

Conclusion: These results indicate relationship between HPA-axis reactivity and psychosocial stress as a function of dissociative symptoms in unipolar depressive patients that could reflect passive coping behavior and disengagement.

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Risk factors and associated features of childhood-, teenage-, and adult- onset depression

K. Fernando¹, J.D. Carter², C. Frampton¹, S.E. Luty¹, J. McKenzie¹, R.T. Mulder¹, P. Sullivan³, P.R. Joyce¹.
¹University of Otago, Christchurch, New Zealand ²University of Canterbury, Christchurch, New Zealand ³UNC, Genetics & Carolina Center for Genome Sciences, Chapel Hill, NC, USA

Background and Aims: Emerging research highlights the importance of the timing of the onset of a depressive episode. This study examines the risk factors and psychiatric features of participants who experienced their first major depressive episode as children, teenagers or adults. This study is unique in that it emphasises the importance of examining onset of an episode during critical developmental periods.

Method: Participants were 372 depressed outpatients who were either treated with psychotherapy (IPT or CBT) or medication as part of two separate randomised clinical trials. Participants completed a number of assessment measures including clinician ratings of DSM diagnoses. Personality was also assessed using Cloninger's (e.g., 1994) Temperament and Character Inventory.

Results: Participants with childhood onset and teenage-onset depression had a higher number of co-morbid diagnoses and more DSM III/IV personality disorder diagnoses than those with adult-onset depression. Specifically, more participants with childhood or teenage onset depression had diagnoses of avoidant and borderline personality disorder. Women who had childhood onset depression were over three times more likely to have attempted suicide compared to other participants. Participants with childhood onset depression were also more likely to report being threatened with abuse, have experienced psychological abuse and reported more abuse incidents. Age of onset was also associated with a number of differences in temperament and character.

Conclusion: This research emphasises the significance of understanding the age of onset of a depressive episode. Depressive episodes that begin in childhood/adolescence are associated with higher comorbidity and greater personality dysfunction.

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Mental unhealth among young adults in primary health care

L. Börelius², A. Foldemo¹, T. Holmberg², A.K. Schöld², L.H. Thorell³, R. Ylikivela², P. Nettelbladt². ¹Department of Medicine and Care, Linköping, Sweden ²Department of Local Health Care, Linköping, Sweden ³Department of Psychiatry, Linköping, Sweden

During the last 15 years mental unhealth has steadily increased in Sweden. The largest increase has occurred among young women aged 16 – 34 years. The principal aim with the study was to describe the self-estimated mental health of primary health care in patients aged 22 – 33 years in the county of Östergötland in 2006. More specifically, the aim also was the patients' opinion about the treatment and the patients who was included consulted a primary health care centre 2002, with one of the following diagnoses: Depression, Anxiety,

Stress or Crisis Reaction according to International Classification of Diseases and Related Health Problems (ICD-10).

The questionnaire was answered by 224 persons, 173 females and 51 males. The results showed that young women aged 22-27 years more often than others reported a poor common health, sleep disturbances, stress, a poor mental health (MHI-5) and more symptoms of depression and anxiety (HADS). A large number of those previously having consulted primary care for mental unhealth had recurrent ailments and again considered themselves to be in need for care. The results also suggest that patients with mental unhealth experiences shortcomings in respect of follow-up of treatment and in the way they were met. The patients also wanted more conversational therapy.

Self-rating scales may be a useful tool in identifying and diagnosing mental unhealth and lead to a better care of patients because they can be used both to assess and evaluate mental health..

Keywords: young adults, primary health care, depression, anxiety, HADS, MHI-5

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Implementation of clinical guidelines in psychiatry. A two-year follow up study

T. Forsner¹, A. Åberg Wistedt³, M. Brommels², Y. Forsell¹.
¹Department of Public Health Sciences, Karolinska Institute, Stockholm, Sweden ²Department of Learning, Informatics, Management, and Ethics, Karolinska Institute, Stockholm, Sweden ³Department of Clinical Neuroscience, Section of Psychiatry St Göran's Hospital, Karolinska Institute, Stockholm, Sweden

Objective: The gap between evidence-based clinical guidelines and their use in medical settings is well recognised. There is a need for studies on the implementation of clinical guidelines in psychiatric care and there is specifically a lack of studies of long-term effects.

The aim of this study was to measure the compliance to clinical guidelines for depression and suicide attempters 6, 12- and 24 months after implementation.

Methods: Clinical guidelines for depression and suicidal patients were implemented at two multidisciplinary psychiatric outpatients clinics and two psychiatric emergency clinics. At two control units the clinical guidelines were only administered.

2 165 records from patients with an ICD-10 or DSM-IV diagnose of depression and persons appraising the clinics after a suicide attempt were included. Compliance to the guidelines was studied using documentation of quality indicators.

Result: The presences of the quality indicators in the patient records improved from baseline in the four clinics where an active implementation was done, whereas there were no changes, or a decline, in the control clinics. The increase was recorded at 6 months and persisted over 12 and 24 months.

Conclusion: After implementation there was a significant increase in the documentation of the suggested quality indicators 6, 12 and 24 months after implementing clinical guidelines. These results demonstrate that quality indicators can be used as measures of sustainable compliance to clinical guidelines.

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The outcome of treatment with antidepressants in patients with hypertension and unrecognised depression

I. Diminic¹, T. Franciskovic², D. Ivosević¹, J. Dusević¹. ¹Dom Zdravlja PGZ, Ispostava Rijeka, Rijeka, Croatia ²Department of