Abstracts

A595

86.3% of SSRIs users and 81.3% of SNRIs users were bothered by having little interest or pleasure in doing things equating to 5.42 and 1.19 million in the larger population, respectively. Unmet needs significantly (p < 0.01) varied by country among SSRIs users but not SNRIs users. CONCLUSIONS: Patient-reported survey data reflect patients’ disease perception and are generalizable to the population. These data show very high unmet needs among patients with depression using SSRIs or SNRIs in the five European countries and illustrates the remaining need for treatments which can better alleviate depressive symptoms.

PMH48

TELEPHONE HOTLINE AS AN ADJUNCT TO CONTINUING CARE FOR ADOLESCENTS TREATED FOR PSYCHOACTIVE SUBSTANCE USE DISORDER

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OBJECTIVES: The purpose of this research is to determine if a 24-hour telephonic hotline is associated with lower post treatment relapse rates for adolescents treated for psychoactive substance use disorder (PSUD). METHODS: Subjects are 246 adolescents discharged from primary substance abuse treatment from 2005-2006. A total of 130 were discharged before implementation of the hotline and 116 were discharged after its implementation. The survey was based on a 234-item questionnaire. Response rate was 62%. Treatment records of adolescents completing the questionnaire were obtained so treatment outcomes from the questionnaire could be matched to variables contained in treatment records. A comprehensive data set was created from these two sources. Data are analyzed using three Cox regression models. The first model includes all 246 subjects using, as covariates, psychosocial and treatment characteristics associated with abstinence. The effects of the hotline (not available versus available) is compared by means of a stratification variable yielding two separate survival functions. Model two includes those without access to the hotline and model three includes those with access to the hotline. RESULTS: Model one indicates a better cumulative survival function for those with access to the hotline (Chi-square 46.9 p = 0.085). In model two (Chi-square 53.2 p = 0.023), boys and those diagnosed with alcohol abuse/dependence are 2.8 and 3.5 times more likely to relapse (respectively), and those on probation, those attending support groups and those with supportive friends, are 51.2, 82.1, and 10.7% less likely to relapse (respectively). In model three (Chi-square 49.3 p < 0.000), gender, diagnosis of alcohol abuse/dependence, and probation status, support group attendance and peer-support were at parity. CONCLUSIONS: The telephone hotline is associated with lower post treatment relapse rates, may improve the odds that boys and those with alcohol abuse/dependence remain abstinent, and may lessen the influence of support groups and peer-support on abstinence.

PMH49

INTERNATIONAL INVESTIGATION INTO DEPRESSION BASED ON THE STRUCTURED INTERVIEW GUIDE FOR THE HAMILTON DEPRESSION RATING SCALE (SIGH-D) AND THE CLINICIAN RATED INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (IDS-C)

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OBJECTIVES: To improve the breadth and depth of the clinical assessment of depressive symptomatology, a combined interview of the 17-item Structured Interview Guide for the Hamilton Depression Rating Scale (SIGH-D) and the 30-item Clinician Rated Inventory of Depressive Symptomatology (IDS-C) was translated into 20 languages. A rigorous methodology ensured conceptual equivalence and cultural relevance across different languages for this clinician-rated instrument. METHODS: For languages where no translation of the existing scales was available, the translation process was conducted by a specialist in each target country in collaboration with the developers of the two instruments using the following methodology: 1) two forward translations and reconciliation; 2) one backward translation; and 3) review by the sponsor’s subsidiaries. For languages where translations of the existing scales were available, these were integrated into the process as appropriate. RESULTS: Two challenges emerged: 1) The integration of available translations of both existing scales required the challenging compromise of harmonising possible divergence of wording for identical expressions in the originals. The involvement of the developers of the two existing scales was essential for this step; 2) The translation of the original medical terms and their abbreviations were difficult or impossible to retain in certain target languages and paraphrases approved by the developers had to be used. Examples and solutions will be given during the presentation. CONCLUSIONS: The 20 translations of the combined interview were established according to a rigorous methodology and in collaboration with the developers of the existing scales to ensure conceptual equivalence across languages. The psychometric analysis of the data obtained from the combined interview will be necessary to confirm how these compare to those of the existing scales both in the original and across languages.

PMH50

THE ROLE OF PRE-TREATMENT EXPECTANCY ON THE OUTCOME OF PRIMARY CARE TREATMENTS FOR DEPRESSION

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OBJECTIVES: Understanding determinants through which health care interventions influence health outcomes may highlight ways in which it can be maximized. This study explores the role of pre-treatment credibility and expectancy on the outcome of depression treatments in primary care. METHODS: Data are used of a randomized trial comparing 1) computerized cognitive behavioral therapy for depression (CCBT); with 2) treatment as usual by a general practitioner (TAU); and 3) a combination of both. Credibility and expectancy were assessed after treatment allocation prior to treatment, with an adjusted and translated version of the Credibility and Expectancy Questionnaire. Moderators of expectancy and credibility are explored in a backward linear regression analysis. The contribution of credibility and expectancy to the severity of depression (BDI-II) and the quality-of-life (SF-6D) outcome at 12 months after baseline is explored in a stepwise linear regression, controlling for baseline depression severity, baseline quality-of-life, sex, and age. RESULTS: The type of intervention and educational level contribute to the level of pre-treatment expectancy and credibility. No significant association with credibility or expectancy was found for sex, age, partner, employment status, baseline quality-of-life, baseline severity of depression, and the presence of previous depressive episodes during lifetime. In the CCBT and the TAU groups, pre-treatment expectancy was associated with the depression severity outcome, while credibility was significant for this outcome in TAU and tends towards significance in the CCBT group. For quality-of-life, only the expectancy factor contributed