Conclusions: treatment with mirtazapine was effective in both depressed women and men and no effect on sexual function.

Key words: mirtazapine, depression, posttraumatic stress disorder(PTSD), sexual dysfunction, outpatients.

P0054

An integrated analysis of the efficacy of desvenlafaxine succinate compared with placebo in the treatment of major depressive disorder

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Objective: To assess the efficacy of desvenlafaxine succinate (DVS) treatment in patients with major depressive disorder (MDD).

Methods: Seven randomized, double-blind, placebo-controlled, short-term studies were pooled to evaluate the efficacy of DVS in MDD. Adult outpatients with DSM-IV MDD were enrolled in all studies. Eligible patients were randomly assigned to DVS (n=1186) at doses of 100–400 mg/d, or placebo (n=797) for 8 weeks. The 17-item Hamilton Depression Rating Scale (HAM-D17) was the primary efficacy variable. Other efficacy variables were the Clinical Global Impressions scale (CGI), HAM-D6, Montgomery Åsberg Depression Rating Scale (MADRS), Covi Anxiety scale, Sheehan Disability Scale (SDS), WHO-5 Well-Being Index, and the Visual Analog Scale–Pain Intensity (VAS-PI). A mixed-effect model for repeated measures (MMRM) analysis was used to analyze continuous variables. Logistic regression was used to analyze response and remission rates.

Results: An adjusted mean difference of −2.8 points on HAM-D17 total score at end point for DVS vs placebo (95% confidence limits: −2.2, −3.4; $P<0.001$) was demonstrated. Response and remission rates were significantly elevated for DVS-treated patients compared with placebo ($P<0.001$) across rating scales (HAM-D17, MADRS, and CGI). For other secondary measures at end point, including the CGI, HAM-D6, MADRS, Covi, SDS, WHO-5, and VAS-PI, significant differences from placebo were also observed. No additional benefit was observed for DVS doses above 100 mg/d in analyses of fixed-dose studies.

Conclusions: DVS was efficacious in treating MDD based on standard depression rating scales and measures of anxiety, global severity/improvement, functioning, well being, and pain.

P0055

Prolactin inhibition by SSRI‘S

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The relationship between selective serotonin reuptake inhibitors(SSRI‘S) is presented.

The SSRI dependent side effects are mostly characterized by serotonin potentiation.

Both SSRI‘S and tricyclic antidepressants can also cause extrapyramidal side effects.

The occurence of movement disorders such as akathisia, dystonia and Parkinsonism after use of SSRI‘S was reported.

Furthermore descriptions of deterioration of Parkinson‘s disease after use of fluoxetine, fluvoxamine and paroxetine can be found in the literature.

Medication having a serotonergic effect can cause a prolactin level elevation through an indirect mechanism.

Prolactine elevation may cause galactorrhea.

Two mechanism are considered to explain the prolactin release induced by the serotonergic system: the presynaptic inhibition of dopamine discharge by the serotonergic receptors or the direct stimulation of the hypothalamic postsynaptic receptors.

P0056

Reduction of anxiety symptoms in patients with major depressive disorder treated with Desvenlafaxine Succinate: A pooled analysis

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Objective: To assess the efficacy of desvenlafaxine succinate (DVS) treatment in reducing symptoms of anxiety in patients with major depressive disorder (MDD).

Methods: Data were pooled from 7 randomized, double-blind, placebo-controlled, 8-week DVS trials. All studies enrolled adult outpatients with DSM-IV MDD. Patients were excluded if an anxiety disorder was the primary diagnosis. Eligible patients were randomly assigned to treatment with 100–400 mg/d DVS (n=1186) or placebo (n=797) for 8 weeks. The primary efficacy outcomes in this analysis were the 17-item Hamilton Rating Scale for Depression (HAM-D17) item 10 (Anxiety/Psychic) and the Covi Anxiety total score (measured in 6 of the 7 trials). Patients with a Covi Anxiety score >9 or whose Covi score exceeded their Raskin Depression total score were not enrolled. Changes from baseline were analyzed using a mixed-effects model for repeated measures (MMRM) analysis, which included the fixed, categorical effects of treatment, protocol, visit, and the treatment-by-visit interaction, as well as the continuous, fixed covariate of baseline score. Secondary analyses evaluated changes from baseline to end point using analysis of covariance (ANCOVA, using last-observation-carried-forward [LOCF] and observed cases [OC] analyses).

Results: Improvement from baseline at week 8, the study end point, was significantly greater for the DVS group than for the placebo group on both the HAM-D17 Anxiety/Psychic item and Covi Anxiety total scores in both the MMRM and ANCOVA (LOCF and OC) analyses.

Conclusion: In this pooled analysis, DVS was significantly superior to placebo in the treatment of anxiety symptoms associated with depression.

