

scores. Therefore the main aim of this study was to evaluate the effects of a 6 month psychotherapy intervention on anxiety in this group of patients.

Methods: 62 patients with CAD and elevated levels of anxiety were recruited and randomized into a 6 month psychotherapy intervention or a control condition (treatment as usual). Patients were included if they were aged ≤ 75 years, had a documented CHD, and had, within the previous 3 months, no myocardial infarction (MI) or coronary artery bypass grafting (CABG). Medically eligible patients were screened for anxiety with the Hospital Anxiety and Depression Scale (HADS) and were included if they had a score of 8 or higher on the HADS-anxiety-subscale. At 6 month follow up change in anxiety scores were evaluated.

Results: At 6 months follow-up significant reductions (intervention group: -2.0 ± 2.3 ; control group: -1.8 ± 2.8 ; $P < 0.01$) were found in both groups in the HADS anxiety scale but no significant differences between the groups were observed. Adjustment for baseline differences and disease severity did not change these results. A small trend towards a beneficial effect of the intervention for low active-coping patients could be observed.

Conclusion: Our study showed that elevated anxiety scores were reduced over time. As in some previous studies the effects of a psychotherapy intervention in distressed patients with CAD were small. Anxiety reduction was unrelated to disease severity. A subgroup of low-active coping patients might benefit from this kind of intervention.

111 – Establishing a biopsychosocial model of care for gastroenterology outpatients: A South Australian experience

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Background and aims: Gastrointestinal and hepatologic disorders commonly coexist with psychological problems such as anxiety and depression. Psychological stress has been found to have a significant impact on patients' outcomes. Despite this the biopsychosocial approach has not been widely used in management of gastroenterology outpatients. This paper aims to report on our experience with establishing a biopsychosocial model of care for gastroenterology outpatients in South Australia.

Methods: The introduction of the biopsychosocial model of care has been designed to comprise three phases: 1) epidemiological research on psychological co-morbidities in gastroenterology outpatients; 2) testing

psychological interventions to contribute to management; 3) changes to the existing outpatient clinic functioning by including allied-health practitioners as members of the gastroenterology team.

Results: Phase 1 had been completed and six studies (i.e. systematic review, 3 cross-sectional, 1 cohort prospective management study, 1 interview based qualitative study) conducted. Phase 2 has been initiated: 1 pilot RCT completed (i.e. intervention on providing gastroenterologists with information regarding their patients' mental health) and another has just started (i.e. the impact of cognitive-behavioural therapy on long-term clinical and psychological outcomes). Phase 1 showed that high levels of anxiety and depression were present in gastroenterology outpatients; and that a history of psychological co-morbidity was associated with a greater risk of adverse outcomes (admissions/surgery).

Conclusion: The significant burden of psychological co-morbidity in gastroenterology outpatients warrants further research into effective psychological treatments to be included as part of standard care.

112 – Acceptance and change in a psychosomatic clinic: Shifts in experiential avoidance, mindfulness and meta-emotions predict changes in symptoms and well-being

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Background: Allegedly, mindfulness/acceptance is a common beneficial factor in psychotherapy and change, and specifically designed treatments have been confirmed to be effective in alleviating symptoms. However, treatments that are not explicitly mindfulness-based or acceptance-based, have seldom been investigated. We explored a treatment package that is not explicitly mindfulness- or acceptance-based in its effect to alter mindfulness, experiential avoidance (EA) and meta-emotions (emotions about emotions) and the predictive power of the constructs to explain variance in symptoms and psychological well-being.

Methods: In a psychosomatic clinic, 293 inpatients with diverse psychological and somatic problems received intense psychotherapeutic interventions of various backgrounds (psychodynamic, cognitive-behavioral, experiential) for a period of 6 weeks. At admission and discharge mindfulness measures and measures on symptoms and psychological well-being were administered.

