

P-467 - AUDIT TO COMPARE THE EFFICACY OF TREATMENT OF PATIENTS WITH REFRACTORY DEPRESSION IN A BEDFORDSHIRE COMMUNITY TEAM RECEIVING AUGMENTATION WITH EITHER MIRTAZEPINE OR ATYPICAL ANTIPSYCHOTICS

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Background: Potential augmentation regimes include the addition of atypical antipsychotics or other antidepressants (e.g. mirtazepine). There is growing evidence in the literature to support the efficacy of both the aforementioned augmentation strategies.

Aim: The purpose of this audit was to compare patient outcomes between groups receiving different augmentation strategies.

Subjects and methods: We searched an anonymised database of patients and identified those receiving augmentation with mirtazepine (group A), atypical antipsychotics (group B) or both (group C). For each patient we noted

(1) the discharge status and

(2) the presence of suicidal ideation.

We then looked at clinical notes to find out whether or not patients were still reporting suicidality.

Results: The proportion of patients who had been discharged was highest in group A. The percentage of patients still reporting suicidal thoughts was higher in group B than in groups A or C.

Discussion: Augmentation with mirtazepine resulted in better outcomes in terms of both discharge rates and in terms of reduction in suicidality than augmentation with atypical antipsychotics. One explanation for this is that mirtazepine augmentation is a more effective method of treatment in patients with refractory depression. However, it is also possible that differences in patient factors (e.g. age and drug problems) between the different treatment groups could contribute to variability in outcomes. A previous audit (Holt et al, 2011) has already confirmed that such differences do exist among the patients being analysed in this audit.