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P0057

Non-persistence with antidepressants therapy in the Quebec youth

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Background and Aims: Non-persistence with antidepressants results in poor benefit-risk trade-off. Although antidepressant use in youth is has increased markedly, few utilization studies have been conducted in this population. The objectives were to determine non-persistence with antidepressant treatment in the Quebec youth and identify factors associated with non-persistence.

Methods: A retrospective cohort study was conducted using the Quebec health databases (RAMQ). All children (2-14 year-old) and adolescents (15-19 year-old) who were new users of antidepressants between 1997 and 2005 were followed for up to 12 months after treatment initiation. Non-persistence was defined as treatment duration with any antidepressant of less than 6 months. Independent variables included i) treatment characteristics; ii) patient characteristics.

Results: 53% of children and 29% of adolescents who were dispensed antidepressants were males. Only 60% of children and 75% of adolescents had received a psychiatric diagnosis that may require antidepressants. SSRIs were less prescribed in children than in adolescents (33% vs. 59%) unlike tricyclics (51 % vs 20%). General practitioners were the main prescribers in adolescents but not in children. Overall, 58% of patients were non-persistent. Non-persistence was associated with low maintenance dosages, absence of medical follow-up and being prescribed tricyclics as opposed to SSRIs. [respectively, OR 1.2 (95%CI 1.1-1.3), OR 1.6 (95%CI 1.4-1.7), and OR 2.3 (95%CI 2-2.4)].

Conclusions: Children and adolescents appear to be two distinct sub-populations with respect to antidepressant use; adolescents being very similar to adults. However, factors associated with non-persistence are similar for both age groups.

P0058

Mirtazapine in the treatment of anxiety associated with depression

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Objective: Most patients with depression have symtoms of anxiety. Aim of our study was to investigate the efficacy of Mirtazapine on symptoms of anxiety in patients with depression. Mirtazapine is a noradrenergic and specific serotonergic antidepressant(NaSSA).Sedation may be a useful side-effect in the treatment of depressed patients with insomnia and severe anxiety.

Methods: Total of 40 patients, with diagnosis F 32.0-F 32.2 or F 33.0-F 33.2 (according to ICD-10), with a high degree of anxiety, were enrolled. Anxiety was assessed using the Inner Tension item (item 3) of the Montgomery-Asberg Depression Rating Scale (MADRS). Patients received Mirtazapine 30mg/day 6 weeks, without concomitant medication. The visits were organized at the beginning of treatment, after 2,4 and 6 weeks of treatment.Gathered data were statistically processed.

Results: There was a significant improvement for Mirtazapine-treated patients in the Item 3 of the MADRS at weeks 2,4 and 6 versus baseline.

Conclusion: Mirtazapine showed a significant beneficial effect in reducing symptoms of anxiety in depressive patients with high degree of anxiety, with early onset of action.

P0059

Correlations between adolescent suicide & antidepressant prescriptions in quebec, 2004-2005

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Background and Aims: The province of Quebec holds one of the highest rates of adolescent suicide in the world. Moreover, it appears that the vast majority of its teenage suicide completers are Canadians of French origin, although the highest incidence is being found in the Native Canadians communities. Adolescent suicide risk factors already recognized in the literature include mood disorders, older age, male gender, poor parent-child communication and substance abuse. Recent studies have been showing that adolescent suicide rates and antidepressant prescriptions appears to be negatively correlated. The main goals of this retrospective study were 1) to study the correlations between Quebec regional adolescent suicide rates and regional 2nd-generation prescriptions in 2004-2005 and 2) to study the consequences on teenage suicide rates of the 2004 U.S. FDA black-box suicidality warning made for adolescents taking antidepressant medication.

Methods: All (n = 533) files on suicides committed by individuals 19 years and younger in a seven-year period (1999-2005) were reviewed at the Quebec Coroner Office. Socio-demographical, clinical and psychosocial variables were used to compare suicide completers according to their region. Antidepressant prescriptions data for 2004 and 2005 was obtained from IMS Health Canada.

Results: The negative correlation established between regional suicide rates and regional antidepressant prescriptions was not statistically significant in 2004 but became statistically significant in 2005 ($p = 0.018$).

Conclusions: The results are so far concordant with current literature findings. This ongoing study (until 2009) will hopefully result in recommendations on the use of antidepressants in the pediatric population.

P0060

Long-term treatment of depression, when is monotherapy used?

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Unipolar depression is mostly recurrent disorder, frequency of depressive episodes increases with subsequent episodes, duration of fourth episode is half of the second episode. There are several reasons for long-term treatment of depression. To avoid recurrence, to decrease severity of subsequent episode, to avoid resistance, to decrease possibility of suicide, to maintain functional and social functioning of patients with depression.

We prospectively examined patients with diagnosis of recurrent depression in naturalistic settings. Patients we treated according the severity of the disorder and according to previous number of episodes.

Two groups of patients were compared, those treated for MDD in 2000 and those treated for MDD in 2006.

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