

Objectives: The authors make a review about the use of antiepileptic drugs in Psychiatry disorders, with focus on mechanisms of action, pharmacokinetics, adverse effects and efficacy.

Conclusions: In the past, Antiepileptic drugs were exclusively for epilepsy. Now-a-days, they are used in a variety of Psychiatry disorders. This is a good example about the connexion between Psychiatry and Neurology.

P071

Child neurodevelopment following exposure to venlafaxine in utero, unexposed siblings as comparison groups: Preliminary results

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Background/Aim: Venlafaxine (VLF) is an antidepressant drug often used by pregnant women. Its possible adverse effects on fetal CNS development have not been studied. The present study will fill the knowledge gap.

Aim: To assess neurodevelopment of children exposed to VLF during gestation.

Methods: Cohort study -controlled, matched, and blinded. Assessment of 5 groups of mother-child pairs: exposed to VLF (n=32) or other SRIs (n=29), healthy controls (n=42), and 2 groups of siblings (n=15). Siblings were unexposed relatives of children from the VLF or 'other SRIs' groups. Primary outcome: WPPSI-III Scales of Intelligence. VLF exposed children will be compared with those of children in control groups and their non-exposed siblings.

Results: There were no differences in Full Scale IQ, Performance IQ and Verbal IQ between the VLF and SRIs groups (103+10vs105+12; 102+11vs102+15; 103+11vs105+12), VLF group and their siblings (105+12vs100+8; 102+15vs105+7; 105+12vs95+10), or the the SRIs group and their siblings (103+10vs104+8; 102+10vs104+8; 103+11vs106+12). Healthy controls scored significantly higher than the VLF group and the other 3 groups in Full Scale IQ, Performance IQ and Verbal IQ (P= 0.011; 0.041; and 0.028 respectively).

Conclusion: Preliminary results show that factors such as maternal depression, genetics, and environment (not necessarily the antidepressant) are strongly associated with the child's cognitive abilities. Assessment of siblings helps to verify the impact of these factors and is possibly the strongest evidence in drug safety studies.

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P072

Correlation of functioning level with level of anxiety, depression and hopelessness in patients under the treatment with psychopharmacotherapy

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In our prospective study we analyzed 30 of patients (20 females) with anxious depressive disorders, mean age $37,6 \pm 10,8$ (20-57) years, treated with antidepressive agents. For 18 months there have been used Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Back Hopelessness Scale (BHS) and GAF on the beginning, at the end of treatment (after 12 months), and 6 months after

treatment. At the beginning of treatment next mean values were observed: BDI $42,5 \pm 13,1$, BAI $32,6 \pm 14,7$, BHS $9,2 \pm 6,9$, and GAF $51,9 \pm 9,1$.

GAF showed negative correlation in comparison with BAI (-0,60), BDI (-0,66), and BHS (-0,54). After one year of medication mean value of improvements were: for BDI $31,7 \pm 10,8$, for BAI $24,1 \pm 13,3$, for BHS $7,5 \pm 5,8$, and for GAF $13,2 \pm 5,4$. GAF still highly correlated with BDI (-0,69), with BAI (-0,56) and with BSB (-0,44). Six months after all parameters were significantly worsen: BDI $5,1 \pm 2,3$, BAI $4,2 \pm 2,8$, BHS $1,5 \pm 1,8$, and GAF $-5,0 \pm 1,4$. GAF still correlated with BDI (-0,41), BAI (-0,39), but correlation rate with BHS was very low (-0,23).

Conclusion: Due to negative correlation rates with level of depression, anxiety and hopelessness it is possible to apply GAF like measure of assessment of patient's depression and anxiety, and useful follow up tool of patients treatment with psychopharmacotherapy.

P073

Duloxetine in major depressed patients resistant to SSRIs or venlafaxine

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Introduction: The management of treatment-resistant depression remains a major public health problem. Several acute depression trials suggest that only 45% of the patients achieve remission state with antidepressant monotherapy. An increasing body of evidence is emerging suggesting that multi-action antidepressants might be more effective in treatment-resistant depressed patients than single-action agents. In this context, the purpose of the study was to assess the effectiveness of duloxetine in treatment-resistant major depressed outpatients.

Methods: We performed a prospective study assessing the efficacy of duloxetine in major depressed outpatients who did not achieve full symptom remission (CGI-S (severity) ≥ 3) after treatment of adequate dose and duration (more than 8 weeks) with at least either one SSRI or the SNRI venlafaxine. We excluded patients with a severe medical illness and a personality disorder. CGI-S was used as a measure of symptom severity and administered before the administration of duloxetine and 6 weeks later. Five patients had been treated with venlafaxine and the others with a SSRI (Fluoxetine, Paroxetine, Citalopram).

Results: The sample included 10 patients (3 M, 7 F). We observed a very significant decrease in CGI-S scores ($5 \pm 0,45$ to $1,2 \pm 0,63$, $p < 0,0001$) after treatment with duloxetine (dose between 20 and 60 mg). Remission was achieved in 90% of the patients. The tolerance was excellent.

Conclusion: This study suggests the potential interest of duloxetine in treatment-resistant depressed patients.

P074

Affective patients in residential setting

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Several studies have demonstrated that Mood Disorders are threatening, widespread disorders characterized by poor outcome and chronic development. This study was undertaken to examine the features of affective patients in long-term residential care.

