9th World Congress of Biological Psychiatry

28 June – 2 July 2009
Paris, France

ABSTRACTS

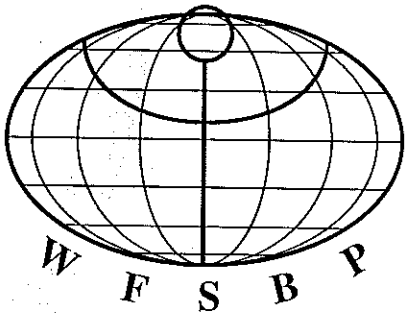

Table of Contents

FOREWORD 4

OPENING LECTURE 5

PLENARY LECTURES 5

SPECIAL LECTURES 7

SYMPOSIA

- Addictive Disorders 8
- Affective Disorders (Bipolar) 13
- Affective Disorders (Unipolar) 20
- Anxiety 27
- Childhood Adolescent Disorder 35
- Neurodegenerative Disorders 39
- Psychotic Disorders 45
- Brain Function 56
- Genetics 67
- Neuroimaging 74
- Psychopharmacology 83
- Other 90

WORKSHOPS

- Stress: Basical/Clinical 95
- Affective Disorders (Unipolar) 96
- Childhood Adolescent Disorder 97
- Psychotic Disorders 98
- Brain Function 99
- Genetics 100
- Psychopharmacology 102
- Other 104

YOUNG SCIENTISTS AWARD SESSIONS 106

FREE COMMUNICATIONS 113

POSTER PRESENTATIONS

- Addictive Disorders 188
- Affective Disorders (Bipolar) 203
- Affective Disorders (Unipolar) 218
- Anxiety 238
- Childhood Adolescent Disorder 254
- Neurodegenerative Disorders 268
- Psychotic Disorders 278
- Brain Function 317
- Genetics 338
- Neuroimaging 354
- Psychopharmacology 366
- Other 410

SATELLITE SYMPOSIA 451

AUTHOR INDEX 457

Conclusions: The results revealed that overexpression of CB2r induced a depressive-resistant behavioural phenotype. These results point out the cannabinoid CB2r as a potential target in the treatment of depression related disorders.

P-02-014

A specific memory profile in depression remitters following electroconvulsive therapy: Preliminary findings

Maria Semkovska
St. Patrick's Hospital, Psychiatry of TCD, Dublin 8, Ireland
Declan McLoughlin

Objectives: Remitted depression is frequently associated with persistent memory dysfunction in pharmacologically treated patients. Anterograde, retrograde and semantic memory deficits following electroconvulsive therapy (ECT) are also consistently reported. However, the memory profile of depression remitters after ECT has not been specifically studied. We aimed to compare memory function in remitters and nonremitters from depression after ECT. Secondly, we explored possible relationships between variables where specific memory impairments were identified.
Methods: This prospective study was conducted in patients with Major Depressive Disorder (DSM-IV) treated with bilateral or high-dose right unilateral ECT. Depressive symptoms were assessed with the 24-item Hamilton Rating Scale for Depression (HRSD). Remission was defined as HRSDscore of 10 or less. Memory function was assessed at both baseline and following end of ECT with Buschke Selective Reminding Test (BSRT), Autobiographical Memory Interview (AMI-SF), Impersonal Public Events Questionnaire (IPEQ), and Semantic fluency. Remitters were compared to nonremitters on all memory variables by t-tests with Bonferroni corrections for multiple comparisons. Exploratory correlation analyses were conducted to investigate possible relationships between memory variables.
Results: Remitters (n=8) and nonremitters (n=9) showed comparable age and baseline HRSD score. Remitters performed significantly better than nonremitters on Semantic fluency at baseline ($p=0.012$) and on AMI-SF after ECT ($p=0.03$). No other significant difference was observed between the two groups. After ECT, positive correlations were found between IPEQ-previous-year scores and BSRT learning ($p<0.05$), while Semantic fluency correlated positively with IPEQ-5-previous-years ($p<0.01$), IPEQ-10-previous-years ($p<0.05$) and AMI-SF ($p<0.05$).
Conclusions: At both baseline and end of ECT, remitters and nonremitters showed comparable levels of functioning with regards to anterograde memory and retrograde memory for impersonal events. However, remitters showed better baseline semantic memory and their autobiographical memory was less affected by ECT. Retrograde memory function appeared related to semantic memory, but not to learning abilities in depressive patients treated with ECT.

