studies can determine outcomes in a heterogeneous group of patients and they reflect the routine care of depression in clinical practice.

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S60.02

Health related quality of life outcomes in a depressed population 6 months after treatment initiation: Results from the FINDER study

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Objective: This analysis explores factors associated with health-related quality of life (HRQoL) outcomes following treatment for a depressive episode.

Methods: FINDER was a prospective, observational study evaluating HRQoL in 3,468 depressed outpatients receiving antidepressant (AD) treatment. Patients completed the Short-Form-Health-Survey (SF-36) and European-Quality-of-life-5-Dimensions (EQ-5D) questionnaire at baseline, 3 and 6-months. SF-36 is summarised with the Physical and Mental Component Summary (PCS and MCS) scores. AD medication was recorded at each observation, and patients completed ratings on the Hospital Anxiety and Depression Scale (HADS), Somatic Symptom Inventory (SSI-28) and pain severity Visual Analogue Scale (VAS). Multivariate analysis for HRQoL outcomes was performed.

Results: In addition to the respective baseline HRQoL score, somatic symptoms had the strongest association with SF-36 MCS; age and the presence of chronic medical conditions had the strongest association with PCS (all $p<0.001$). Variables most strongly associated with EQ-5D, besides their respective baseline scores, were somatic symptoms and pain severity, as well as duration of current depression (all $p<0.001$). AD treatment was significantly associated with

SF-36 MCS and EQ-5D VAS (all $p<0.001$). Switching medication within class during 6 months was significantly associated with poorer outcomes on all HRQoL measures (all $p<0.001$) compared to not switching.

Conclusions: HRQoL at treatment initiation and somatic symptoms were associated with the level of improvement in HRQoL observed in depressed outpatients over the course of 6 months. Treatment switching, duration of episode and pain were also important factors to consider.

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S60.03

Prevalence of pain in depression and health related quality of life outcomes: Results from FINDER

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Objective: To explore health-related quality of life (HRQoL) outcomes of patients with depression and moderate/severe pain compared to depressed patients with no/mild pain.

Methods: FINDER was a 6-month prospective, observational study to investigate HRQoL of 3,468 depressed outpatients receiving antidepressant treatment. Patients completed ratings on pain severity using Visual Analogue Scales (VAS) at the beginning of treatment, 3 and 6-months. Overall VAS pain severity ratings ?30mm were defined as 'no/mild pain', and >30mm as 'moderate/severe pain.' Pain response was defined as rating >30mm at baseline, changing to ?30mm at 6-months. Patients also completed the Short-Form-Health-Survey (SF-36) and European-Quality-of-Life-5-Dimensions (EQ-5D) questionnaire.

Results: 56% of patients with depression experienced moderate/severe pain at baseline, and 70% of these had no physical explanation. Those with depression and pain at baseline reported poorer HRQoL on the SF-36 physical component score (but not mental component score) and EQ-5D scores at baseline and 6-months. 47% (n=685) of those with depression and pain at baseline had moderate/severe pain at 6-months. Pain response was highest for those with greater baseline depression. Several socio-demographic, psychiatric and medical history characteristics were associated with decreased pain response according to logistic regression, as was baseline level of pain. In addition, those using analgesics, particularly opioids, were less likely to respond.

Conclusions: There was considerable comorbidity between pain and depression. Almost half of such patients did not demonstrate a pain response within the observation period and may represent a specific subgroup.

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S60.04

Six month outcomes for different baseline 'caseness' status: A closer look at depression, anxiety and comorbid depression and anxiety

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Objective: This analysis explores outcomes of depressed outpatients observed for 6-months in routine care. Clinically diagnosed patients were grouped with respect to their 'caseness' for depression and/or anxiety.

Methods: FINDER was a prospective, observational study evaluating health-related quality of life (HRQoL) in 3,468 depressed outpatients receiving antidepressant treatment. Patients completed ratings on the Hospital Anxiety and Depression Scale (HADS) at baseline, 3 and 6 months. HADS subscores of $\leq$7, 8-10 and >11 at baseline were used to classify patients into 'non-cases,' 'doubtful cases,' and 'probable cases' for depression and anxiety, respectively. HRQoL measures included the Short-Form-Health-Survey (SF-36).

Results: 74% of patients with clinically diagnosed depression fulfilled HADS criteria for probable case for anxiety, 66% for probable case for depression and 56% for both, depression and anxiety. After 6-months, 50% of HADS-defined cases for depression at baseline were non-cases for anxiety and depression. Similarly, 40% of cases for anxiety and 41% of cases for both depression and anxiety at baseline were non-cases for anxiety and depression at 6-months. SF-36 physical and mental component scores (PCS, MCS) at 6-months were 51.5(7.6), 46.1(8.6) for non-cases for depression, 51.3(7.8), 46.9(8.3) for anxiety non-cases and 52.0(7.4), 48.2(7.5) for non-cases for comorbid depression and anxiety at 6-months, respectively.

Conclusions: Depression seems to improve more than anxiety or comorbid depression and anxiety, according to HADS. Physicians appear to not always comply with DSM-IV classification criteria when making a diagnosis of clinical depression.

