

especially around interpersonal violence. Women can fear abandonment if they violate cultural norms. Those disclosing sexual violations can risk severe devaluation within or expulsion from their community, and they can lack the hope for improvement that could propel them past this barrier. Gender disparities in the society was found also affecting the management outcome. Integrating assertion skills, communication skills and vocational skills to women substance dependence rehabilitation program may lead to increase sobriety rate.

P0222

Depressive disorders among epileptic patients

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Introduction: Depression is the most frequent comorbid psychiatric disorder in epilepsy (40-60%)

Purpose: The aim of the present study was to evaluate the prevalence of depressive disorders among patients with epilepsy, and to determine the risk factors of the occurrence of the depressive.

Patients and Methods: A prospective study conducted from epilepsy out patient consultations at Marrakech Hospital, involving 70 patients with idiopathic, cryptogenic or symptomatic epilepsy. Epilepsy was diagnosed on the clinical criteria and the electroencephalograms data. Depression were evaluated by DSM IV.

Results: 50 % of patients were men, the mean age was 30.64 ± 11,59 years, 47 % of epileptic patients were without profession, 78,3% had low socioeconomic level. The epilepsy age of onset was 15,8 ± 9, 47 years with an average duration of 14.96 years. The prevalence of depression was 32,85%. According to sex, the prevalence was 20% in women and 12 % in men. The epilepsy-depression and epilepsy-control groups did not differ significantly in the frequency of seizures, duration of epilepsy or in the type of antiepileptic drugs. 50% of patients with temporal epilepsy were depressed without significant relation.

Conclusion: The present study confirms the findings of previous studies that the prevalence of the comorbidity between epilepsy and depression is common in specialised outpatient units. The detection and the treatment of depressive disorders among the epileptic patients will improve the quality of life of these patients.

P0223

The evaluation of the efficacy of psychokinetotherapeutical technics in depressive vascular disorder associated with peripheral paresis of the facial nerve

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Background and Aims: The loss of the facial identity through traumatic and dysmorphic factors (including the peripheral paresis of the facial nerve) is an intense psychotraumatological event associated with intense depression.

Methods: The evaluation of depression to 15 patients with hypertension and carotidian vascular changes revealed by echo-doppler associated with peripheral facial paresis therapeutically unsolved in 60 days, confirmed scores greater than 21 on Hamilton Scale (HDS). The study of the therapeutical means used in facial paresis treatment showed pharmacological type risk factors for depression

(corticotherapy, antiinflammatory substances which conduct to ROS type reactions) and usual physio- and electrotherapeutical techniques showed an increase of the irritative type potential on EEG standard examination.

Results: The serotonergic origin of the facial nerve, the high frequency of serotonergic depression, the elevated scores on HDS justified the antidepressive serotonergic activation treatment (escitalopram) combined with mimical facial training for 30 days with the following neurobiological action:

- at the amygdala level (emotional role acting and serotonergic stimulation);
- at the amygdalian connections with the hippocampal zone and frontal cortex level;
- at the facial nerves neurons level through the reactivations of the serotonergic input, deblocking of the ionic channels and the decrease of neuromotor inhibition.

Conclusions: The final evaluation demonstrated the significant amelioration of depression and an important remission of the facial motor deficit through mechanisms that suggested the potentiation of the serotonergic action of antidepressive medication through the physical exercises and an secondary neuroprotection type effect at a hippocampal level.

P0224

Diagnostic criteria of depressive disorders in elderly patients

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Background: The aim of the investigation was to specify criteria of diagnosis of depressive disorders in elderly patients (60-67 years old) on the base of comparison of clinical-pathopsychological and psychopathological peculiarities with middle-aged persons (35-55 years old).

Methods: 97 elderly patients (moderate depressive episode (F32.1) – 35 patients; recurrent depressive disorder (F33.0) – 38 patients; mixed anxiety depressive disorder (F41.2) – 24 patients) and 73 middle-aged patients (moderate depressive episode – 25 patients; recurrent depressive disorder – 27 patients; mixed anxiety depressive disorder – 21 patients) were included.

Results: Elderly patients showed a slow continuous debut of the disease, manifested with somatic symptoms before all (88.66% vs. 23.28% of middle-aged patients). Elderly patients demonstrated a high anxiety level concerning their somatic conditions (80.41% vs. 20.54% in middle-aged patients). 76.28% of elderly patients had a high anxiety level concerning daily life situations, when the patient perceive all negatively, vs. only 15.06% of middle-aged patients. A connection between depressive mood and somatic conditions occurred in 83.5% of elderly patients vs. 16.43% of middle-aged patients. Elderly patients more often (78.35%) demonstrated autoaggressive behavior (thinking, intentions, acts) than middle-aged patients (30.14%). Differences on all the parameters mentioned above were statistically significant (p<0.001). Elderly patients had also high levels of introversion and nervous-psychic instability (average scores on these scales were 14.8 and 47.2 vs. 16.7 and 59.6 in middle-aged patients; p<0.05).