The study group consisted of 162 patients with a principal diagnosis of Major Depression (MDD), Bipolar Disorder I (BD-I) or Dysthymic Disorder (Dy), according to DSM IV criteria, assessed by the SCID I and II. Patients were also assessed with the HAM-D, the YMRS, the DDERS and the GAF. Current and prior medical health problems were documented also using the CIRS.

The most frequent diagnosis in our sample was found to be MDD (50.6%), followed by BD-I (35.8%) and Dy (13.6%). Psychotic symptoms were detected in 12.9% of the patients. MDD presented the higher level of depressive symptoms followed by BD-I and Dy. The latter showed the longer duration of illness and the longer untreated period compared with those of BD-I and MDD, and also presented the greater number of comorbid conditions, both medical and psychiatric. In addition, the mean CIRS severity index for Dysthymia was significantly higher than that of MDD and BD-I. All affective patients showed a low level of global functioning, with no significant differences between the three diagnostic groups.

Affective patients in long-term residential facilities show significant impairment probably due to the complexity and severity of the psychopathology and in particular to the high rates of comorbidity, thus calling for a greater awareness in diagnosing and treating these patients in a residential setting.

P075

Postpartum depression and early life events: Influences of the dysregulation of the pituitary-thyroid axis

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Objective: To examine the postpartum thyroid dysfunction (PPTD) and positive thyroid antibodies (Ab+) frequency in the Postpartum Depression (PPD) and to investigate if the PPD patients subgroup with PPTD and/or Ab+ have different characteristics.

Methods: Eighty one (N=81) patients with PPD, according with DSM-IV criteria, were included. Thyroid function (Free T3, Free T4, TSH), autoimmune status of the thyroid (Thyroperoxidasa antibodies, Thyroglobulin antibodies) and severity of depression (EPDS and 21-item Hamilton scales), were assessed joint with other several demographics, psycho-social and reproductive variables.

Results: Twenty per cent of the patients with PPD had positive thyroid antibodies and 14% present PPTD. Prior history of early stressors in the PPD patients were significantly related with the presence of Ab+: the presence of childhood maltreatments and/or sexual abuse increased thirteen times the probability of Ab+ (OR: 13,01, 95% CI, 2.01-84.02). Greater number of total stressors were associated with Ab+ ($p < 0,030$), and Ab+ women showed a higher average of total stressors (2,1) than antibody negative women (1,52). Depressed women with PPTD had positive correlation with previous depressive episodes ($p < 0,008$).

Conclusion: The depressed postpartum women with dysregulation of pituitary-thyroid axis have more early childhood stressors and previous depressive episode. The implication of the immunary system and the HPT axis in the etiopathogenesis of the PPD through the activation of the response in front to stress is discussed.

P076

The efficiency of atypical antidepressants in late life depression

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Objective: The study aimed to evaluate the efficiency of Mirtazapine in late life depression's treatment.

Methods: The study was conducted on 60 old patients hospitalized in the Psychiatric Clinic of Arad, during January 2004–January 2006, diagnosed with first depressive episode or unipolar major depressive disorder. The diagnostic was established on DSM-IV-TR and ICD-10 operational criteria. The research was conducted comparatively by dividing the patients into two groups: groupA:30 patients treated with Mirtazapine and groupB:30 patients treated with amitriptyline. In the study was included a group C:30 young depressed patients, treated with Mirtazapine. The depression's severity has been evaluated with HAM-D, MADRS, GAF score and therapeutically response(TR) at admission, after 3weeks and 6months of treatment.

Results: The average of the statistical HAMD and MADRS scores after 3weeks and 6months of evolution reveals a real improvement in groupA(5,1;7,2/8,1;15) in comparison to groupB(3,7;5,6/4,4;9,3) and were the best in groupC(7,6;12,5/10,6;18,3). The GAF score of 90-81, 80-71, 70-61 points, which was calculated after 3weeks and 6months of clinical evolution, was recorded in a higher percentage in the patients of groupA in comparison to those in groupB. The GAF scores were better in groupC. The values of the TR at 3weeks and 6months in groupA(29,3%;41,34%) were definitely better than those in groupB(22,55%;31,1%), and so was the clinical evolution. In group C de TR were the best (36,5%;60,1%).

Conclusion: The evolutions of HAMD, MADRS, GAF scores and TR in groupA were considerably better than of those in groupB and were the best in groupC.

P077

Suicide and antidepressants: risk, benefits and response to treatment

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The potential prognostic value of suicidal ideation for responses of depressed patients to antidepressant treatment remains unknown.

Our findings appear to represent the first evidence that being suicidal may predict lesser response to antidepressant and mood-stabilizing treatments in depressed unipolar and bipolar affective disorder patients, independent of diagnosis or overall symptomatic severity.

Interest in this topic has been greatly stimulated by recently suggested associations between treatment with serotonin reuptake inhibitor (SRI) antidepressants and increased suicidal ideation, and perhaps suicide attempts, in juveniles with depressive or anxiety disorders.

Several recent reviews of large numbers of placebo-controlled, and case-control clinical studies involving various types of antidepressants among patient-subjects of widely varied ages have found little aggregate evidence of altered rates of suicide or attempts (decreases or increases), even though such events occurred surprisingly often despite efforts to screen acutely suicidal persons from most antidepressant trials.

In contrast to a lack of convincing evidence of either increases or decreases in risks of suicides or life-threatening attempts during