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Psychiatric bridges- finding a linkage between fibromyalgia and the premenstrual syndrome

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Background: Fibromyalgia syndrome (FMS) is associated with depressive disorders.

Aim: to investigate characteristics of FMS in a cohort of young women with premenstrual syndrome (PMS).

Methods: 30 young patients with PMS were included and compared with 26 women who attended a gynecological outpatient clinic. Assessment included demographics, clinical health assessment questionnaire (CLINHAQ), fibromyalgia impact questionnaire (FIQ), sleep and fatigue questionnaires, Sheehan disability scales, SF-36 assessment for QoL, visual analogue scale (VAS) and MINI questionnaires were completed. Each patient underwent a physical examination.

Results: The FIQ score of the PMS group was 33.09 ± 18.48 vs. 8.6 ± 12.62 ($p < 0.001$). The global pain scale was 3.92 ± 2.96 vs. 1.29 ± 2.2 ($p < 0.005$). A sleep questionnaire scored in the PMS group compared to 12.6 ± 7.8 vs. 7.46 ± 5.3 ($p < 0.01$) in the controls. The tenderness was measured by the number of tender point as defined in the ACR criteria of the FMS 3.13 ± 4.36 v. 0.46 ± 1.1 in the PMS groups compared to the controls ($p < 0.005$), five PMS patients and none in the controls had clinical established FMS. Psychiatric comorbidity was significantly more common in the PMS group affecting 16 of the 30 PMS patients compared to only 3 of the 26 controls ($\chi^2(1) = 10.85$) ($p < 0.005$).

Conclusion: In this study group of patients PMS we detected higher levels of tenderness, higher psychiatric comorbidity, higher disabilities and lower QoL. All of these correlated with have a lower pain threshold.

P0213

Fibromyalgia among major depression disorder females compared to males

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Background: Fibromyalgia syndrome (FMS) is characterized by widespread pain and diffuse tenderness. FMS is more prevalent in females rather than males, and among patients with major depression disorder (MDD).

Aim: to obtain better conception of linkage between depression, gender and FMS.

Methods: 42 male and 42 age matched females, and age matched male and female healthy controls were evaluated for coexisting FMS. Each patient completed a questionnaire characterizing sleep quality, Sheehan Disability Scale (SDS) and SF-36 scale, Hamilton Depression rating scales (HDRS) and the CGI-S.

Results: Disease parameters were worse for men as compared to women;

CGI-S: 5.4 ± 1 , vs. 4.0 ± 1 ($t = 6.634$, $p < 0.001$), HDRS: 23.9 ± 6 vs. 20.8 ± 6 ($t = 2.304$, $p = 0.024$), respectively. Yet, FMS was more prevalent among depressed females. The SF-36, SDS and sleep quality scores were similar between males and females. A one way analysis of variance with gender and MDD revealed that both gender and disease were found to be significant contributing factors for the number of tender points ($F = 21.131$, $p < .0001$; $F = 65.232$, $p < .0001$, respectively). A one way analysis of covariance for tender points with CGI-S and HDRS as covariates revealed that gender was a significant factor regardless of depression severity. CGI-S and Hamilton scores correlated with tender points count in females but not in males.

Conclusion: Female gender is a risk factor for FMS in depressed population. Depression is associated with FMS among women but not among men. Among females, depression severity is significantly correlated to FMS severity. FMS is correlated to sleep quality and to QoL among depressed patients.

P0214

Urgent questions of treatment of patient with organ somatization and somatoform disorders

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Object: The frequency of organ somatization in multimodal network

Materials: The results of clinical and epidemiological study of 2181 patients (average age 54 ± 0.8)

Methods: List of clinical and anamnestic behavior sign of adaptive form of disease of patients with comorbidity

Standard scales for evaluation of anxiety and depression.

Results: Patients with somatoform pain had more complicated pharmacological treatment, complex diagnostic procedures, sometimes surgical interventions, and they more often had analgesic dependence 5,8 ($P < 0,05$).

Patient with idiopathic pain (response to antidepressant therapy 4,2 ($P < 0,05$) and cognitive therapy 2,8 ($P < 0,05$)) and organ somatizations (analgesic dependence 3,5 ($P < 0,05$), effect of antidepressant therapy 4,3 ($P < 0,05$) response to cognitive therapy 3,4 ($P < 0,05$)) almost never had an idea about the mental nature of agonizing somatic sensations, seldom collaborated with psychiatrists. The choice of group of antidepressants is preferable and is formed with the specter of secondary effects and the individual characteristics.

Conclusion: Nowadays there is no coordinated medical viewpoint of treatment of patients with clinical somatic symptoms.

As rule, recommendations for treatment of somatoform disorder are preliminary and have not correct psychopharmacologic studies.

Cloth and truthful contact between physician and psychiatrist particularly important in this case.

Prolongation of this problem studying will lead to creating of correct therapeutic recommendations for medicine treatment of patients with somatoform disorders in comorbid conditions.

