of coronary heart disease (CHD). Whether atypical neuroleptics differ regarding their impact on the CHD risk profile is not known.

**Study Design:** We conducted a cross-sectional, multicenter study to compare morphological indices of obesity, adipose tissue distribution and a full fasting metabolic risk profile in patients receiving either risperidone (RP) or olanzapine (OLZ). Inclusion criteria included drug exposition for 6 to 42 months. Exclusion criteria, among others, were previous exposition to atypicals, treatment with drugs altering blood pressure, plasma lipids, insulin and body weight. Anthropometric measurements, laboratory and psychiatric assessments were completed.

**Results:** Preliminary results on 44/120 subjects were analysed. Mean duration of treatment was 17.4 ± 8.8 months for RP and 17.9 ± 8.1 months for OLZ (p = NS). OLZ-treated subjects had significantly higher plasma triglyceride level (2.1 ± 1.3 for OLZ vs 1.3 ± 0.7 for RP, $p < 0.01$), higher cholesterol/HDL-cholesterol ratio (5.3 ± 1.7 for OLZ vs 4.3 ± 1.4 for RP, $p < 0.06$) and lower HDL-cholesterol level (0.95 ± 0.2 for OLZ vs 1.06 ± 0.2 for RP, $p < 0.08$). Finally, 32% of OLZ-treated patients presented the atherogenic metabolic triad (hyperinsulinemia, elevated apo-B, small dense LDL) as opposed to 5% in RP-treated patients.

**Conclusion:** This interim analysis suggests that OLZ-treated patients are characterized by a deteriorated metabolic risk profile compared to RP-treated patients. These results raise concerns about the potentially deleterious effects of OLZ therapy on cardiovascular health.

## P02.228

### SEXUAL DYSFUNCTION BURDEN IN A 24-WEEK STUDY OF SSRIS IN DEPRESSED PATIENTS

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**Background:** Secondary pharmacological characteristics among SSRIs may result in differing potential to induce/alleviate sexual dysfunction.

**Objective:** Examine adverse sexual experiences systematically recorded during a 24-week, prospective, randomized study comparing sertraline and paroxetine (mean daily doses completers 83.0 mg, 27.8 mg, respectively) in the treatment of depressed outpatients.

**Methods:** UKU symptom checklist recorded and quantitated adverse sexual effects experienced by patients receiving sertraline (n = 176) or paroxetine (n = 177). The interviewer rated UKU assesses increased sexual desire, decreased sexual desire, orgasm dysfunction, ejaculatory dysfunction, and erectile dysfunction: 0 = absent, 1 = mild, 2 = moderate, 3 = severe). The burden score is sum of 5 items for males and sum of 3 applicable items multiplied by 5/3 for females.

**Results:** Mean baseline burden scores for sertraline and paroxetine groups, respectively, were 2.2 and 2.2 (p = 0.969). Scores in sertraline and paroxetine groups, respectively, changed by 0.0 and +0.5 at week 6 (p = 0.105), −0.4 and +0.2 at week 12 (p = 0.035), −0.8 and −0.2 at week 24 (p = 0.120), and −0.6 and −0.1 at study endpoint (p = 0.050). Analysis by gender revealed a statistically significant difference between treatments amongst female, but not among male, patients.

**Conclusions:** The potential to induce or alleviate sexual dysfunction in depressed patients may differ significantly between sertraline and paroxetine.

## P02.229

### A PLACEBO-CONTROLLED STUDY OF SERTRALINE IN GENERALIZED SOCIAL PHOBIA

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**Objective:** To evaluate the efficacy, safety, and tolerability of sertraline, a selective serotonin reuptake inhibitor, in the treatment of generalized social phobia.

**Method:** Following a 1-week, single-blind, placebo run-in, 206 adult outpatients with generalized social phobia from 10 Canadian centers were randomized to 20 weeks of double-blind treatment with sertraline or placebo in a 2:1 ratio. The initial daily dosage of sertraline was 50 mg with increases of 50 mg/day every 3 weeks permitted after the fourth week of treatment (flexible dosing to a maximum of 200 mg/day). Primary efficacy assessments were the percentage of patients much or very much improved on the Clinical Global Impression of Improvement (CGI-I) scale, and the mean total score baseline to endpoint change on the social phobia subscale of the Marks Fear Questionnaire and the Duke Brief Social Phobia Scale (BSPS).

**Preliminary Results:** 71 (53%) of 134 persons receiving sertraline and 20 (29%) of 69 persons receiving placebo were CGI-I responders at the end of treatment ($p < 0.001$). Mean Marks Fear Questionnaire social phobia subscale and BSPS total score were reduced by 32.5% and 34.8% in the sertraline group and 8.6% and 16.7% in the placebo group ($p < 0.005$), respectively. Sertraline-treated patents also evidenced significant improvements relative to patients receiving placebo on all secondary efficacy parameters and on social/leisure functioning and mental health dimensions of quality of life assessments ($p < 0.05$). Overall, sertraline was well tolerated.

**Conclusions:** This study demonstrated sertraline to be an effective treatment for generalized social phobia. Future research should assess whether improvements may be maintained or further improved by either continued treatment or by augmentation with specific cognitive-behavioral techniques.

## P02.230

### SERTRALINE VERSUS IMIPRAMINE IN NON-MELANCHOLIC DEPRESSION

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**Objective:** To compare the acute treatment efficacy, tolerability, and effects on health related quality of life of sertraline (50–200 mg/day) and imipramine (75–225 mg/day) in outpatients with non-melancholic depression.

**Method:** In an open, parallel-group design, 116 patients were randomized to receive sertraline and 123 to imipramine for 8-weeks. The initial daily dose was sertraline 50 mg/day or imipramine 75 mg/day with increases in increments of 50 mg/day allowed at 2-week intervals.

**Results:** There were statistically significantly greater improvements in favour of sertraline on depressive and anxiety symptom reduction, response and remission on all scales from week 4 onwards (ITT, LOCF). In the sertraline and imipramine groups, respectively, baseline HAM-$D_{21}$ scores of 24.9 and 24.4 were reduced to 10.3 and 13.4 (p = 0.011). Proportions of sertraline and imipramine patients with reduction of HAM-$D_{21}$ score $\geq$ 50%, and HAM-$D_{21}$ $\leq$ 8 were 69% versus 54% (p = 0.016), and 51% versus 38% (p = 0.041), respectively. In sertraline and imipramine groups, respectively, baseline HAMA scores of 21.8 and 21.9 were reduced

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