Conclusions: Taking into account these peculiarities, a proposed approach contributes to an early diagnosis and effective treatment of this significant group of patients.

P0225

A suicidal risk in patients with neurotic and endogenous depressions

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Background: Researches of a suicidal risk formation are an actual medical-social problem nowadays, as suicides are one of the leading causes in the structure of premature mortality. A formation of suicidal risk in various groups of patients is studied insufficiently, so an assessment of suicidal risk in patients with neurotic (F41.2, F43) and endogenous depression (F31, F32) was the aim of this investigation.

Methods: The methods included a clinico-psychopathological examination and a psychodiagnosical examination (the method of suicidal risk detection and the method for determination of self-consciousness of death (Gavenko V.L. et al., 2001)).

Results: It was defined that patients with neurotic depressions had a high suicidal risk level (27.75 points). The suicidal risk was manifested maximally (29.05 points) in patients with disorders of adaptation (F43), and was 26.45 points in patients with anxiety-depressive disorders (F41.2). An average suicidal risk for patients with endogenous depressions was 28.35 points. A level of self-consciousness of death by a person plays an important role in a suicidal behavior formation. Its low level enhances a risk of auto-aggression. Patients with neurotic depressions have generally higher levels of self-consciousness of death (22.72 points) in comparison with patients with endogenous depressions (21.16 points) that evidences an insufficient anti-suicidal barrier in latter patients and reflects a presence of real auto-aggressive intentions.

Conclusions: It is necessary to take onto account the data obtained in diagnosis and differentiated approaches to therapy and prevention of suicidal risk.

P0226

The predictive validity of postpartum depression predictors inventory-revised (PDPI-R). Results from the PND-RESCU study

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Background and Aims: After the development of the Postpartum Depression Predictors Inventory-Revised (PDPI-R) only one study was conducted to determine the predictive validity of the Prenatal and Full Versions of the instrument. However this study did not succeed in identifying the cut-off for the Full Version.

We aimed to determine the predictive validity of the PDPI-R as a screening instrument for post-partum depression (PPD).

Methods: Women completed the PDPI-R at the 3rd month of pregnancy and at the 1st month after childbirth. PPD symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS) at multiple time points during pregnancy and during the post-partum. When the EPDS score was ≥ 13 , a Structured Clinical Interview for DSM-IV Disorders was conducted to determine whether criteria for depression were met.

Results: The Prenatal and Full Versions of the PDPI-R predicted accurately 80.3% and 88.2% of PPD. The Prenatal PDPI-R yielded a sensitivity of .72 and a specificity of .74 at a cut-off score of 4.5,

while the Full version yielded a sensitivity of .83 and a specificity

Conclusions
The PDPI-R is a useful and valid screener for PPD.

P0227

Depression and somatoform pain syndromes

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Patients suffering from Somatoform Pain Syndromes [S.P.S] are usually seen by general practitioners and more rarely by psychiatrists and they are usually treated with benzodiazepines.

Relationships have been identified between chronic pain and maladaptive ways of thinking (Jensen et al 1991) affective distress (Haythornthwaite et al 1991) and low serotonin turnover (Magni et al 1987).

Cognitive vulnerabilities include the sort of dysfunctional thinking associated with depression where perceptions of helplessness and hopelessness are common.

Serotonin is believed to have an important role in affective disorders and in pain perception [Gershon 1986],

The aims of the present study are to explore the psychopathology that occurs in patients with somatoform pain syndromes, to study in depth the psychiatric profile of the patients.

Twenty [20] males and thirty-nine [39] females. Mean age m 57, 35 SD =17, 01, suffering

From S.P.S.

There was a comparison group of healthy volunteers 23 males and 35 females. Their mean age m 48, 09 SD=14, 36.

The psychometric measurements employed were

Hostility was examined by the hostility and direction of hostility questionnaire [HDHQ].

The HDHQ measures non-physical aggressiveness. It consist of 52 items allocated to five subclasses each measuring a different hostility dimension,

Psychiatric symptomatology was evaluated by the symptom -check-list-90-R [SCL-90 R] and the Delusions Symptoms States Inventory / State of Anxiety and Depression, [DSSI / SAD].

The statistical analysis was made with the use of SPSS program.

The SPS patients reported significantly more symptoms of depression than the subjects without pain.

P0228

Extended release Quetiapine Fumarate (Quetiapine XR) monotherapy in the treatment of patients with major depressive disorder (MDD)

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Aim: To evaluate the efficacy and tolerability of once-daily quetiapine XR (extended release) monotherapy in patients with MDD (unipolar depression) compared with placebo.

Methods: 8-week (6-week active treatment, randomised phase; 2-week post-treatment drug-discontinuation/tapering phase), multi-centre, double-blind, parallel-group, placebo- and active-controlled study (D1448C00002). 612 patients were randomised to quetiapine XR 150mg/day (n=152), 300mg/day (n=152), duloxetine 60mg/day