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Goal: assessment of depressive symptomatology and personality traits in patients with coronary artery disease (CAD).

Patients: forty-two males consecutively admitted to a cardiology unit due to an ICD-10 diagnosis of Acute Cardiac Syndrome (ACS). Twenty-two of them had unstable angina (UA) without myocardial infarction and 20 of them had confirmed myocardial infarction (MI).

Methods: short questionnaire assessing the clinical course of heart disease, the Beck Depression Inventory (BDI) and the Cloninger Temperament and Character Inventory (TCI) were applied.

Results: The mean BDI score in the whole group of patients was 20. The MI patients had higher BDI score than the UA patients without MI. The patients with more serious clinical course of heart disease and those who shorter suffered from ACS had significantly higher BDI score than the other patients. The whole group of ACS patients revealed more pronounced temperamental Harm Avoidance (HA) and less pronounced Reward Dependence dimension of the TCI. The patients with more serious clinical course of CAD had more evident HA features and than patients with mild clinical course of the disease. The patients with longer duration of CAD had more pronounced Self-Transcendence (a character dimension of the TCI) as compared to patients with shorter duration of the illness.

Conclusions: Depressive symptoms are common and prominent in CAD patients particularly in those with shorter duration and more serious course of the illness. The relationships between temperamental and character dimensions of personality with the clinical course of CAD indicate multifactor and complex associations which need further studies.

P015

Relation between depression and some clinical and biochemical parameters in patients undergoing chronic hemodialysis

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Patients suffering from chronic diseases develop depressive disorders with increased frequency. In uremic patients, depression is the most widely acknowledged abnormality, affecting both quality of life and treatment compliance. Aim of this study was to investigate incidence of depression and to assess relation to clinical, laboratory parameters and sleep disorders in hemodialysis patients. Psychiatric profile of 45 hemodialysis patients (32 male, 13 female, mean age 59±16,2 years), was evaluated using Hamilton Depression Scale (HAMD). According to scores of the latter, patients were divided into two groups. Group A comprised 29 patients with HAMD score 0-7 (absence of depression), whereas group B included 16 patients scoring higher than 7 (clinically assessed disorder). Subjects were compared in terms of socioeconomic, clinical, laboratory parameters and presence of sleep disorders (assessed by Athens Insomnia Scale, AIS). Non significant difference was observed with respect to age, sex, family status, education, self-esteem, coffee and alcohol consumption, psychiatric history, time in hemodialysis and laboratory (serum urea, creatinine, electrolytes, iron, albumin and lipids) parameters. Group B demonstrated significantly lower hemoglobin levels (11,13±1,69 and 12,23±1,31g/dl respectively, $p<0,01$) and higher CRP levels (1,82±1,73 and 0,83±0,6mg/dl respectively, $p<0,005$) compared to group A. Additionally, strong correlation was observed when HAMD scores were related to hemoglobin ($r=-0,30$, $p<0,05$), CRP ($r=0,38$, $p<0,001$) and AIS scores ($r=0,54$, $p<0,0001$). In conclusion, clinically overt depression is common in hemodialysis patients and seems to be related to high CRP and low haemoglobin levels. Moreover, strong correlation to sleep disorders, which are common to such patients, seems to apply.

P016

Efficacy of duloxetine in the treatment of unspecific pain associated with depression

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Background: Painful physical symptoms (PPS) in major depressive disorder (MDD) can obscure the diagnosis and impair treatment outcome. Antidepressants inhibiting serotonin and norepinephrine reuptake (SNRI) can be effective in the treatment of both emotional and PPS in MDD. This study evaluated efficacy and safety of duloxetine, an SNRI, in the treatment of patients with moderate pain associated with depression.

Methods: In this double-blind, placebo-controlled, European, 8-week study, outpatients ≥18 years of age, presenting with major depression (Montgomery-Asberg Depression Rating Scale [MADRS] ≥20 and Clinical Global Impression-Severity [CGI-S] ≥4) and moderate pain (brief pain inventory [BPI] average pain score ≥3) not attributable to a diagnosed pain syndrome were randomized to either placebo (N=165) or duloxetine 60mg (N=162) once daily. Primary outcome measure was the BPI average pain score at endpoint. Secondary measures were MADRS total score, CGI-S, PGI-I, SCL-90 R, response and remission in MDD, safety, and tolerability.

Results: Duloxetine compared with placebo significantly ($P<.001$) improved the mean change of both BPI average pain (-2.57 vs. -1.64) and MADRS total scores (-16.69 vs. -11.31) with significant separation after 1 or 2 weeks. Remission in MDD (53% vs. 29%) and response rates in pain and MDD were significantly higher in duloxetine-treated patients. Duloxetine separated on most secondary outcome measures from placebo. Treatment-emergent adverse events (≥10%) observed in duloxetine- treated patients were nausea, hyperhydrosis, and dry mouth.

Conclusion: These results support duloxetine's efficacy and tolerability in the treatment of PPS and emotional symptoms in patients with moderate pain associated with depression.

P017

The comorbidity depression and coronary disease - the differences between male and female

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Introduction: The prevalention of depression in in-patients is 33% and in patients with coronary disease /heart attack/ is 45%. The occuring of comorbid depression and heart attack is 16-22% but not recognized and not treated often.

