milk with lactogouges (metclopromide) and structured counseling of mothers, using the new technology of isotope labeling in a community in Rawalpindi, Pakistan.A random sample of 200 lactating mothers having complaints of reduced breast milk production is being recruited from well baby clinic of participating hospitals. All should be practicing exclusive breastfeeding with infants from 2-3 months of age. Their perceptions regarding their breast milk production is assessed. They are randomized into four groups. Group one will be given oral metclopromide, groups 2 will be given structured counseling by trained health workers and group 3 will receive placebo whereas group 4 will receive CBT. Breast-milk production will be measured at completion of 4 weeks of intervention by using the dose-to-the-mother deuterium oxide method also validated in Pakistan by the investigators to a limited sample. Differences in the groups of mothers will be estimated using appropriate statistical techniques, while controlling for possible confounders. Outcome of the study would be able to demonstrate that lactogouges, or simple counselling may have an effect on increasing the breast milk quantity of mothers and also effect of interventions on their perceptions. The results of the study could have a major impact on the breastfeeding teachings and practices in our society which in turn has a potential to improve and have a significant impact on one of the main Millennium Development Goals i.e. child mortality and morbidity.

Free Communications

FC03.01

The decrease of prefrontal theta QEEG cordance value predicts response to Venlafaxine treatment in patients with resistant depression

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Backgrounds: Previous studies of patients with unipolar depression have shown that early decreases of prefrontal quantitative EEG (QEEG) cordance in theta band can predict clinical response to various antidepressants. We now examined whether reduction of prefrontal cordance value after 1 week of venlafaxine treatment predicts clinical response to venlafaxine in non-responders to previous antidepressant treatments.

Methods: We analyzed 25 inpatients, who finished 4-week treatment with venlafaxine. EEG data were monitored at baseline and after 1 week of treatment. QEEG cordance was computed at 3 frontal electrodes in theta frequency band. Depressive symptoms were assessed using Montgomery-Åsberg Depression Rating Scale (MADRS).

Results: Eleven of 12 responders (reduction of MADRS $\geq$50%) and only 5 of 13 non-responders decreased prefrontal QEEG cordance value after the first week of treatment. The decrease of prefrontal cordance after week 1 in responders was significant (p=0.03) and there was no change in nonresponders. Positive and negative predictive value of cordance reduction for response was 0.7 and 0.9, respectively.

Conclusion: The reduction of prefrontal theta QEEG cordance value after first week of treatment is a useful tool in the response prediction to venlafaxine.

FC03.02

One-year course and predictors of outcome of adolescent depression

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Background and Aims: The mean episode duration of adolescent major depression is 4 — 9 months among clinically referred youths, recovery rates vary between 35% - 90%, and recurrent episodes are common. In naturalistic studies comprising less selected populations than clinical trials, comorbid psychiatric disorders, poor psychosocial functioning and severity of depression at study entry are among the most consistently reported clinical predictors of less favorable prognosis of youthful depression.

The study aimed at studying the one-year course and at investigating the impact of characteristics of the depressive episode and comorbidity on the one-year outcome of adolescent depression.

Method: A sample of 179 consecutive adolescent (13-19 years) psychiatric outpatients and 17 school-derived matched controls, all with unipolar depressive disorders at baseline, were reinterviewed for DSM-IV Axis I and II disorders at 12 months.

Results: The outpatients had equal recovery rate and episode duration, but shorter time to recurrence than the controls. Fifty percent of the outpatients and 65 % of the depressed controls recovered during the follow-up, 13% of the outpatients and 29% of controls had at least one recurrent depressive episode. Among the outpatients, Axis II comorbidity predicted shorter time to recurrence. Longer time to recovery was predicted by earlier lifetime age of onset for depression, poor psychosocial functioning, depressive disorder diagnosis, and longer episode duration by study entry, with an interaction between episode duration and depressive disorder diagnosis.

Conclusions: Characteristics of depression generally predicted the outcome better than comorbidity. Axis II comorbidity has prognostic value in adolescent depression.

FC03.03

Drug consumption, health service use and outcome in opiate addicts in Europe: An 18-month follow-up from athens to zurich

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