

P01-108 - **THE INFLUENCE OF THE CONFLICTING PARADIGMS OVER THE PROGNOSIS IN MAJOR DEPRESSIVE DISORDER**

D. Vasile¹, O. Vasiliu¹, M.L. Vasile¹, A.G. Mangalagiu¹, E. Badescu¹, B.M. Petrescu¹, V. Bogdan², D.G. Ojog¹

¹*Psychiatry, Universitary Emergency Central Military Hospital, Bucharest,* ²*Psychiatry, Military Hospital, Focsani, Romania*

Objective: To evaluate the impact of conflicting patient and psychiatrist conceptualizations of the depression over the treatment response and general prognosis.

Methods: A group of 25 patients, mean age 36.8, diagnosed with major depressive disorder, first depressive episode, according to DSM IV TR criteria, have completed a closed-ended questionnaire that included their perspective over the depression (on a 7 points Likert scale, from the pure medical/pharmacological, to the pure psychological/reactive paradigm). Psychiatrists who managed their treatment responded to a similar questionnaire regarding their preferred method of treatment. Patients were evaluated initially and after 3 and 6 months using Hamilton Depression Rating Scale-17 items (HAMD), Beck Depression Inventory (BDI), Global Assessment of Functioning. Patients satisfaction over the treatment (on a 10 points visual analogic scale) was evaluated at endpoint.

Results: Patients who received a treatment corresponding to their preferred paradigm (n=17) responded better (-5.6 on HAMD, -4.5 on BDI, +7.6 on GAF, $p < 0.01$) to the treatment, compared to the group where the paradigms weren't the same. The satisfaction over the treatment was also significant higher in the first group (+2.5, $p < 0.01$). Patients who have discussed their beliefs about the disorder and were informed by their psychiatrists about the advantages of the treatment had a greater rate of response to treatment ($p < 0.05$).

Conclusion: Psychiatrists should routinely explore the patient conceptualization of the depression and to discuss together the best treatment approach. Prognosis, patient satisfaction and treatment response are significantly influenced by exploring the patient beliefs about its disorder.