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S60.05

Patterns of antidepressant use in routine care of depressive outpatients in a 6-month European observational study: Results from finder

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Objective: To describe the pattern of antidepressant (AD) therapy in routine care over a 6-month period and to explore associations with health-related quality of life (HRQoL).

Methods: FINDER was a 6-month prospective, observational study to investigate the HRQoL of 3,468 depressed outpatients receiving AD treatment. Type and dose of AD(s) prescribed at baseline and throughout the follow-up period was recorded and grouped into SSRIs, SNRIs, TCAs, others and combinations (ADs from >1 group). 'Switching' groups were defined when medication taken changed between period 1 (baseline-3 months) and period 2 (3-6 months). HRQoL measures included the EQ-5D Visual Analogue Scale (VAS), from 'best imaginable health' (100) to 'worst imaginable health' (0).

Results: Complete information to assess switching patterns was available for 2,672 (77%) patients. Of those, 8.0% discontinued their AD, 5.6% decreased dose, 60.5% remained on stable dose, 9.6% increased dose; 5.1% and 8.6 % switched within and between AD groups, respectively. In addition, 2.7% re-started treatment or remained untreated. The mean(sd) EQ-5D VAS changes from baseline to 3-months were: 20(22), 20(22), 18(21), 17(21), 12(21), 12(24), and 13(22), respectively and from baseline to 6-months were: 24(24), 28(25), 26(24), 24(24), 16(23), 21(26) and 15(24), respectively. Those patients switching within classes and those without treatment in period 1 had worst HRQoL outcomes.

Conclusions: The majority of patients treated for depression remained on the same medication at a stable dose. HRQoL may have contributed to the decision to change AD therapy.

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Symposium: Effective treatment in borderline personality disorder – Approaches from general and disorder-specific psychotherapies

S41.01

The currency makes all the difference! Why the therapeutic relationship should be tailored around the patients' motives

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The therapeutic relationship is the factor which has most consistently shown an impact on psychotherapy outcome. While for other disorders, such as circumscribed phobias, the relationship seems to determine a smaller percentage of variance, for the treatment of patients with BPD it is crucial. This is accounted for by disorder specific elements also in manualized treatment (DBT) with the principle of validation. Validation can be conceptualized as criticizing behaviors while accepting motives.

In this paper it will be argued that this principle can be used even more systematically based on the concept of "Plan Analysis" by Grawe and Caspar. It will be shown how the functioning of patients can be analyzed and described in a hierarchical structure of Plans. Such a description serves as a basis for reflections about how to react in a complementary way to problematic patient behavior while avoiding reinforcement of maladaptive behavior.

It will then be elaborated and demonstrated that to the extent to which the individual motives of a patient are met with precision, it becomes realistic to satisfy them and to reduce the motivational basis of problem behavior. In contrast, if attention is given reluctantly and reactive to patient pressure, we have to expect the well known bottomless pit.

S41.02

Effectiveness of dialectical behavioral therapy for borderline personality disorder under inpatient conditions: A controlled trial and follow-up data

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Dialectical Behavioral Therapy (DBT) was initially developed and evaluated as an outpatient treatment program for borderline personality disorder (BPD). Within the last few years, several adaptations have been developed. This study aims to evaluate a three-month DBT inpatient treatment program. Clinical outcomes, including changes on measures of psychopathology and frequency of self-mutilating acts, were assessed for 50 female patients meeting criteria for BPD. Thirty-one patients had participated in a DBT inpatient program, and 19 patients had been placed on a waiting list and received treatment as usual in the community. Post-testing was conducted four months after the initial assessment. The DBT group improved significantly more than participants on the waiting list on seven of the nine variables analyzed, including depression, anxiety, interpersonal functioning, social adjustment, global psychopathology and self-mutilation. Analyses based on Jacobson's criteria for clinically relevant change indicated that 42% of those receiving DBT had clinically recovered on a general measure of psychopathology. The effect sizes ranged between moderate and strong (see fig. 1). The data suggest that three months of inpatient DBT treatment is significantly superior to non-specific outpatient treatment. Within a relatively short time frame, improvement was found across a broad range of psychopathological features. Nine and 21 month follow-up data suggest stability of the recovery.

S41.03

Schema-focused therapy for borderline personality disorder: Effectiveness and cost-effectiveness, evidence from a multicenter trial

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Background and Aims: Although there is general consensus that only prolonged and intensive psychotherapy can provide real recovery from Borderline Personality Disorder (BPD), almost nothing is known about the relative effectiveness of different approaches. The present study compared the (cost-)effectiveness of two psychotherapies for BPD aiming at a fundamental change: a modern psychodynamic approach (Transference-Focused Psychotherapy, TFP) and schema-focused cognitive therapy (SFT).

Methods: In a multicenter trial 86 patients were randomised to either TFP or SFT and treated for max. 3 years. In Maastricht, patients also participated in fundamental studies on emotion regulation (attentional bias, fMRI, peripheral nervous system responses).

Results: TFP had more (early) drop-outs than SFT. SFT was about twice as effective as TFP in terms of recovery from BPD. This effect could not be explained by differences in drop-outs. SFT was superior

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