of delivery and PPD. It's recommended to do cohort study and effect of other factors in PPD in much more sampling in future researches.

Keywords: Postpartum depression, Normal vaginal delivery, Cesarean section

P085

Cardiac parasympathetic dysfunction in depressed coronary heart disease patients: what is the response to treatment with sertraline?

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It is known that depression increased mortality of coronary patients. The decrease in parasympathetic innervation and exposing the heart to unopposed stimulation by sympathetic nerves which in turn leads to increase in heart rate and decrease in heart rate variability has been proposed as an explanation for this association.

The aim of this study was to determine whether treatment of depression in coronary heart disease patients is associated with a reduced heart rate or increase in heart rate variability. We have studied 28 depressed patients with stable CHD, classified as either mildly or moderately to severely depressed, to whom Sertaline 100mg/day was given for six months. The 24-hour rate and HRV were measured in those patients and in 20 medically comparable non depressed controls before and after treatment of the depressed patients. We found that treating depression was quite effective and resulted in improving in both average heart rate and short-term HRV [reflecting mostly parasympathetic activity].

We concluded that treating depression may have a beneficial effect on a risk factor for mortality in depressed coronary heart disease patients.

P086

The depression prevalence and its related factors in teenagers in Kashan-Iran 2006

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Background and aims: Teenagers specially girls have many problems with adaptation of development and their need during adolescence. One of the most serious problems that they faced to is depression. Prevalence of depression in teenagers is 40-70% and it is in girls twice as many as boys. This study has been carried out to evaluate prevalence of depression and its related factors in high school girls in Kashan -IRAN 2006.

Methods: This descriptive cross-sectional study was performed to evaluate 762 high school girls whom were selected randomly from the school of Kashan IRAN 2006. The Beck questionnaire was used for depression assessment scores less than 5, 5-7, 8-15 and more

than 16 were considered normal, mild, moderate and severe depression respectively. In addition some questions about demographic criteria were asked. X² and T test were used to analyze the data.

Results: The frequency of mild, moderate and severe depression were 148(19.4%), 183(24%) and 77 (10%) respectively (on the whole 53.4%). There was no relationship between depression and mother education, mother and father job, number of sisters and brothers and father's age while there was significant relationship between depression and father education ($p < 0.007$). In depression group there was 28.9% illiterate and primary school fathers and 16.2% university education fathers while in normal group was 21.2% and 22.9% respectively.

Conclusions: Because of high prevalence of depression in teenagers, it's recommended to study more on effective factors on depression especially in teenagers.

Keywords: Depression, Teenagers

P087

48 week follow-up study of venlafaxine extended release and fluoxetine hydrochloride treatment for first-episode depression

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Objectives: To compare therapeutic efficacy, social function, discontinuation rate, relapse and recurrence rate of the depression outpatients with first episode between Venlafaxine extended release and Fluoxetine hydrochloride treatment. **Methods:** In this 48 week natural parallel follow-up study, total 188 patients who meet ICD-10 criteria for a major depressive episode were admitted and assigned to receive either Venlafaxine Extended Release (Venlafaxine XR group) (n=89) or Fluoxetine hydrochloride (Fluoxetine group) (n=99). At baseline, week 2, 8, 12, 16, 24, 32, 48, Hamilton Rating Scale for Depression (HAM-D)-17 item was used to value disease severity, and Social Disability Screening Schedule (SDSS) for social disability, and the discontinuation, relapse and recurrence rates were compared. **Results:** (1) At week 24 Venlafaxine XR group had much lower HAM-D17 total score than Fluoxetine group ($P < 0.05$). (2) The remission rate and response rate between two groups had no statistical difference ($P > 0.05$). (3) At week 12, Venlafaxine XR group had a higher SDSS score than Fluoxetine group ($P < 0.05$). (4) At week 12, 16, 24, 32, 48, Venlafaxine XR group displayed lower discontinuation rates ($P < 0.05$). Venlafaxine XR group had a longer treatment course than Fluoxetine did [(30.99 ± 15.98) weeks vs. [(22.57 ± 15.26) weeks] ($P < 0.01$). (5) The relapse and recurrence rates of two groups had no statistical difference ($P > 0.05$). **Conclusions:** In the acute phase, Venlafaxine XR has a better effect for social function and treatment adherence than Fluoxetine hydrochloride. In the continued phase and sustained phase, Venlafaxine XR performs better for symptoms relief and treatment adherence. Venlafaxine XR has parallel performance with Fluoxetine hydrochloride by the terms of therapeutic efficacy, social function restore, relapse and recurrence rate.

P088

Psychiatric disorder and Parkinson's disease

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Depression is an important and common nonmotor feature of Parkinson's disease (PD) that is associated with significant disability and

a negative impact on quality of life. The physician should remain vigilant for symptoms of depression as they may be mistaken for the progression of Parkinson's disease itself.

