Aim: of the study was the observation of the efficacy and tolerability of escitalopram in patients with recurrent unipolar major depression (MD-RUP) over a 6-month period.

Method: 23 patients with MD-RUP in acute phase, diagnosed according to DSM-IV-R (DIGS-interview) were followed-up for 6 month from the beginning of the treatment with escitalopram (10mg-20mg/day). Five measurements were undertaken: on the first treatment day, after two weeks, one month, two months and six months of continuous treatment. Measurements included the modified Hamilton Rating Scale (25 items) (HAMD-25) (Miller et al, Psychiatry Research, 1984) for depressive and anxious symptoms and the CGI-S (Clinical Global Impression−Severity).

Results: There were 3 drop-outs because of the drug side effects during the first treatment week. In the remaining 20 patients worsening of insomnia, anxiety, and concentration was noticed during the first two treatment weeks. In 20% (4/20) of the cases the reduced sleep accentuated the depression and generated pessimistic ideation during the first two weaks. The first significant improvement of the depressed mood, lack of energy, insomnia and concentration appeared after one month (p=0.05) in patients with reduced anxiety and after two months in patients with high anxiety. The remission remained stable in 80% (16/20) of the cases over 6 months.

Limitation: The study investigated a small sample and had no placebo control group.

Conclusion: Escitalopram may worsen some symptoms like insomnia and anxiety in the clinical picture of major depression during the first two weeks of treatment.

P035

Are depressive and seasonal symptoms associated?

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Background and aims: Previous studies identified seasonal symptoms in mood disorders (recurrent depression, and bipolar disorder I and II). In this study we tested the dual vulnerability hypothesis, assessed the seasonal changes and the presence of depressive symptoms.

Method: 8028 subjects aged 30 to 99, 55% women and 45% men were interviewed and invited to the health examination. The process was: a) interview at home, b) health examination at the local health centre, c) telephone interview and/or a mail questionnaire, d) Registration of information for baseline and follow-up purposes. The questionnaires analyzed for this study were Beck Depression Inventory (BDI) and Seasonal Pattern Assessment Questionnaire (SPAQ). Surveys were applied by 5 field teams in 80 Finnish regions.

Results: The prevalence of seasonal symptoms together with depression was 9%. Individuals with a high BDI score and a low SPAQ comprised 19% against those 11% having low BDI and a high SPAQ, which makes 30%. Sum scores correlated (r=.31, p<001) corrected for gender and age. In logistic regression models, higher scores on the SPAQ were associated with depression (OR=2.76, 95% CI of 2.41- 3.18) and higher scores on the BDI with the seasonal pattern (OR=2.76, 95% CI of 2.40-3.18).

Conclusions: Our results now extend the findings of [1] that 10% of all mood disorders followed a seasonal pattern. Therefore, a seasonal pattern can be detected not just in clinical, but in general populations, too.

References

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P036

Depression on late life: Epidemiologycal data, risk factors and therapeutic approach

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The possibilities of suffering from a depression increase as we get older. The medical profile of a depression is very varied on elderly patients and the fact that the cognitive deterioration may organize a pathoplasty is also to be taken into account so we must be very precise when making the differential diagnosis as the possibility of an organic pathology is higher.

It is highly more likely for women than for men to suffer this pathology, but the possibilities tend to equalize as people get older.

Depression affects between 5 and 15% of people older than 65 who live in our community (NIH, 1992) (3 - 5% Major Depressive Disorder; Disthymia 10 − 12%); the 15%-50% of elderly persons who live in an old people's home suffer from a certain depressive disorder, and 10% - 20%of hospitalized are depressed. Aethiologycal factors are multifactoral and can be classified in genetic, biological or psychosocial groups.

Regarding the treatment it is very important to make a global valuation as well as assuring the compatibilities and interactions of all the medicines to be taken, we must be careful at the beginning of the treatment and give the patient a progressive dosification of the medicines.

This report describes the main characteristics of depression on old people that may be useful to distinguish it from the affective pathology that affects another group of age, but it also deals with the therapeutic-non medical approaches that the family or others may use to help the patient.

P037

Update on the treatment for refractary depression

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Background: Mayor Depression affects 340 millions of people in the world 16.2% of risk of life prevalence, 2/3 are women. A refractary depression is the one that does not respond to a well found treatment in a period of time (usually around 8 weeks). It is associated to a higher rate of suicide, 15% higher rate of suicidal thoughts and actions, 33%, which means a worse prognosis. Higher costs; they visit the doctor three times as much as people who are not depressed.

Methods: we have analysed the main therapeutic reports on refractary depression.

Results: ECT, may be effective if it is administrated acutely, but results tend to be poor if it is used for a long period of time. The STAR D report (Rush, 2006) showed that 25% of the patients improved as they were given a different antidepressant

The potentation of citalopram with bupropion or buspirone may also be useful (Madhulkar, 2006); combinations of antidepressants with some atypical antipsychotics have given good results (Nemeroff, 2004).

