

post-dose) included: 100-mm Visual Analogue Scale for Anxiety (VAS-A; primary outcome); 100-mm VAS-Sedation (VAS-S); and Time-to-Onset of Action Scale (TOAS), which rates anti-anxiety drug benefit (0-10, no–full benefit).

Results: VAS-A scores at baseline were higher on PGB (70.2) compared to ALP (57.4) or PBO (64.1). On a mixed-model analysis, VAS-A improvement slopes were greater for PGB ($t = -2.47$; $P = 0.014$) and ALP ($t = -2.39$; $P = 0.018$) vs PBO. Significant improvement on TOAS was seen at hour 2 and hour 3 through endpoint for ALP and PGB subjects, respectively ($P \leq 0.05$ vs PBO, both groups). VAS-S scores were significantly higher vs PBO for PGB at hours 2.5-4.0, and at hours 2 until endpoint for ALP ($P \leq 0.05$ both groups). Spearman analysis showed similar levels of correlation between the TOAS and VAS-S ($r = +0.58$) and VAS-A ($r = -0.50$), suggesting that the VAS-S may be measuring an efficacy outcome in this model. Both PGB and ALP were well-tolerated.

Conclusion: Clinically meaningful anxiolytic effect occurred within 3-4 hours after single-dose PGB in this dental-anxiety model.

P0082

Cortisol, suicidality and spiritual well-being in Croatian war veterans suffering from PTSD

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Biological, psychological and spiritual parameters have been frequently associated with the wellbeing of psychiatric patients. War veterans suffering from PTSD reveal a low basal plasma cortisol level and an enhanced cortisol response to the dexamethasone test, reflecting a hypersensitiveness of the hypothalamic-pituitary-adrenal axis (HHA). The level of HHA dysregulation can be caused by many factors; among others it depends on the spirituality/religiosity level.

The aim of this work is to observe the relationship between the cortisol level, the level of spiritual wellbeing and its components (religious and existential well-being) and suicidal tendency in Croatian war veterans suffering from PTSD.

The survey has been conducted on 17 war veterans satisfying the DSM-IV criteria for the PTSD diagnosis and not suffering from any serious somatic illnesses.

The spiritual wellbeing has been determined by the score on the Spiritual Well-Being Scale (SWB); suicidal risk was determined by the Suicide Assessment Scale (SUAS) and Beck Hopelessness Scale (BHS); the plasma cortisol level was obtained by venepuncture from the cubital vein and an excretion curve for every examinee (8, 12, 13, 16, 22 hours) was obtained.

Results demonstrate a higher cortisol level in the group with lower spiritual wellbeing and higher suicide risk. Obtained results confirm our hypotheses.

Limitations of this study were a small sample size and adjusted pharmacotherapy.

P0083

Trends of admissions of somatoform disorder in Mosul Iraq

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A retrospective study was done on admissions of Somatoform Disorder in Mosul Psychiatric Unit for five years period. Two hundred seventy five patients were admitted during that period 224 women and 51 men. Majority of men came from Urban areas compared to 58% of women. Single status were over represented 55% compared to 34% married. 82% of the singles, 90% of widows and 83% of divorced were women. It also showed that there were two seasonal peaks of admissions in January and July. Hysterical pseudo-fits were the most frequent diagnosis. There were no significant change in the number of yearly admissions apart from the first year. The proportion of hysterical disorders compared to total psychiatric disorders admissions was 7.4%.

Results: were consistent with national studies but showed higher figures to neighbouring countries. It was consistent with figures in United Kingdom before 1950.

P0084

Relationship between anxiety and depression and service satisfaction in a sample of Iranian inpatients admitted in a general hospital

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Aims: Patient's satisfaction is a vital part of the assessment of quality of health care. Patient's mental health situation may influence service satisfaction and vice versa. The aim of this study was to evaluate relationship between anxiety and depression and service satisfaction, in a group of patients that were admitted in a general hospital.

Methods: Four hundred patients who were admitted in Dr. Shariati Hospital were included in the study consecutively. Participants were recruited from medical and surgical wards. The Hospital Anxiety and Depression Scale (HADS) was used to determine depression and anxiety and 18 items Patient Satisfaction Questionnaire (PSQ-18) was used to measure service satisfaction. Other variables that were measured included: demographic variables, duration of disease, time passed from admission, ward of admission, pattern of referral to hospital, type of insurance and the way of payment.

Results: Patient with anxiety and depression were less satisfied with services. Service satisfaction according to PSQ-18 scores had a reverse significant relation with anxiety score of HADS. There was no significant relationship between service satisfaction and age, sex, education, duration of disease, time passed from admission, ward of admission, pathway of referral, type of insurance and the way of payment.

Conclusions: Psychological profile of hospitalized patients may play important role in their satisfaction with services. Careful management of mental health problem may be necessary to improve service satisfaction of medical inpatients. On the other hand improvement in quality of care and increasing service satisfaction may reduce mental health problem of the patients.

P0085

Generalized anxiety disorder in the anxiety/depression spectrum

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Background and Aims: Generalized Anxiety Disorder (GAD) is classified as an anxiety disorder. High co-morbidity with other anxiety and depressive disorders blurs boundaries between these disorders, clinically as in research. This is particularly relevant for genetic research into causes of these disorders.

