P46.21

Improvement in general life functioning with venlafaxine versus fluoxetine in outpatients with major depression

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The objective of the study was to contrast patient-reported outcomes of patients treated with venlafaxine and fluoxetine with major depression. The study design was a six-week, double-blind, placebo-controlled flexible dose study of venlafaxine (37.5 to 225 mg/day) and fluoxetine (20 to 60 mg/day) in 297 intent-to-treat adult outpatients with major depression. Venlafaxine was significantly superior to placebo based on the total score of the General Life Functioning scale (GLF) ($p<0.01$). Patients treated with venlafaxine reported better social activity, cognitive functioning, general health perceptions, and vitality scores than placebo-treated patients, but this trend did not reach statistical significance. Venlafaxine was also significantly superior to fluoxetine on the GLF ($p<0.05$). No significant differences were found in patient-reported social activity, cognitive functioning, general health, or vitality scores among patients treated with venlafaxine or fluoxetine. Adult outpatients with major depression reported statistically significant superior improvement with venlafaxine vs. fluoxetine and placebo on the GLF. These results are consistent with three other placebo-controlled trials of venlafaxine, which demonstrate that venlafaxine improves GLF.

P46.22

Improvement in social activity level, general life and cognitive functioning with venlafaxine versus fluoxetine in inpatients with melancholic depression

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The purpose of this study was to compare patient-reported outcomes of patients treated with venlafaxine and fluoxetine with major depression and melancholia. The study design was a six-week, double-blind, placebo-controlled flexible dose study of venlafaxine (75 to 375 mg/day) and fluoxetine (20 to 80 mg/day) in 285 intent-to-treat adult inpatients with melancholic depression. Venlafaxine was significantly superior to placebo based on the total scores of General Life Functioning (GLF) ($p<0.01$), social activity ($p<0.001$), cognitive functioning ($p<0.01$), general health perceptions ($p<0.001$), and vitality ($p<0.05$). Venlafaxine was also significantly superior to fluoxetine on measures such as GLF ($p<0.01$), social activity ($p<0.05$), cognitive functioning ($p<0.05$), and vitality ($p<0.01$). Patients treated with venlafaxine reported better general health than fluoxetine-treated patients, but this difference did not reach statistical significance. Fluoxetine was significantly superior to placebo on only one measure, general health ($p<0.05$). Adult inpatients with melancholic depression displayed statistically significant superior improvement with venlafaxine vs. fluoxetine and placebo on the majority of the patient-reported outcome measures. This data suggest that treatment with venlafaxine may improve GLF, social activity, cognitive functioning, and vitality.

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Maternal recall bias in the obstetric histories of individuals with and at increased risk of schizophrenia

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Background: The aetiological role of obstetric complications (OCs) in schizophrenia is uncertain1. This study sought to a) test the hypothesis that OCs are an epiphenomenon of genetic liability to schizophrenia contributing no independent additional risk and b) to clarify the role of maternal recall bias2.

Methods: Subjects at high risk of schizophrenia, and two control groups balanced for age and sex were recruited for the study. The first control group comprised subjects in first schizophrenic episodes and the second of healthy volunteers. Consenting mothers of subjects were interviewed using a standardised questionnaire for the recall of OCs, and OCs were also measured from health service records collected at the time of pregnancy and delivery. Total OCs from both sources were compared between the three groups, between high-risk subjects with and without a mother with schizophrenia, and between high risk subjects with at least partial psychotic symptoms and those without such symptoms.

Results: High-risk subjects and first-episode patients had higher rates of OCs recalled by their mother than controls, but no differences in OCs were found between groups when hospital records were used. The number of OCs recalled by mothers of the high-risk group was not related to whether the mother had schizophrenia or not, or whether the individual at high risk was displaying psychotic symptoms. Neither measure of genetic liability was related to the numbers of OCs within the high-risk group. OCs recalled by mother were however related to childhood behaviour at age 11 and 16 as measured by the CBCL.

Conclusions: Subjects at high risk of developing schizophrenia for genetic reasons have higher rates of maternally-rated OCs than controls but, they do not differ when OCs are measured by a more objective method. These results suggest that studies which rely on maternal recall alone may be susceptible to bias and may be related to abnormal behaviour in the child rather than maternal illness, family history or psychotic symptoms.

P47. Psychopharmacology – experimental

P47.01

Steroid-induced granulocytosis in neutropenic patients treated by clozapine

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Objective: Bone marrow granulocyte reserves or the marrow storage pool can be evaluated by measuring the peripheral blood neutrophil increase following the administration of corticosteroids (Cream JJ, Brit J Haemat, 1968, 15: 259–267). The authors had for goal to investigate 3 schizophrenic patients who had developed a neutropenia (defined as less than 2,000 neutrophils/mm3) when treated by clozapine, to know whether or not this resulted from a bone marrow failure.

Methods: A single intravenous injection of 200 mg of hydrocortisone was given to each subject between 8 and 9 A.M. Blood

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