P-02-015

Prevalence of perinatal depression in Portuguese women preliminary results

Ana Telma Pereira
Faculdade de Medicina, Inst. de Psicologia Médica, Coimbra, Portugal
Berta Maia, Mariana Marques, Maria João Soares, Sandra Carvalho Bos, José Valente, Ana Gomes, António Macedo, Maria Helena Pinto de Azevedo

Objectives: To determine the prevalence of depressive disorders in a community-based sample of pregnant and postpartum Portuguese women.
Methods: To date 446 women in their third trimester of pregnancy (M=32.57 weeks of gestation; SD=3.470), mean age 29.78 years (SD=4.498) and 464 three months postpartum women (M=13.07 weeks post-partum; SD=1.808), mean age=30.52 (SD=4.176), were evaluated. Women who were waiting for their prenatal/postnatal medical appointment at their Local Health Medical Centres were invited to participate. After their written consent, all women were interviewed (face-to-face) using the Diagnostic Interview for Genetic Studies/ Mood Disorders Section which assesses the presence of signs and symptoms according to a number of different diagnostic systems. Operational Criteria Checklist for Psychotic Illness (OPCRIT) was completed and data from this checklist were entered in the software system to generate diagnoses according to DSM-IV and ICD-10 criteria.
Results: In pregnancy the prevalence of major depression/DSM-IV was 1.3% and the prevalence of depression/ICD-10 was 3.1% (mild depression, .7%; moderate depression, .7%; mild depression with somatic syndrome, .4%; moderate depression with somatic syndrome, 1.1%; severe depression without psychotic symptoms, .2%). In the postpartum these percentages were 3.9% and 4.7%, respectively (mild depression, 1.9%; moderate depression, .2%; mild depression with somatic syndrome, .2%; moderate depression with somatic syndrome, 1.7%; severe depression without psychotic symptoms, .6%).
Conclusions: In Portuguese perinatal women the prevalence of depressive disorders was lower than the figures recently found in a rigorous meta-analysis (Gaynes et al., 2005). To our knowledge, this is the first study presenting prevalence rates of perinatal depression using a polydiagnostic approach. *Data for this study were drawn from a research project on Postpartum Depression and Sleep, funded by FCT (POCI/SAU-ESP/57068/2004).

P-02-016

Efficacy and Safety of Desvenlafaxine 50 and 100 mg/d in the Treatment of Major Depressive Disorder: Results From 2 Placebo-Controlled Studies

Michael Liebowitz
New York, Ny, USA
Stuart Montgomery, Patrice Boyer, Amy Manley, Sudharshan Padmanabhan, Jean-Michel Germain, Claudine Brisard, Karen Tourian

Objectives: To assess the efficacy and safety of 50- and 100-mg/d doses of the serotonin-norepinephrine reuptake inhibitor (SNRI) desvenlafaxine (administered as desvenlafaxine succinate) in the treatment of major depressive disorder (MDD).
Methods: Two identically designed, multicenter, randomized, double-blind, placebo-controlled studies were conducted. One study took place in the United States (US) and the other was international (INT; European Union and South Africa). Participants were ≥18 years of age and met criteria for MDD per the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, with a 17-item Hamilton Rating Scale for Depression (HAM-D17) total score ≥20 at screening and baseline. Patients were randomly assigned to treatment groups, which included desvenlafaxine 50 mg/d, desvenlafaxine 100 mg/d, or placebo. Treatment was administered for 8 weeks (including a 1-week, 50-mg/d titration period for the 100-mg/d group). The primary efficacy variable was change from baseline on the HAM-D17 at the final on-therapy evaluation. Analysis of covariance model was used for the efficacy analysis.
Results: In the US study (n=447), compared with placebo, a significant difference was observed in the adjusted mean change from baseline on the HAM-D17 in the 50-mg/d group (–11.5 vs –9.5; P=0.018), although no significant difference was observed in the 100-mg/d group. In the INT study (n=483), there was a significantly greater improvement on this same measure for both desvenlafaxine groups (50 mg: –13.2; P=0.002; 100 mg: –13.7; P<0.001) compared with placebo (–10.7). Each dose of desvenlafaxine was generally well tolerated and adverse events were consistent with the SNRI class.
Conclusions: These results demonstrate the efficacy of desvenlafaxine 50 and 100 mg/d in the treatment of MDD.

P-02-017

Analysing depression using DASS-21 scale among diabetes in Malaysia

Salmiah Mohd Ali
University Technology MARA, Faculty of Pharmacy, Shah Alam, Malaysia
Nurul Ain Musa, Ramli Musa

Objectives: The study was aimed to verify the correlation and relationship that exist between depression and diabetes, through analysing demographic and disease related variables that may predict depression symptoms among diabetes patients.

Methods: Diabetes patients (n=153) aged above 25 years old participated and were required to answer structured questionnaires about socio-demographic traits and the awareness of depression. DASS-21 questionnaires which consist of twenty-one questions examined on three scales; depression, anxiety and stress were used to evaluate depressive symptoms among the subjects. Pearson's correlation and multiple regression analysis were performed to assess the association of depressive symptoms with socio-demographic factors of age, gender, race, marital status, level of education and employment status. Habits and behaviours assessments containing six questions were also tested using the same method of analysis.
Results: Socio-demographic traits showed significant correlation with the depression level among diabetes patients. Distribution of the patients according to gender showed not much difference in terms of percentage, whereby 51% were females and 49% were males. 6.53% of participants agreed to discuss their problems with depression with physicians.
Conclusions: There was significant relationship between diabetes and depression. The underlying causes of depression might vary, thus, further studies should examine other factors that could contribute to depression.