The aim of the study was to evaluate the frequency of depression in patients with Parkinson's disease. We have recruited 53 patients, 35 males and 18 females aged 36–80 years (mean age 60 years), only 15% of patients have a job, two patients were already treated for depression.

Diagnosis of depression was accorded to ICD10 criteria and evaluated by depression Hamilton scale.

Depression was diagnosed in 26 patients (49.1%), it was light in 6 patients (23.1%), middle in 14 patients (53.8%), and heavy in 6 patients (23.1%). 15 patients have dysthymia.

Depression occurring during Parkinson's disease must be treated; SSRI's are preferred, mainly because of its good tolerance.

Next, recognition of the signs and symptoms of depression associated with Parkinson's disease is essential for clinical practitioners.

It is important to identify the features of depression associated with Parkinson's disease in order to render early diagnosis and institute practical and efficacious therapy.

P089

Venlafaxine XR versus fluoxetine in the treatment of major depressive disorder and generalized anxiety disorder dual diagnosis

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Background: Venlafaxine extended release (XR) stands as an optimal therapeutic choice for the major depressive disorder (MDD) and generalized anxiety disorder (GAD) dual diagnosis.

Objective: We focused upon the evaluation of venlafaxine XR efficacy in treating MDD and GAD dual diagnosis patients, using an selective serotonergic reuptake inhibitor comparator, fluoxetine.

Methods: A 23 patients group, 13 male and 10 female, mean age 36.7, admitted in our clinic, that met the DSM IV TR criteria for both MDD and GAD, were distributed in two groups, receiving venlafaxine XR in 75–150 mg flexible dose (n=12) or fluoxetine 20–40 mg flexible dose (n=11). We assessed patients evolution under treatment every two weeks for 6 months using Hamilton Depression Rating Scale 17 items (HAMD-17), Hamilton Anxiety Scale for Anxiety (HAMA), Global Assessment of Functioning Scale (GAF) and Clinical Global Impressions (CGI).

Results: In the intent-to-treat (ITT) and last-observation-carried-forward (LOCF) analysis, differences between groups became statistically significant at week 4, venlafaxine XR treated patients improved better as HAMD-17 (-7.8 points, $p < 0.05$) and HAMA (-8.9 points, $p < 0.05$) reflected. The end-point HAMD-17 and HAMA scores were smaller in the venlafaxine treated group (6.7 and 9.1, $p < 0.05$). Endpoint CGI (1.5) and GAF (92) scores were also better in venlafaxine XR treated group ($p < 0.01$).

Conclusions: The 6 months clinical trial proved venlafaxine XR superior to the active comparator, fluoxetine, in the treatment of MDD and GAD dual diagnosis.

P090

5-HTTLPR polymorphism in patients with depression and the treatment response to citalopram.

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The relationship of the serotonin transporter gene promoter region polymorphism (5-HTTLPR) to antidepressant response was examined in 50 patients receiving protocolized treatment for depression with citalopram. Patients were treated for up to 12 weeks assessed weekly with clinical ratings and measurements (HAMD-17, MADRS, CGI).

Samples from 50 subjects with Major depressive disorder - recurrent episode (DSM-IV) were analyzed for 5-HTT-promotor polymorphism.

Patients with genotype II responded more rapidly and better to treatment with citalopram in comparison to those who did not respond or were only partial responders.

Allelic variation of 5-HTTLPR may contribute to the variable response of patients treated with selective serotonin reuptake inhibitor.

P091

Sexual disturbances associated with use of SSRI's and other antidepressants

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As a group of psychotropic medications - antidepressants are the most frequent cause of sexual disturbances. These side effects have been noted for the complete group of antidepressants but their frequency is not the same for different classes nor for different antidepressants of the same class.

The goals of this research were: 1) to establish possible differences between SSRI's and other antidepressants concerning sexual disturbances; 2) to establish if different sexual disturbances exist between males and females treated with various antidepressants.

100 patients treated for depression were divided into two groups, depending on the type of antidepressant used. They completed an ASEX questionnaire which was used to assess five aspects of sexual experience.

Statistically important differences were established among items used to assess sexual drive and excitement. Patients taking SSRI's rated their sexual drive ($x = 4.22 \pm SD = 1.12$) as significantly stronger ($p = 0.006$) than patients taking other antidepressants ($x = 4.85 \pm SD = 0.96$). Patients taking SSRI's rated that they achieve sexual excitement ($x = 3.86 \pm SD = 1.09$) significantly easier ($p = 0.032$) than patients taking other antidepressants ($x = 4.38 \pm SD = 1.19$). No significant differences have been noted concerning other aspects of sexual experience. Strength of male sexual drive significantly depended on the type of antidepressant used. Males taking SSRI's rated their sexual drive as significantly stronger than males taking other antidepressants ($p = 0.022$).

SSRI's cause the smallest amount of sexual disturbances in depressive patients, regardless of the gender.

P092

Treatment with sertraline (asentra) in patients with cardio-vascular difficulties after cardio-surgical interventions

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