Objective: To compare differences between male and female with heart attack and comorbid depression.

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Methods: 102 patients with diagnosis of heart attack were assessed for depression during the second week following heart attack, after week 12, 24, 52 and 76. 76% patient were diagnosed as having depression according DSM-IV.For assessment of depression HAMD and MADRS were used and CGI, Zung Rating Scale for Depression, Beck Anxiety Inventory, laboratory and internal parameters, number of rehospitalizations and morbidity.

Results: In 76% patients with heart attack depressive symptoms were present (52% male). 37% male with comorbid depression / mostly not treated/ and acute heart attack died but only 13% male without depression. From 68% male without depression after heart attack nobody died.

Conclusion: We averaged more often occuring comorbid depression and heart attack in male /52 vs 46%/ and mortality in depressive male /mostly not treated/ is higher as in female. Number of rehospitalizations is higher in male /1.9x/ like in female /8x/ too in compare with controls.

P018

A day treatment programme on mood disorders: One-year activity outcomes

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Introduction: Previous evidence has shown the efficacy of day treatment programmes and partial hospitalisation in moderate to severe mood disorders. Therefore, these treatments are considered as a valid alternative to full hospitalisation. The present study examines retrospectively the experience of our treatment programme in difficult patients with a Major Depressive Episode (MDE).

Methods: The treatment programme focuses on: reducing symptoms, developing new coping skills, improving relational ability and psycho-educational rehabilitation. The programme was carried out over 12 weeks. Multidimensional assessments were made throughout the treatment using clinical interviews and psychometric tests. Outcomes were evaluated considering remission, severity of residual symptoms, social and professional functioning. During 2006, 93 depressed patients who had previously not responded to conventional monotherapy (M/F = 36/57; Mean Age: 46,87± 15,00), have been treated.

Results: At the end of the programme a significant clinical improvement could be observed in most patients: 60,6% achieved full remission, while only 14,8% continued to present consistent residual symptoms. 70% of the patients took at least two drugs and also took part in a psycho-educational programme.

Conclusion: Our day treatment programme is intended to implement a model for a prompt management of difficult patients with moderate to severe MDE. Our findings concur with previous evidence in showing the efficiency of such integrated treatment programmes in patients with mood disorders. In our sample, a partial response has been dependent on social isolation, chronicity of the disorder and relevance of co-morbidities.

P019

Effectiveness of a consultation-liaison psychiatry intervention in a coronary intensive care unit

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This randomized controlled trial, with a 6-month follow-up, assessed the effectiveness of a consultation-liaison psychiatry (CLP) intervention. A group of 129 consecutive patients admitted to a ICU with myocardial infarction or unstable angina was assessed during the first 48 hours of admission with the Hospital Anxiety and Depression Scale (HADS). Those with a score ?8 on depression or anxiety (n=72) were randomly allocated to intervention (n=37) and usual care (n=35). The intervention included psychiatric evaluation, supportive psychotherapy, psychoeducation and psychotropic drugs. Anxiety and depression were reassessed before discharge, and at 45 days, 3 and 6 months. Other outcome variables were survival, number of readmissions and of sick leave days, and return to work. Data was analysed with Student's t-test and Chi-square. The intervention group had a significantly lower depression mean score at 6 months (5.8±4.1 vs. 7.9±4.3 in the control group, t=2.1, p=. 04), and a lower number of patients with a depression score ?8 at 3 (11 vs. 18 controls, chi-square=4.4, p=. 04), and 6 months (12 vs.18 controls, chi-square=3.9, p=. 05). The number of patients with an anxiety score ?8 was lower in the intervention group at 3 (15 vs. 23 controls, chi-square=6.6, p=. 01), but not at 6 months. The two groups did not differ in any of the other outcome variables. The results confirm the effectiveness of a CL intervention in the treatment of depression in acute coronary patients. The intervention had no impact on survival, coronary events, and return to work at 6 months

P020

Temperament and character profile as risk factor of depression and anxiety syndromes induced by interferon and ribavirin treatment in chronic hepatitis c patients

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Background: The aim of this study was to examine the temperament and character profile as risk factors of interferon and ribavirin (IFN+RBV) induced psychopathology in chronic hepatitis C patients. According to the Cloninger's biosocial model (TCI), the temperament dimension harm avoidance (HA) is suggested to indicate central serotonergic turnover, which is further correlated with depressive/anxiety states.

Methods: 198 patients with chronic hepatitis C in treatment with IFN+RBV were evaluated at baseline and 4, 12 and 24 weeks of treatment. All subjects were assessed by the Patient Health Questionnaire (PHQ), the Hospital Scale of Anxiety and Depression (HADS) and the Temperament and Character Inventory-revised (TCI-R) questionnaire (at basal level).

Results: At baseline, 32 patients had a psychiatric syndrome (16.1%). During the first six months of IFN+RBV treatment the incidence of depression/anxiety syndromes was 37.9% (n=63/166). The personality factors associated ($p<0.001$, corrected) were: HA dimension; fatigability subscale (HA4), anticipatory worry subscale (HA1); self-directedness dimension (SD); congruent subscale (SD5); and; social acceptance subscale (C1). By logistic regression analysis the

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