We attempt to clarify where GAD belongs in the anxiety/depression spectrum disorders.

Methods: The cohort is based on a population-wide screening for anxiety and depression in Iceland as part of a genetic research project. Following the screening participants underwent the Composite International Diagnostic Interview (CIDI) for possible ICD-10 diagnoses. Odds ratios (OR) were calculated by logistic regression analysis for GAD and the other disorders. The phobias (simple, social and agoraphobia) were pooled together in the analysis.

Results: A total of 3.150 participants underwent the CIDI. The OR between GAD and dysthymia was 2.99 (2.37-3.78), Panic disorder, PD, 2.03 (1.59-2.59); any phobia 1.15 (0.92-1.42) and Major Depressive Disorder, MDD, 1.07 (0.84-1.37). The OR between dysthymia, MDD and GAD is very high, . The OR, with co-morbidity accounted for by logistic regression analysis, is slightly lowered for all except dysthymia.

Conclusions: Our results show that GAD is significantly associated with dysthymia, followed by PD, but non-significant with the phobias and MDD. Dysthymia, on the other hand, has a robust relationship both to GAD and MDD, 2.97 and 2.91 respectively. Logistic regression confirms the strong link between GAD and dysthymia and gives these disorders the possible role of a genetic bridge between anxiety and depressive disorders.

P0086

Insomnia and generalized anxiety disorder: Impact on clinical presentation and response to Pregabalin

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Background and Aims: To assess the impact of high levels of insomnia on response to pregabalin (PGB) in patients with GAD.

Methods: Pooled data were analyzed from 6 double-blind, placebo-controlled, 4- to 6-week trials of outpatients who met DSM-IV criteria for GAD with a minimum Hamilton rating scale for anxiety (HAM-A) score ≥ 18 . Response was evaluated for 3 fixed-dose PGB groups: 150mg/d, 300-450mg/d, and 600mg/d. A "high-insomnia" subgroup was defined by a baseline HAM-D insomnia factor score ≥ 4 (maximum=6).

Results: At baseline, 482 (31%) patients met criteria for the high-insomnia subgroup, and 1073 (69%) for the low-insomnia subgroup. Mean baseline HAM-A scores were non-significantly higher (approx. 1-point) in high-insomnia vs low-insomnia patients. In high-insomnia patients, PGB produced significantly greater improvement in HAM-A total scores at LOCF-endpoint vs placebo—PGB 150mg/d

(-10.3 \pm 1.01), PGB 300-450mg/d (-12.4 \pm 0.88), PGB 600mg/d (-11.6 \pm 0.72), and placebo (-8.4 \pm 0.66) (P<0.0001, all comparisons). Effect sizes for endpoint HAM-A change were higher in high-insomnia than low-insomnia subgroups (0.47 vs 0.32). Endpoint HAM-A-score changes were the same (-12.0) on PGB in both insomnia subgroups; placebo response was higher in low-insomnia patients. Significantly more high-insomnia patients on PGB were insomnia responders (reduction to minimal-to-no insomnia) (75.2%, all doses combined) vs placebo (61.5%; P<0.005). Rates of treatment-emergent insomnia were 4.7% for all PGB doses combined vs 5.4% for placebo.

Conclusion: Pregabalin was well tolerated, and improved overall anxiety symptoms, while specifically improving insomnia in patients with GAD presenting with high levels of concurrent insomnia.

P0087

Emotional intelligence and panic disorder

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Background and Aims: Panic attacks are psychopathological phenomena with a strong emotional component that often induce an adaptive response with anticipatory anxiety and phobic avoidance. There are evidences of the presence of biases in emotional processing in patients with panic disorder. The aims of this study were to compare Emotional Intelligence (EI) between patients with PD and control subjects and to investigate if this construct is related to the severity of agoraphobia.

Methods: Fifty-one patients with PD and 50 healthy controls were assessed for their EI with the Mayer-Salovey-Caruso Emotional Intelligence Scale and their phobic avoidance with the Mobility Inventory for Agoraphobia. Data were analysed by not parametric statistics.

Results: The Strategic Emotional Intelligence area showed lower scores in patients with PD compared to healthy controls (median 80 vs 84.9, $z = -3.37$, $p < .0008$). Among the subscales of this area, this difference was significant (median 80 vs 85.3, $z = -2.61$, $p < .009$) for the "Understanding emotions" branch. The severity of agoraphobia correlated with the "Facilitating thought with emotion" branch of Experiential EI area.

Conclusions: Patients with PD show a lower strategic EI. Some aspect of experiential EI seem to be related to the severity of agoraphobia. A training focused on the development of the strategic component of emotional intelligence might help patients with PD.

Mayer J., Caruso D., Salovey P. Emotional Intelligence Meets Traditional Standards for an Intelligence. *Intelligence* 2000; 27: 267–298.

P0088

Platelet 18 kDa translocator protein density is reduced in depressed patients with adult separation anxiety

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Background: Recent studies indicate that Adult Separation Anxiety Disorder (ASAD) may represent a discrete diagnostic entity worthy of attention. Adults with ASAD report extreme anxiety and fear about separations from major attachment figures. These symptoms lead to