P-02-018
Depression and rheumatoid arthritis – case report

Nebojsa Ilic
Health Center Nis, Serbia and Montenegro
Violeta Ilic

Objectives: There are 127 forms of arthritis, where disorders range from relatively minor, to the serious inhibitions such as rheumatoid arthritis (RA), where 37% of patients experience reduced work ability. Creed and Ash (1992) have concluded that RA major depression prevalence ranges 17-27%, based on the studies using structured diagnostic interviews.A female patient case report: T. J., age 49, merchant, divorced, has one child. RA patient for 20 years, with visible joint deformations of feet and hands, total working disability for 12 years, the period when she was tied to wheel-chair. Nineteen years earlier she was cured of TBC pulmonum, and first depression symptoms date from the march 2008.
Methods: The standard psychiatric interviews are done along with Hamilton Depression Rating Scale (HAMD).At the same time, anamnestic data are collected on RA and TBC pulmonum illness and took the existing deformities photographs, along with the appropriate medical documentation.
Results: T.J. have had all medical treatments outside the hospital utility, that is, in her flat. At first interview, HAMD scale scored 24.It is diagnostically recognized as F 32.2 (Depressive episode),and in therapy included escitalopram 5mg and alprazolam 0,5mg/daily, besides the RA medicaments. The next interview, two weeks later gave HAMD score 12; escitalopram raised to 10mg, alprazolam raised also to 0.75mg/day.The third interview made 6 weeks after the first one, gave HAMD score of 6, so previous therapy is continued without corrections.
Conclusions: Early recognizing of the correct diagnose of the RA depression ,as well as adequate therapy, effect in great extent to the patient wellness and his life quality. In this case, a late depression appearance is reported (depressive exhaustion) at RA, and showed that the introduction of therapy resulted in reduced pain and elimination of analgetic.

P-02-019
The study of the relationship between depression and trust in god among undergraudate students

Mohammad Mehdi Naderi
Islamic Azad University,Azadsh, Azadshahr, Iran

P-02-020
Revealing of psychological problems at women

Irina Bitchenko
Rehabilitation&Diagnostic Cent, Medical&Socialy Psycology, Konstantinovka, Ukraine
Marina Zhiltsova

P-14
Affective Disorders (Unipolar) II

P-14-001
Depression and body mass index in primary care patients: Impact of gender

Adomas Bunevicius
Kaunas University of Medicine, Institute of Psychophysiology, Palanga, Lithuania
Jurate Peceliuniene, Narseta Mickuviene, Robertas Bunevicius

Objectives: To evaluate an impact of symptoms of depression and symptoms of anxiety on the Body Mass Index (BMI) in primary care patients in relation to gender.
Methods: Five-hundred and four consecutive primary care patients were invited to the study and 496 patients, 136 (27%) men and 360 (73%) women, completed the study. Mean age of the study patients was 52 (range from 18 to 83) years. All patients were screened for symptoms of depression and for symptoms of anxiety using the Hospital Anxiety and Depression Scale (HADS). The BMI was evaluated using standard procedure.
Results: Fifty-six (11%) patients had symptoms of depression and 125 (25%) patients had symptoms of anxiety. BMI was significantly higher in patients with symptoms of depression when compared to patients without symptoms of depression (27.4±5.3 and 25.4±4.9, respectively, p=0.005). In men without symptoms of depression the BMI was higher compared to men with symptoms of depression, but the difference was not statistically significant (23.9±4.4 and 26.3±4.5, respectively, p=0.2). In contrast to men, in women without symptoms of depression the BMI was lower compared to women with symptoms of depression and the difference was statistically significant (25.0±4.9 and 27.8±5.3, respectively, p<0.001). Presence or absence of symptoms of anxiety did not have impact on the BMI in men and in women together and separately.
Conclusions: In primary care patients symptoms of depression are associated with higher BMI in women, but not in men. Symptoms of anxiety do not have effect on the BMI neither in men nor in women.

P-14-002
Association between major depressive disorder and anxiety disorder and heart rate variability in the Netherlands Study of Depression and Anxiety (NESDA)

Carmilla Licht
VU University Medical Center, Dept. of Psychiatry, Amsterdam, Netherlands
Eco de Geus, Frans Zitman, Witte Hoogendijk, Richard van Dyck, Brenda Penninx

Objectives: Psychopathology is associated with lower heart rate variability which may play an important role in the increased risk of cardiovascular disease among individuals with psychopathology.This paper investigates whether patients with major depressive disorder (MDD) and anxiety disorder (AD) have lower heart rate variability compared to healthy controls in a sample that was sufficiently powered to examine the effects of lifestyle and antidepressants.
Methods: The standard deviation of the normal-to-normal intervals (SDNN) and respiratory sinus arrhythmia (RSA) were measured in 2802 individuals (age 41.7 years, 66.5% female) participating in the Netherlands Study of Depression and Anxiety (NESDA). Based on the DSM-IV based CIDI interview for each participant the presence or absence of current or remitted MDD and current or remitted anxiety was ascertained. In this way, 618 participants were classified as healthy controls, 344 individuals had an AD, 605 patients had a MDD diagnosis and 1235 subjects had both an AD and MDD diagnosis.