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Fluoxetina, olanzapina or a combination of both were effective on a 60% of patients with a refractary depression (Shelton, 2001). Bolder I and II reports showed the effectiveness of using quetiapina. We introduce here the potential mechanisms of action of some atypical antipsychotics in refractary depression (improvement on the serotoninergic transmission, a blockade of the 5HT2 postsinaptic receptors, a release of dopamine in the prefrontal cortex).

Conclusion: The polyfarmacy is common. It is unknown which treatment or combination is better.

P038

Association of depressive symptoms with overactive bladder

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Background and aims: We evaluated depressive symptoms in individuals who reported overactive bladder (OAB) symptoms compared with those without OAB symptoms.

Methods: A cross-sectional population-based survey was conducted in 5 countries. Computer-assisted telephone interviews were conducted with a geographically stratified random sample of the population (N=19,165). Cases had OAB symptoms (n=1434); controls (n=1434) were randomly selected from participants without OAB within country, age, and gender categories. The Center for Epidemiologic Studies–Depression (CES-D) scale measured depressive symptoms (score range, 0–60). A CES-D score >=21 indicated major depressive symptoms. Participants reported whether they had ever been diagnosed with depression, hypertension, or diabetes. Prevalence odds ratios (PORs) and 95% confidence intervals (CIs) were calculated using conditional logistic regression models.

Results: OAB cases reported significantly more depressive symptoms vs controls (Table 1). OAB cases were significantly more likely to have CES-D scores >=21 vs controls, after controlling for age, gender, country, and comorbidities (Table 2).

Conclusions: Significantly increased depressive symptoms were reported among individuals with OAB compared with individuals without OAB.

Table 1
CES-D and Self-Reported Depression Diagnosis in Controls and OAB Cases by Gender

	CES-D, Mean	CES-D ≥21, %	Depression Diagnosis, %
Men			
Controls (n=502)	5.18	3.2	4.0
OAB cases (n=502)	8.34*	8.9*	12.2*
Women			
Controls (n=932)	6.30	4.6	8.6
OAB cases (n=932)	9.87*	13.0	17.2*

**P*≤0.05 for OAB vs controls within gender.

Table 2
Conditional Logistic Regression Model* to Predict CES-D Score≥21

	POR	95% Cl
OAB cases vs controls	1.6	1.1–2.2
Incontinent vs continent	1.9	1.3–2.6
Diabetes vs no diabetes	1.6	1.0–2.5
Hypertension vs no hypertension	1.1	0.8–1.5
Depression history vs no depression history	5.8	4.3–7.8

*Model controls for country, gender, and age (5-y age bands).

P039

St. John's wort versus depression

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Introduction: The Hypericum Perforatum or Saint John's wort is an antidepressant herb, known since ancient times. It has been studied and is widely known mostly in the USA and in Germany due to its antidepressant qualities.

Purpose: Hypericum's pharmacodynamic and pharmacokinetic qualities as well as the investigation of its action mechanism.

Material – Method: The existing bibliography was studied, mostly from Medline with regard to the Hypericum's antidepressant action.

Effects: Comparative studies have been investigated with the use of questionnaires of the HAM-D, CGI and Von Zeersen of the action of Amitryptilline, Imipramine, Fluoxetine, fictitious medicine with the Hypericum.

Results: The certain superiority of Hypericum to the fictitious medicine (Placebo) at its antidepressant action, as well as the action equality between the Hypericum and the known antidepressants Amitryptilline, Imipramine, Fluoxetine, and the certain superiority of Hypericum at its side-effects' low profile. In addition, it is verified that the Hypericum's effectiveness relates to its action at low or middle depression, since there are no pedantic studies for its effectiveness at heavy depression.

P040

Solving the problem of antidepressant selection

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Study Object: To ascertain the opinion of Lithuanian psychiatrists on depression treatment approach according to the type of depression.

Methods: An original questionnaire of 30 questions, which deals with reliance of antidepressants selection according to the peculiarity of the depression psychopathology.

Results: Respondents for organic depression chose mostly mirtazapin (47.4%), for depression with obsession – 35.3% chose paroxetine. It is intresting that despite the controversial opinion about the TCA prescribing according to their side effects profile and safety to use, our respondent chose amitriptylinum for the melancholic depression with suicidal thoughts (42.1%) and for the anaesthetic depression (28%). The study results showed that in some cases there is no unanimous opinion among the psychiatrists – data scattering was received in antidepressants selection, the respondents chose different antidepressants from different groups in similar frequency. For instance, for treatment of the adynamic depression - 7.5% - amitriptyline, 12% - citalopram, 10.5 % - reboxetin, 10.5 % - venlafaxin, 4.5 % - mirtazapine, for the anxious depression - 15% - amitriptyline, 18.8% - citalopram, 15% - mirtazapine, for the anaesthetic depression – 14% - escitaloprami, 9% - sertraline, 8.5% - venlafaxine. There is no clear tendency nor prevailing antidepressant.

Conclusions: The clinical variety of depression is posing serious task for practitioners – to choose adequate therapy and right antidepressant. Data scattering shows that in some cases guidelines for

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