

Introduction: In our prospective study we compared 30 of patients with major depressive disorder, treated with cognitive-behavioral psychotherapy (CBT) and psycho pharmacotherapy (Group I) with 30 patients, with only psycho pharmacotherapy (group II) mean age 37.6 ± 10.8 .

Method: For 18 months there have been used Beck Depression inventory II (BDI-II), and Global Assessment of Functioning Scale, (GAF) on the beginning, at the end of treatment (after 12 months), and 6 months after treatment.

Results: At the beginning of treatment in first group (patients under psychotherapy and psychopharmacotherapy) GAF showed negative correlation in comparison with BDI (-0,62). In second group (patients cured with only psycho pharmacotherapy) GAF showed negative correlation in comparison with, BDI (-0,66). After one year of CBT and psycho pharmacotherapy mean value of improvements in first group were: BDI 37.4 ± 7.5 , GAF 23,9, and GAF still highly correlated with BDI (-62). In second group mean value of improvements were: BDI 31.7 ± 10.8 , GAF 13.2 ± 5.4 (significantly lower than in first group; $p < 0,0001$), but GAF still highly correlated with BDI (-69). Six months after psychotherapy all parameters in first group were significantly worsen:

Conclusion: In patients treated with combined cognitive-behavioral psychotherapy and pharmacotherapy there is a significant improvement of depression and functioning in relation to patients treated only with pharmacotherapy. Keywords: cognitive-behavioural psychotherapy, psychopharmacotherapy, anxiety, depression, hopelessness.

P0374

Moclobemide and cognitive behavioral therapy in the treatment of social phobia*

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The aim of the study was to assess the 6-months treatment efficacy and 24-month follow up of three different therapeutic programs (A. moclobemide and supportive guidance, B. group cognitive-behavioral therapy and pill placebo, and C. combination of moclobemide and group cognitive-behavioral therapy) in patients with a generalized form of social phobia. Eighty one patients (38 males and 43 females) were randomly assigned to three different therapeutic programs. Patients were regularly assessed on a monthly basis by an independent rater on the LSAS (Liebowitz Social Anxiety scale), CGI (Clinical Global Impression) for severity and change and BAI (Beck Anxiety Inventory). Altogether, sixty-six patients completed the six month treatment period and 15 patients dropped out. All therapeutic groups showed significant improvement. A combination of CBT and pharmacotherapy yielded the most rapid effect. Moclobemide was superior for the reduction of the subjective general anxiety (BAI) during the first 3 months of treatment, but its influence on avoidant behavior (LSAS avoidance subscale) was less pronounced. Conversely, CBT was the best choice for reduction of avoidant behavior while a reduction of subjective general anxiety appeared later than in moclobemide. After 6 months of treatment there were best results reached in groups treated with CBT and there was no advantage of the combined treatment. The relapse rate during the 24-month follow up was

significantly lower in the group treated with CBT in comparison with the group A. formerly treated with moclobemide alone.

P0375

Cognitive-behavioural therapy efficacy in major depressive disorder and histrionic personality disorder dual diagnosis

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Background: Patients with dual diagnosis, major depressive disorders and cluster B personality disorders, must be carefully monitored because of the refractory cases high incidence to either psychotherapeutic or pharmacologic therapy, when applied alone. In histrionic patients the emphasis during psychotherapy must be on the collaborative therapeutic relationship and on the goals operationalizing process.

Methods: We prospectively evaluated 12 patients, female, mean age 35.5 years, diagnosed with major depressive disorder and histrionic personality disorder (according to DSM IV TR criteria) treated with antidepressants (fluoxetine 30 mg/day, $n=5$, paroxetine 30 mg/day, $n=4$, mirtazapine 45 mg/day, $n=3$) and weekly sessions of cognitive-behavioural therapy, for 6 months. We used Beck Depression Inventory (BDI)- 21 items form initially and every two weeks until the endpoint. The Global Assessment of Functioning (GAF) was used also, with the same frequency. The specific schemas of histrionic personality disorder had been addressed simultaneously with depressive specific dysfunctional beliefs.

Results: There were 4 cases of discontinuation after a mean duration of 10.6 weeks. These patients presented at 6 months a higher score on BDI (+6.5) and a lower degree of social and professional level of functioning (-15 on GAF); a follow-up evaluation (after one year from baseline) observed more residual symptoms or recurrence of depression than patients that participated in all study sessions (mean BDI score 15.6vs.9.5, GAF 78vs.89, 2vs.0.5 depression episode incidence).

Conclusion: Addressing dysfunctional schemas of histrionic personality disorder improves the long term prognosis in depressed patients with dual diagnosis.

P0376

Improving the quality of life in patients with malignant tumors using cognitive psychotherapy

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Background: One of the main goals of psychotherapy should be increasing the patient's quality of life. This purpose is of extreme importance in patients diagnosed with cancer that have to fight with anxiety, depression, social and occupational adjustment difficulties.

Methods: We included in a 3 months weekly sessions program of cognitive psychotherapy a number of 12 patients, 8 female and 4 male, mean age 52.4, diagnosed with malignant tumors (lung cancer 2 cases, ovarian cancer 2 cases and stomach cancer one case). The assessment included Cancer Coping Questionnaire (CCQ)- 21 items version, Hamilton Rating Scale for Anxiety (HAM-A), Beck Depression Inventory-21 items (BDI), Global Assessment of Functioning (GAF) and the dysfunctional beliefs monitoring throughout all the 3 months of this trial. Therapy focused on working with "realistic" negative automatic thoughts, attention switch on resources instead

of losses, stimulating emotional expression of frustration, anger or blaming, involving in planning activities and isolation prevention. Inclusion criteria: CCQ baseline value under 42, either anxiety or depressive symptoms, or both, that interfere with daily functioning (HAM-A score over 20, BDI over 15, GAF under 75).

Results: All patients that reach the endpoint (two drop-outs recorded) improved their cognitive approach to cancer because their

copied methods improved and dysfunctional beliefs decreased in frequency and strength. CCQ score improved with 34.5%, HAM-A decreased with 15+/-2.5%, BDI decreased with 18+/-1.5% and GAF increased with 10+/-1.1% at endpoint.

Conclusion: Cognitive therapy is an useful approach in oncologic patients, helping them to focus on resources, activity and relational support.