

## SS01-04 - SPECIFIC EXPERIENCE FROM AUSTRALIA

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The disabling nature of depression, the frequency of treatment resistance, the threat of persistence or frequent recurrence and the commonality of discontinuation early and later in treatment due to intolerable side-effects provide constant challenges for those specialists prescribing existing antidepressant therapies. New treatment options are urgently required. The new antidepressant agomelatine, a MT<sub>1</sub>, MT<sub>2</sub> receptor agonist and a 5-HT<sub>2C</sub> antagonist with chronobiotic effects, targets the circadian system which is involved in mood disorders. Agomelatine was made available to Australian psychiatrists for compassionate use through a Special Access Scheme (SAS) prior to its registration in 2010. The SAS was restricted to patients with chronic or recurrent Major Depressive Disorder and those who had no possible therapeutic alternative. Psychiatrists were required to apply for approval to both the Australian regulatory authority and to Servier Laboratories, which was granted on a case-by-case basis.

Requests for entry into the SAS were received from 84 psychiatrists for over 370 patients. The average age of all patients was 46 years, the majority of patients were female, all were treatment resistant and presented with either moderate (53%) or severe (41%) MDD as assessed by their treating psychiatrist.

This presentation will focus on the difficulties associated with managing patients with treatment resistant depression. Agomelatine has been used in these patients and discussion will centre on the initial analysis of its clinical benefit to these patients as assessed by their treating psychiatrists. We will provide an insight into the potential evidence for the value of agomelatine in this population.