between the symptomatology of PTSD and MS, as well as different treatment strategies that were used.

Patients had severe progress of the symptoms of MS. Higher intensity of PTSD symptoms were followed by the egzacerbations of the symptomatology of MS and vice versa. We propose that there is a positive feedback between chronic stress and MS. This implicates that each of these conditions could worsen the symptoms of the other ones. Our findings show the need for multidisciplinary approach in the treatment of patients with chronic PTSD and comorbid multiple sclerosis, which will optimize treatment and result in more cost-effective care. Appropriate identification and optimal pharmacological interventions for both disorders might modify further chronification of those disorders and thus influence better outcome.

## P167

Alexithymia correlates with physical quality of life after percutaneous transluminal coronary angioplasty

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**Background and aims:** Little data is available on psychological factors involved in health-related Quality of Life (Qol) after Percutaneous Transluminal Coronary Angioplasty (PTCA). The present study aims at examining the impact of alexithymia on mental and physical QoL 6 months after PTCA.

**Methods:** We continuously enrolled patients admitted to a cardiology ward of Toulouse University Hospital for PTCA. Within 24 hours of the PTCA, each subject was assessed with the 20-item Toronto Alexithymia Scale (TAS) and the 36-item Short Form Health Survey (SF-36) which provides a Physical Component Score (PCS) and a Mental Component Score (MCS). At 6 months, the SF-36 was re-administered by telephone. Correlations analyses were performed, controlling for sex, age, cardio-vascular risk factors and number of dilated arteries.

**Results:** Fifty-nine subjects (83.9% male) completed the follow-up interview. Mean age was 65.6(SD=11), mean TAS score was 49.1(SD=12.2), mean baseline and 6-month MCS scores were respectively 44.2(SD=11.7) and 48(SD=13.3) and mean baseline and 6-month PCS scores were respectively 41.3(SD=8.8) and 43.8(SD=9.4). At baseline, TAS was correlated with MCS ($p<.05$) but not with PCS. At 6 months, TAS was no longer associated with MCS, however, after controlling for baseline PCS, increased TAS scores were significantly associated with poorer PCS scores ($p<.05$).

**Conclusions:** According to our findings, patients with high levels of alexithymia may be at risk of poorer physical QoL 6 months after PTCA. Therefore the assessment of this psychological construct may prove useful in detecting patients who might benefit from further support.

## P168

Psychiatric diagnoses and fibromialgia: Who takes care of these patients?

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**Objectives:** 1) To know previous psychiatric disorders in patients diagnosed of Fibromyalgia (FM), 2) To identify the different medical specialists that make the diagnosis of FM, 3) Which specialist(s) are in charge of the patient's follow-up, and 4) To asses working status before/after the diagnosis of FM.

**Methodology:** 77 women (mean: 57.3 yo) that were being treated at our psychiatric unit and who were later diagnosed (2002-2006) as having FM by an array of specialists. Variables studied: year of diagnoses, specialist/s involved, psychiatric diagnosis and social/demographic parameters.

**Results:** 80.5% of patients (62/77) manifested a somatoform disorder (SD), 79.2% (61/77) a mood disorder, or a personality disorder 22.1% (17/77). The FM diagnosis was made by rheumatologists (37.7%), traumatologists (24.7%) and general practitioners (19.5%). Mostly, psychiatrists took care of the patient's follow-up (94.8%); either exclusively (55.8%) or shared with other specialists (39.0%). Before FM diagnoses, 80.5% of the patients were working as housewives or elsewhere versus 16.9% of them that were out of work or on sick-leave due to their long-lasting illness. Following the FM diagnosis, these figures changed to 46.8% and 40.3%, respectively.

**Conclusions:** Most of the FM cases had been previously diagnosed as having a SD. The FM diagnoses is made by specialists other than psychiatrists. However, the patient's follow-up corresponds to the later. The diagnosis of FM facilitates the attainment of a long-term disease status and their consequences thereof. These facts raise the necessity to review this disease, from the nosological, therapeutic and diagnostic point of view.

## P169

Stress related disorders: Hypothalamic-pituitary-adrenal axis dysfunctions.

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**Background and aims:** Hypothalamic-pituitary-adrenal (HPA) axis function has been reported to be abnormal in almost all psychiatric disorders, particularly in depression. The aims of the study were to test the hypothesis that HPA axis dysfunction is present in various psychiatric disorders and not only in depression, and to evaluate if the HPA axis dysfunction is associated to specific symptoms and to life events.

**Methods:** The dexamethasone (dex) suppression test was made in order to identify HPA axis dysfunctions in 73 patients with at least one DSM-IV axis I diagnoses (SCID-I) and in 23 controls. The ability of glucocorticoids to suppress the HPA axis (suppression index, IS) was measured by using the ratio between cortisol levels after and before dex administration The Florence Psychiatric Interview was used in order to evaluate the symptoms of the current episode, life events and patients's socio-demographic characteristics.

**Results:** Significant higher basal cortisol levels were found in patients compared with controls at 8 p.m. ($p<.05$). After dex administration, patients showed significantly higher cortisol levels than controls ($p<.05$). The IS was lower in controls than in patients ($p<.05$), while indicating that these latters are characterized by a reduction of the ability of glucocorticoids to suppress the HPA axis.

**Conclusions:** Amongst patients, the condition of non suppression was associated with specific symptoms irrespective of the diagnosis, such as depressed mood, anhedonia, low self-esteem and energy, indecision, low affectivity, lack of concentration and panic attacks. No relationships were found between the exposure to life events and HPA axis dysfunctions.

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