symptoms and health related quality of life (HRQOL). The HADS scale was used to define caseness: non-cases (scores 0-7); doubtful cases (scores 8-10) and probable cases (scores >=11).

Results: There were 3468 eligible patients as per clinical diagnosis. Of those, 66.3% and 74.1% qualified as probable cases of depression and anxiety respectively. Mean (SD) HADS-D and HADS-A scores were 12.3[4.5] and 13.0[4.0] respectively. 55.9% of sample population had overlapping depression and anxiety ''caseness'', whilst 15.3% were ''no or doubtful caseness'' for both depression and anxiety. HRQOL as measured by mean (SD) SF-36 scores showed a descendent trend for HADS depression subgroups particularly for the mental component (33.5[10.3] ''non cases''; 26.3[8.1] ''doubtful cases'' and 18.4[7.9] ''probable cases''). This trend was also found for the HADS anxiety subscale.

Conclusion: Findings will be discussed in light of contextual differences between depression diagnosis as per clinical judgement and self-reported measures in outpatient care.

S32.03

Pain in depression

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Introduction: The objective is to describe the prevalence and nature of painful symptoms among depressive outpatients and how are they related with depressive symptoms and somatic non painful symptoms at baseline.

Methods: The FINDER study, conducted in 12 European countries in depressed outpatients in routine primary and specialist care settings provides a unique opportunity to answer these questions.

Painful symptoms were evaluated among 3468 patients enrolled by 437 investigators, using the 28-item Somatic Symptom Inventory (SSI-28) and 6 Visual Analogue Scales (1 item on overall pain and 5 items on pain characteristics: headaches, back pain, shoulder pain, interferences with daily activities and pain while awake). There was a strong correlation between the VAS overall pain score and the pain sub score of the SSI-28. The threshold score of 30 mm on the overall pain severity in combination with selected comorbidities was used to divide patients in three pain cohorts: (1) those with no/mild pain; (2) those with moderate/severe œmedically explained pain and (3) those with moderate/severe medically unexplained pain.

Results: Results showed that 1447 (43.7%) patients had no/mild pain, 550 (16,6%) had moderate/severe medically explained pain, and 1311 (39,6%) had moderate/severe medically unexplained pain. Of the different locations of pain symptoms (from the SSI-28), headaches were the most common, followed by muscle soreness and lower back pain. The mean depression score (HADS-D) was higher in patients with pain-related symptoms.

Conclusion: We studied the correlations between the measures of pain and depression. These results and their implications will be discussed.

S32.04

Prescribing patterns in the Finder study

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Introduction: The objective is to describe antidepressants prescribed at baseline and associated physician and patient characteristics.

Method: Physicians in 12 European countries collected data on the medication history of the patient -antidepressants, analgesics, psychotherapy- for the 24 months prior to joining the study. Information on the daily dose and start and stop dates for antidepressants and reasons for discontinuation was recorded. Data were also collected on the antidepressant being prescribed at baseline and the daily dose recommended. Descriptive baseline data and statistical associations between variables were examined to evaluate key factors influencing the choice of treatment.

Results: Out of 3468 eligible patients for analysis, 38.2% had taken an antidepressant in the previous 24 months. At baseline, patient characteristics were very similar between groups prescribed SSRI, SNRI, TCA, other drugs and combination treatments although TCA and Combination groups showed a somewhat different profile. Indeed, patients with a higher HADS depression score were more likely to receive a combination of antidepressants (Combination-13.4[5.0] vs. SSRI-12.4[4.4]; TCA-12.3[4.5]; SNRI-12.1[4.6] and Other-12.2[4.5]). At baseline, 63.3% of patients were prescribed an SSRI, 9.2% a TCA, 13.6% an SNRI, 9.3% Other and 4.6% a Combination of antidepressants. Mean (SD) doses (mg) for the five most prescribed antidepressants were: fluoxetine (20.7[7.5]), citalopram (20.9[7.9]), escitalopram (11.2[4.5]), venlafaxine (95.6[44.3]), paroxetine (21.5[7.1]).

Conclusion: Analysis of treatment selection considering investigator and patient characteristics will provide more insight of factors influencing antidepressant choice for individual patients. Findings will be discussed in light of contextual differences in various countries and other work in the area.

W10. Workshop: THE USE OF LEGAL SUBSTANCES BY PERSONS WITH SCHIZOPHRENIA

W10.01

The use of legal substances by persons with schizophrenia

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Poor diet habits and a more sedentary life may contribute to a worse physical health outcome of persons with schizophrenia, who are subjected to an increased risk of diabetes mellitus and other metabolic complications. These patients report greater euphoria and stimulatory effects in response to alcohol that may contribute to the increased risk for alcohol use disorders, which complicate the functional outcome of schizophrenia. Among subjects in this diagnostic group, those exposed to caffeine consumption tend to drink heavier amount of it, although the psychobiological implication of this finding has not been

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