

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.

P0189

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.

P0190

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

P0191

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.

P0192

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

Psychiatry and Psychological Medicine, Medical Faculty, University of Rijeka, Rijeka, Croatia

The link between two very common illnesses, hypertension and depression, has not yet been adequately examined.

The aim of this research was to determine if the taking of antidepressive therapy in combination with antihypertensive therapy leads to improved blood pressure regulation.

Methods: The research was conducted in two family medicine practices. By using the Beck depression inventory and SCID module for depression among the patients with hypertension and no previous psychiatric history, a group with elevated depression was recognised. Half of them were taking both antihypertensive and antidepressive therapy over the course of 24 weeks while the other half was taking antihypertensive therapy only.

Results: Out of 452 patients with arterial hypertension, 134 (29.64%) have been found with elevated depression. Patients with both arterial hypertension and depression had significantly higher values of systolic blood pressure (155/138 mmHg, $Z=9.77$, $p<0.001$), and significantly higher values of diastolic blood pressure (88/81 mmHg, $Z=10.57$, $p<0.001$) comparing to nondepressive patients with hypertension. 73 patients were subjected to antidepressive therapy along with the antihypertensives. The controls were 61 patients which were taking antihypertensives only. After the 24 weeks, the 73 patients had significantly lower values of the systolic (128/155 mmHg, $Z=7.42$, $p<0.001$) and diastolic blood pressure (73/90 mmHg, $Z=7.36$, $p<0.001$) comparing to first measurement while that was not the case in the control group.

P0193

Amygdala-Orbitofrontal connectivity and 5-HTT genotype effects in healthy controls and patients with major depression

E. Friedel, F. Schlagenhauf, S.Y. Park, T. Kahnt, J. Wrase, A. Stroehle, A. Heinz. *Department of Psychiatry and Psychotherapy, Charite University Medical Center Berlin (CCM), Berlin, Germany*

Amygdala functions and reactivity have been identified to play a major role in mood disorders and anxiety. A polymorphism of the human serotonin transporter gene (SCL6A4) has been associated with serotonin transporter expression and with processing of aversive stimuli in the amygdala. There is converging evidence that SCL6A4 genotype accounts for about 30% of the total variance in amygdala response during the presentation of aversive but not affectively positive visual stimuli, which were equally salient. S-allele carriers also showed stronger prefrontal-amygdala connectivity. This suggests that increased amygdala responses in s-allele carriers are related to altered serotonergic modulation of prefrontal afferents within the amygdala. In patients with major depression amygdala activation to aversive stimuli and prefrontal connectivity may be dysfunctional. This hypothesis was tested in 20 patients with major depression and 20 age-matched healthy controls.

Results will be discussed with respect to genotype effects on limbic activation and connectivity.

P0194

Differences between patients with depressive disorder and healthy controls in relation to salivary Cortisol, psychopathology and results in neuropsychological testing

V. Gapp¹, T. Wetterling², K. Israel-Laubinger¹, N. Helbing¹, L. Dibbelt³, B. Weber¹. ¹ *Clinic for Psychiatry, Psychosomatics*

and Psychotherapy, J. W Goethe University, Frankfurt, Germany
² *Clinic for Psychiatry and Psychotherapy - Gerontopsychiatry, Vivantes Klinikum Hellersdorf, Berlin, Germany*
³ *University Clinic of Schleswig Holstein, Schleswig Holstein, Germany*

The hypothalamic-pituitary-adrenal axis (HPA) is highly relevant in depressive disorders. Some investigations suggest that the HPA axis is altered in depressive disorders as indicated by higher awakening cortisol levels. There are also some results that show relations between cortisol level, psychopathology and neuropsychological performance. However, a systematic investigation of this relationship with a large and matched sample of patients and controls is missing. We tested 59 patients with depressive disorders and 75 healthy controls with tasks from the neuropsychological CANTAB and NEUROBAT battery. Before and after these tests we collected salivary samples. The study ended followed with an extensive measurement of psychopathology (e. g. BDI, HAM-D) and mood (visual analog scales).

The study revealed a significant relationship between salivary cortisol and results in tasks to executive function in the neuropsychological assessment in the control group but not in the patient group. There was no relationship between salivary cortisol and other cognitive performances. While patients with higher salivary cortisol levels reported worse mood, higher salivary levels in healthy controls were associated with better mood. These results could be related to different stress levels and different expectations regarding the examination of the groups.

P0195

“Vulnerable personality” in women with postpartum depression

E. Gelabert^{1,3}, P. Navarro², K. Langohr¹, R. Navines¹, S. Subira³, L.L. Garcia-Esteve², R. Martin-Santos¹. ¹ *Pharmacology Research Unit, Institut Municipal D’Investigacio Medica (IMIM-H Mar), Barcelona, Spain* ² *Psychiatry Perinatal Unit, Hospital Clinic, Barcelona, Spain* ³ *Department of Clinical and Health Psychology, Universitat Autònoma de Barcelona, Barcelona, Spain*

Few studies have evaluated personality traits as a risk factor of postpartum depression (PPD). The Vulnerable Personality Style Questionnaire (VPSQ; Boyce et al. 2001), is a 9-item self-report scale developed to evaluate personality vulnerability to PPD with satisfactory psychometric properties. It assesses 9 personality dimensions: Coping, Nervy, Timidity, Sensitivity, Worrier, Obsessive, Volatility Organized and Expressive.

Objective: To study the vulnerable personality style in a Spanish postpartum sample.

Method: A case-control study: 145 PPD women visited at the Psychiatry Perinatal Unit were compared to 203 healthy women from a postpartum population based study. All women were assessed with the VPSQ (Spanish adaptation), the Edinburgh Postnatal Depression Scale and the Structured Clinical Interview (DSM-IV) axis I. Personality traits were evaluated after full clinical remission. The study was approved by the Institution board.

Results: Univariate analysis showed that women with PPD obtained higher scores ($p<.000$) in seven VPSQ personality dimensions: Coping, Nervy, Timidity, Sensitivity, Worrier, Obsessive, and Volatility, as well as the VPSQ total score ($p<.000$). Personal history of depression ($p<.000$) was also associated with PPD. In the logistic regression analysis; an increase of one point on the VPSQ total score increased the OR in 1.151 fold (95%CI:1.095-1.210) the association with PPD. Other variables associated were age and personal history of