Results: Patients reported reductions in experiential avoidance and negative meta-emotions and gains in mindful awareness and positive meta-emotions from admission to discharge. These changes were highly predictive for reductions in symptoms and gains in well-being. Symptom reduction is specifically predicted by reduced self-contempt and increased self-compassion, whereas increased psychological well-being is predicted by less self-contempt and more interest in one's emotions (but not by self-compassion).

Conclusion: Building an accepting stance towards inner mental experiences has been confirmed as a beneficial common factor in various psychotherapies (even if not directly the target). Differentiation of meta-emotions allows for the detection of distinct processes in emotion regulation and change. Theoretical implications are discussed.

113 – Prevalence and characteristics of depression in an inpatient primary care

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Background and aims: Major Depression is a common disease in primary care, with a prevalence of 10–15%. It is still under-diagnosed and under-treated. The purpose of this study was to estimate the prevalence of major depression, to identify characteristics of patients suffering from major depression, and to highlight the importance of its screening by doctors in charge, among 3 internal medicine units in the university hospital of Geneva, Switzerland, with a background of a previous study in the same department in 2004.

Methods: 557 consenting patient's aged between 18 and 70, without psychotic disorder, delirium, or substance dependence were assessed for presence of major depression with the SCID interview between 2007 and 2008.

Results: Of 557 patients assessed, 81 subjects (14.5%) met criteria A for major depression. After correction for B, C and D exclusion criteria, 70 (12.6%) patients met criteria for major depression. Among patients with major depression, depressed mood was found in 67 subjects (95.7%). Fifty-six patients (80%) had markedly diminished interest or pleasure. Fatigue was present in 64 subjects (91.4%) and 33 patients (47%) had recurrent thoughts of death.

Conclusion: This study confirms, with similar prevalence compared to the previous study, that major depression is a common comorbidity in primary care. The presence of physical illness does not seem to influence to a great extent these results. These patients' profile highlights the necessity of a targeted, continuous and active support given by psychiatry liaison in primary care.

114 – Validation of the Chronic Tinnitus Acceptance Questionnaire (CTAQ)

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Aim: Tinnitus-related cognitions and coping styles are among others decisive factors for the individual course of disease of patients with chronic tinnitus. This study aimed to examine the reliability and validity of Tinnitus-adapted version (CTAQ) of the Chronic Pain Acceptance Questionnaire (CPAQ, German version, Nilges, 2006).

Methods: Fifty-nine outpatients with chronic tinnitus who attended the Department of Hearing, Voice and Speech Disorders at the Univ.-Hospital of Innsbruck were asked to complete the CTAQ, the Tinnitus-Questionnaire (TF, Goebel & Hiller, 1998), the Short Form Health Survey (SF-36, Bullinger & Kirchberger, 1998), the Symptom-Checklist (SCL-90-R, Franke, 1995) and the Inventory of Interpersonal Problems (IIP-C, Horowitz, 1994).

Results: The internal consistency (Cronbach's alpha) of the CTAQ and the subscales was 0.85 and 0.88 respectively. The principal component analysis with varimax rotation reproduced the two-factor-solution of the original version (CPAQ: "activity engagement" and "pain willingness") and explained a variance of 48.1%. Significant differences in the CTAQ were observed on the sociodemographic variables occupational status and education, on the medical variables noise frequency and use of a noiser. Additionally, several significant correlations of the two subscales in comparison with the TF, SCL-90, IIP-C and the SF-36 were shown and substantiating the validity of CTAQ.

Conclusions: This results demonstrated that the CTAQ is a reliable and valid measure to assess tinnitus-related cognitions and coping styles of chronic tinnitus patients. As the reduction of tinnitus-related distress is one of the psychotherapy goals, the CTAQ can be adopted as an evaluation instrument for psychotherapy research with tinnitus patients.

115 – Gut-directed hypnotherapy for patients with functional GI disorders

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Introduction: Gut directed hypnotherapy has been shown to be highly effective in irritable bowel syndrome (IBS) and in functional dyspepsia (FD). A brief overview will be given for the efficacy of hypnosis in IBS and FD. Since single sessions may be expensive, a randomized