

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 occurring 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

G. Camardese, A. Picello, G. Di Carlo, C. Morelli, L. Mosca, P. Brià.
Institute of Psychiatry, Catholic University of Sacred Heart, Rome, Italy

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

G. Cardoso. *Department of Psychiatry, Hospital Fernando Fonseca, Amadora, Portugal*

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

P. Castellvi^{1,2}, R. Navinés³, C. Díez-Quevedo⁴, D. Jiménez¹, C. Márquez¹, J.A. Galeras¹, S. Subirà⁴, R. Solà¹, R. Martín-Santos³. ¹Liver Section, Hospital del Mar, Institut Municipal D'Investigació Mèdica, Barcelona, Spain ²Adults, Adolescents and Child Psychopathology Department, Facultat de Psicologia, Universitat Autònoma de Barcelona, Barcelona, Spain ³Drug Abuse and Psychiatry Department, Hospital del Mar and Pharmacology Research Unit, Hospital del Mar, Institut Municipal D'Investigació Mèdica, Barcelona, Spain ⁴Department of Psychiatry, Hospital Universitari Germans Trias i Pujol and Universitat Autònoma de Barcelona, Barcelona, Spain

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