

$p=0.001$ and the NNT is 16. Remission data for 656 patients with a baseline HAM-D17 >30 were available. The LOCF analysis revealed, that the OR is 1.55 (95%CI 1.10, 2.18), $p=0.015$ and the NNT is 11, whereas the completer analysis revealed, that the OR is 1.93 (95%CI 1.25, 2.97), $p=0.003$ and the NNT is 7.

Conclusion: This analysis demonstrates that venlafaxine is superior to SSRIs in both the mild/moderate and severe depression in achieving remission. However, the magnitude of superiority was higher in the subgroup of patients with a baseline HAM-D17 >30 suggesting a pronounced clinical benefit for the treatment of severely depressed patients.

P0239

Action monitoring in major depressive disorder: Longitudinal results

D. Schrijvers¹, E. De Bruijn², Y. Maas¹, W. Hulstijn^{1,2}, B. Sabbe^{1,3}. ¹*Collaborative Antwerp Psychiatric Research Institute, University of Antwerp, Wilrijk, Belgium* ²*Nijmegen Institute for Cognition and Information, Radboud University of Nijmegen, Nijmegen, The Netherlands* ³*Psychiatric Hospital Sint-Norbertus, Duffel, Belgium*

Background: Disturbed action monitoring has been demonstrated in Major Depressive Disorder (MDD). A well-known marker for performance monitoring is the error-related negativity (ERN), an event-related potential (ERP) generated in the anterior cingulate cortex following erroneous responses. The aim of the current study was to explore the mood state dependency of the ERN in MDD.

Methods: Behavioural and ERP measurements were obtained during performance on a speeded two-choice reaction task in 15 patients with MDD and 17 matched controls. Measurements took place during the early stages of a depressive episode and again following 7 weeks of antidepressant treatment. The healthy volunteers also participated in both sessions.

Results: Whereas speed of response had substantially increased at session 2 in both groups with larger increases in the MDD group, equal ERN amplitudes were demonstrated between both sessions for the controls as well as the patients. The equal amplitudes in the MDD group might be attributable to the great variance in mood symptom remission rates in our sample. Nevertheless, strong correlations between inter-session changes in symptom severity and ERN amplitudes did emerge in the patient group.

Conclusions: The present ERP results indicate that performance monitoring in MDD is affected by mood state with only totally remitted patients demonstrating increased ERN amplitudes. The observed behavioural performance adjustments in all patients might mainly be attributable to a practise effect and the (partial) remission of depressive symptoms. Future longitudinal studies that include only patients with total symptom remission should corroborate and refine the current findings.

P0240

Systems redesign supports rational antidepressant use in everyday practice

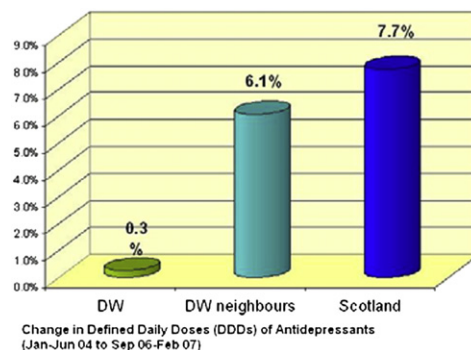
M.J. Smith¹, D. Young¹, L. Akers-Douglas¹, J. Morrison², A. Pelosi³. ¹*Department of Psychiatry, Dykebar Hospital, Paisley, UK* ²*Section of General Practice and Primary Care, University of Glasgow, Glasgow, UK* ³*Section of Psychological Medicine, University of Glasgow, Glasgow, UK*

Background: Antidepressant use has risen x3-5 in Western countries since the early 1990s, outstripping changes in depression incidence or prevalence. This represents a major public health challenge.

Methods: Nationally-collected antidepressant data were used to assess the impact of "Doing Well", (DW) a novel depression care programme operating in Renfrewshire, Scotland. "Doing Well" implemented a model of "stepped collaborative care", practitioner education and significant service redesign. Prescribing was compared for three groups: "DW" (76,000 population; clinical and educational intervention), "DW neighbours" (101,000 population; educational interventions only), and Scotland (no specific intervention).

Results: A national rise in antidepressant prescriptions was stabilised for the "DW" group (graph). Antidepressant cost/item fell by 42% and 40% in both "DW" and "DW neighbours" groups but rose by 8% nationally.

Conclusions: Access to clinical interventions are required to reduce antidepressant prescriptions, but cost savings may be made with educational interventions alone.



P0241

Desvenlafaxine Succinate efficacy in improving functional outcomes and pain in younger, midlife, and older women and men with major depression

C.N. Soares¹, M.E. Thase², S.G. Kornstein³, C. Brisard⁴, L. Septien-Velez⁴, J.M. Germain⁴, B. Pitrosky⁴, A. Patroneva⁵, B. Zitek⁵, Q. Jiang⁵, P. Ninan⁵. ¹*Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON, Canada* ²*Department of Psychiatry, University of Pennsylvania, Philadelphia, PA, USA* ³*Virginia Commonwealth University, Richmond, VA, USA* ⁴*Wyeth Research, Paris, France* ⁵*Wyeth Research, Collegeville, PA, USA*

Objective: To evaluate functioning, well being, and pain outcomes with desvenlafaxine succinate (DVS) treatment in depressed men and women of different age groups.

Methods: Data from the Sheehan Disability Scale (SDS), 5-item World Health Organization Well-Being Index (WHO-5), and Visual Analog Scale—Pain Intensity (VAS-PI) were pooled from 6 double-blind, placebo-controlled, 8-week DVS trials conducted in outpatients with major depressive disorder (MDD). Patients were divided into 3 age groups. The 18-39 and >55 years of age groups were chosen as proxies for pre- and postmenopausal status; the age group of 40-55 years, which was likely to include perimenopausal women, was also evaluated. Male patients were similarly grouped to differentiate effects of menopausal status from age on treatment response.