

the DEX, Neuropsychiatric Inventory (NPI), SF-36 and Zarit Burden Scale. Patient insight was measured using the discrepancy between carer and patient total scores on the DEX questionnaire.

Results: The DEX discrepancy score correlated significantly with total burden score ($r = .52$, $P = 0.009$). Burden was not correlated with patient cognition, age, neuropsychiatric symptoms and patient or carer SF-36 scores. A stepwise multiple regression with total burden as the outcome variable was statistically significant ($R^2 = .65$, $F = 8.72$, $P < 0.001$), significant predictors of outcome were DEX discrepancy, patient GDS, CDR sum of boxes and NPI score. Carer relationship and living status did not affect perceived burden.

Conclusions: Reduced insight in patients with dementia may result in increased isolation and frustration for their carer (compared with carers of patients who have good insight). Therefore, measuring insight in patients with dementia may be useful in identifying carers at risk for high burden levels.

e-couch: the mother of all emental health web sites

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Background: Evidence from randomized controlled trials shows that Internet-based emental health self-help programs can improve mental health outcomes. However, these interventions are typically not tailored to a user's particular risk factors or specific symptoms and are often associated with high attrition rates.

Methods: This poster describes e-couch, a second-generation tailored cognitive behaviour therapy and information programme. e-couch provides information and automated self-help tools for depression, generalized anxiety disorder, social anxiety disorder, self-help for mental health problems associated with bereavement and divorce and separation, and a stigma-busting section. Other modules, including panic disorder, postnatal depression and physical illness, are in preparation. Tools include interpersonal therapy, cognitive therapy, exposure, social skills training, problem solving, applied relaxation, online exercise management, sleep hygiene and others. The system has been engineered to run automated online randomized controlled trials and to facilitate the addition of new streams tailored to particular at-risk groups and conditions.

Results: e-couch will be available for use by the public from January 2007. Initial research studies will investigate the effect of tailoring and automated monitoring

on efficacy and retention. Outcome measure will include symptom levels, stigma, program adherence, knowledge and help seeking.

Conclusions: Key members of the team who developed e-couch will be available to answer questions and demonstrate the system.

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Predictors of suicide in major depressive disorder: a follow-up of patients seen at a specialist mood disorders unit

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Background: Suicide is a major morbidity associated with depressive disorders. The Mood Disorders Unit (MDU), a specialized tertiary referral depression clinic, is currently undertaking a long-term follow-up of patients seen between 1985 and 1995 and diagnosed with major depression.

Methods: Death certificates and cause of death have been obtained for those in the cohort who have died. Cases of suicide will be compared with other subsets of the cohort using data from comprehensive assessments at the time of their index episode.

Results: The number who have died in the 10–20 years since their index episode from the initial cohort of $n = 1008$ will be reported. Identifying cases of suicide is still being completed. Suicide rates and predictors of suicide in the cohort will be presented.

Conclusions: Variables predicting suicide 10–20 years later in a cohort of patients referred to a tertiary referral service will be discussed.

Bipolar disorder and the TCI

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Background: Personality traits have been proposed as potential endophenotypes for genetic studies of psychiatric disorders. One personality theory that demonstrates strong heritability is Cloninger's seven-dimensional

psychobiological model assessed by the temperament and character inventory (TCI). We aimed to determine how individuals with bipolar disorder differ from individuals with major depression (MDD) and unaffected relatives of patients with bipolar disorder using the TCI.

Methods: Data were collected from 277 adults recruited in Christchurch, New Zealand, as part of the South Island Bipolar Study. The 240-item TCI questionnaire was used to determine personality profile, and the diagnostic interview for genetic studies was used to establish four groupings, bipolar disorder type-1 (BP1), bipolar disorder type-2 (BP2), MDD and nonaffected relatives. Differences identified with an ANOVA were corrected for current mood state by the inclusion of the Beck Depression Inventory as a covariate in a univariate ANOVA.

Results: Total harm avoidance was higher and self-directedness was lower than controls in all mood disorder groups but not different between them. Total self-transcendence was higher in BP1 than MDD and unaffected relatives. Correction for current mood influenced the significance of the differences between groups.

Conclusions: The TCI has identified commonalities and differences between bipolar disorder and MDD. Higher harm avoidance and lower self-directedness may reflect personality markers of mood disorders, whereas high self-transcendence appears to be specific to bipolar disorder. Self-transcendence may prove to be a useful measure for the investigation of the genetic basis of bipolar disorder.

Orosomucoid influences both antidepressant tolerance and response

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Background: Orosomucoid, an acute-phase reactant (APR), carries basic drugs including antidepressants. Elevated levels have been reported in depressed patients. It has yet to be established whether concentration influences antidepressant response. Its gene, *ORM1*, is polymorphic and has three common codominant alleles *ORM1**F1, *F2 and *S. The variants have differing pharmacokinetic properties that potentially alter plasma profile and blood-brain barrier transport of antidepressants influencing tolerance and efficacy.

Methods: A total of 157 out-patients in a trial of fluoxetine vs. nortriptyline were genotyped for the *ORM1* variants. Plasma concentrations of APRs were also measured. Outcomes were tolerance and response.

Tolerance was defined as the completion of a 6-week trial and response as an improvement of greater than 60% on the Montgomery-Asperg Depression Rating Scale at 6 weeks. Groups were compared using one-way ANOVA and chi-squared tests. Outcome predictions were performed using binomial logistic regression.

Results: Individuals with an *ORM1**F allele were more likely to tolerate antidepressants [odds ratio (OR) = 4.707, 95% confidence interval (CI) 1.769–12.527, $P = 0.002$]. Higher orosomucoid concentrations were found in antidepressant nonresponders (91.4% vs. 79.1%, F -stat 6.071, $P = 0.015$). For every 1% increase in orosomucoid, the odds of response were decreased (OR = 0.984, 95% CI 0.971–0.997, $P = 0.018$).

Conclusions: The two effects of orosomucoid – polymorphism affecting tolerability and concentration affecting efficacy – emphasize its importance in the handling of antidepressants.

Development of an antenatal intervention package for women with serious mental illness

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Background: Women with a serious mental illness (SMI) are at high risk for pregnancy and birth complications that increase childhood neurodevelopmental risks (Jablensky et al. 2005). Lifestyle hazards, such as smoking, use of street drugs and poor nutrition, as well as failure to access antenatal care, have been implicated in this increased risk. However, evidence from the relevant literature suggests that during pregnancy, many women with SMI continue their contact with mental health services.

Purpose: With a primary prevention focus, the purpose of this project was to develop an antenatal intervention package for community mental health clinicians as a strategy to reduce risks and improve the reproductive health outcomes for women with SMI.

Methods: A qualitative exploratory study involved consultation with key stakeholders, an environmental scan to determine current service delivery issues and a review of the literature. Individual and focus group interviews were undertaken with community mental health clinicians, consumers and midwives.

Results: An antenatal programme of care, including clinical guidelines and information regarding antenatal care and support services to facilitate the role of