

practice implementation over a three month course is illustrated with case series data in the context of an open-access, first-line addiction centre in the suburban Paris region.

Results: In as few as seven weeks, dramatic therapeutic improvements come forward. All polydrug patients referred due to long-term treatment refusal, are found to comply with the structured scientist-practitioner model approach. Multidisciplinary practitioner-observed benefits include increased or first-time therapy adherence and drug treatment compliance. Patient self-reported benefits moreover include increased addiction insight and mastery, along with enhanced cognitive-emotional regulation to gain control over addictive craving versus pleasure-seeking behaviours.

Conclusions: Applying an integrative model that focuses on the cognitive–emotional dynamics at hand in the addictive course with the polydrug using patient, and rigorously implementing related assessment and therapeutic methods manifestly bears immediate and middle-term benefits. Evaluation of longer term benefits is recommended, along with larger scale quantitative outcome analyses. Further research and practice implications are discussed to this respect.

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Association between diabetes and depression

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Depression is common among diabetics and it has indeed been suggested that one possibility for pharmacological treatment of insulin resistance is the use of antidepressive agents.

The aim of the present study was to determine the rate of depression in patients with diabetes and its characteristic.

We have 187 patients valued by a heteroquestionnaire, the mini-DSM IV diagnosis depression and dysthymia scale and the Hamilton depression scale. We also examined the relationship of depression and type of diabetes and the socios demographic characteristic.

The middle age of patients is of 53.06+14.11 years with a feminine predominance (71.1%). 67.9% of patients were married and the majority (75.4%) without profession.

The majority (85.6%) have type 2 diabetes, only 27 patients (50.49%) haven't treatment for diabetes, 36.9% have insulin and 52.9% have oral antidiabetiques. 43.3% had the degenerative complications of the diabetes. Major Depression was diagnosed at 41.2% patients, the dysthymia at 27.8 % patients. Severe depression has been noted at 5.3% of patients, and 22.5% had a moderate depression.

Our main finding is that depression in people with diabetes was frequent, from where the necessity of a hold in charge multidisciplinary.

P0180

The plasma IL-18, MIP-1 α , MCP-1, SDF-1 and rantes in patients with major depression

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Background and Aims: To investigate the plasma levels of IL-18, MIP-1 α , MCP-1, SDF-1 and RANTES in major depression before and after treatment.

Method: Twenty healthy volunteers and 40 patients with major depressive disorder (MDD) were involved in the current study. Depressed subjects had moderate or major depression according to the DSM-IV criteria. The HAMD scale was used to measure the efficacy after the 8-week treatment with fluoxetine hydrochloride. All subjects gave their written informed consents and were recruited from outpatients and inpatients of Sir Run Run Shaw Hospital between October 2004 and November 2005. The plasma levels of IL-18, MIP-1 α , MCP-1, SDF-1 and RANTES in major depression were measured by ELISA before and after fluoxetine treatment.

Results: HAMD score were significantly decreased after the treatment ($P < 0.001$), there were seven cases score of after treatment < 7 . At the time of admission, the plasma levels of IL-18, MCP-1, MIP-1 α , SDF-1 and RANTES were significantly higher in the MDD than those in the healthy controls ($P < 0.001$). In MDD, the cytokine values were significantly decreased after the treatment, including IL-18 ($P = 0.005$), MCP-1 ($P = 0.001$), MIP-1 α ($P < 0.001$), SDF-1 ($P = 0.004$) and RANTES ($P < 0.001$), but still significantly higher than those in the healthy controls ($P < 0.001$).

Conclusions: These findings suggest that major depression is accompanied by the immune activation, and the antidepressant treatments have anti-inflammatory effects. The remaining depression symptom after treatment may be related to the higher level of cytokines.

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Corelation between chronic pain and depression in general pathology: An observational study

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Pain, especially chronic pain, is an emotional condition as well as a physical sensation. It is a complex experience that affects thought, mood, and behavior and can lead to isolation, immobility, and drug dependence.

Pain is depressing, and depression causes and intensifies pain. People with chronic pain have three times the average risk of developing psychiatric symptoms — usually mood or anxiety disorders — and depressed patients have three times the average risk of developing chronic pain.

The distinct and complex character of any somatic disorder reveals the importance of social and cultural influences and that of the psychological and behavioral dimensions of pain.

The objective of the first study is to prove the high frequency of a depressive syndrome on a significant group of patients with general medical conditions. The second study attempts to prove the efficiency of antidepressive medication (SSRI like) in reducing the pain related symptoms using the Hamilton Depression Evaluation Scale on a significant group of patients from the "Socola" Hospital in Iasi.

The findings of the two studies have a common point: the urge to include in the assessment and management protocols of any somatic disorders, pain and depression diagnostic and treatment elements, due to their algorithmic relationship.