P0215

The effectiveness of psychoanalysis and long- and short-term psychotherapy on psychiatric symptoms during a 5-year follow-up; A quasi-experimental study

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The Helsinki Psychotherapy Study (HPTP) showed that short-term or long-term psychotherapy are insufficient treatments for part of the patients with depressive or anxiety disorder. Psychoanalysis might help such patients, but the empirical evidence is scarce. This quasi-experimental study compares the effectiveness of two short-term psychotherapies and one long-term psychotherapy with that of psychoanalysis in the treatment of depressive and anxiety disorders. A total of 326 psychiatric outpatients from the Helsinki area, with depressive or anxiety disorder, were randomly assigned to solution-focused therapy or to short-term or long-term psychodynamic psychotherapy. Furthermore, 41 patients suitable for psychoanalysis were included. The patients were followed for 5 years from start of therapy. Primary outcome measures were depressive symptoms, measured by the self-report Beck Depression Inventory (BDI) and the observer-related Hamilton Depression Rating Scale (HDRS), and anxiety symptoms measured by the self-report Symptom Check List, Anxiety scale (SCL-90-Anx) and the observer-related Hamilton Anxiety Rating Scale (HARS). The statistical analyses were based on an 'Intention-to-treat' –design. A significant reduction of symptoms was noted in all treatment groups during the follow-up. Recovery was fastest in both short-term therapy groups and slowest in the psychoanalysis group. After 5 years of follow-up, however, psychoanalysis was the most effective. About 82% of the patients receiving psychoanalysis recovered from their symptoms (BDI < 10), whereas the corresponding proportion for the other groups varied from 48–67%. In the long run psychoanalysis might be more effective than long-term or short-term therapies. The results are, however, preliminary and no firm conclusions can be drawn.

P0216

Age and gender analysis of baseline depressive symptoms in patients with major depressive disorder treated with Desvenlafaxine Succinate or placebo

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Objective: To analyze baseline scores on individual items of the 17-item Hamilton Rating Scale for Depression (HAM-D17) in depressed outpatients by age groups approximating menopausal status.

Methods: This post-hoc, pooled analysis was conducted with populations from 7 double-blind, placebo-controlled desvenlafaxine succinate (DVS) trials in patients with major depressive disorder. The age groups, chosen as a proxy for pre-, peri-, and postmenopausal status, respectively, were 18–39, 40–55, and >55 years of age. Data from male patients were used to differentiate effects due to menopausal status from those related to age. Analysis of variance with Bonferroni adjustments was used to compare differences in baseline scores on individual HAM-D17 items.

Results: A total of 1203 women (18–39 years [n=525]; 40–55 years [n=513]; >55 [n=165]) and 780 men (18–39 years [n=321]; 40–55 years [n=354]; >55 [n=105]) were included in this analysis. When analyzing these data by gender, women had significantly higher scores on HAM-D17 total (P=0.002), anxiety (P<0.001) and retardation subscales (P<0.001), and the somatic–anxiety (P<0.001), genital (P<0.001), and hypochondriasis (P=0.007) items. A significant age effect was observed for the HAM-D17 insomnia scale (P=0.004), and guilt (P<0.001), all insomnia items

(P<0.001), somatic–general (P<0.001), genital (P=0.019), and hypochondriasis (P<0.001) individual items. An age effect among women was observed on the guilt (P=0.017), all insomnia items (P<0.05), somatic–general (P=0.022), and hypochondriasis (P=0.001) items.

Conclusions: Women in age groups approximating peri- and postmenopausal status had significantly higher baseline scores than younger women for the hypochondriasis, insomnia–middle and insomnia–late items of the HAM-D17.

P0217

Intensity of sleep disorders in depressed patients

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Background: Most of people suffering from both depression and sleep disturbances often require a specialist treatment. Depression and accompanying sleep disorders are a significant problems in society which need attention.

Aims: The main aim of the study is showing the correlation between the extent of depression and the intensification of sleep disorders in its course.

Methods: A group of 33 patients with diagnosed depression was examined, 20 women aged 39–68 and 13 men aged 47–63. The whole group was examined considering the period of the last month of patients' life before starting taking medicaments. In the carried out research Beck Scale was used to estimate the extent of depression whereas Athens Insomnia Scale is utilized for describing the intensification of sleep disturbances.

Results: In the group of men the average score of Beck's depression was 27,2 while the average score in insomnia scale was 16. In the group of women the following average scores were received, 32 in the Beck Scale and 14,17 in the Insomnia Scale. In order to show the extent of correlation between depression and sleep disorders the Spearman's coefficient of correlation was calculated and amounted to 0,27.

Conclusions: According to received results along with increase of the extent of the depression there is a slight increase of the intensification of sleep disorders. The research is still ongoing with the target group of 100 examined patients.

P0218

Neuroscientific aspects of chronic Cannabis use: Impact on development, cognitive performance and psychiatric disorders

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Background and Aims: So far, the effects of chronic cannabis use on the cognitive functions and various areas of perception and behaviour were seen as a passing intoxication with quick onset and return to normalcy within a few hours or days. Recent studies, however, cast doubt on this premise. Since the discovery of the cannabinoid system, whose importance is only beginning to be understood, more attention is paid to the neurobiology of perception and behavioural disorders caused by cannabis. Interdisciplinary research in this area can help better understand the complexity of cannabis-related disorders and their therapeutic relevance.

Methods: This review of the literature highlights the importance of the age of onset of regular cannabis use regarding the affective,