

## P01-62 - AN AUDIT COMPARING SUICIDALITY RATES BETWEEN ANTIDEPRESSANT MONOTHERAPIES PRESCRIBED FOR UNIPOLAR DEPRESSION

M. Agius<sup>1,2</sup>, J. Gardner<sup>3</sup>, K. Liu<sup>3</sup>, R. Zaman<sup>2,4</sup>

<sup>1</sup>Psychiatry, Bedfordshire and Luton Partnership Trust, Luton, <sup>2</sup>Psychiatry, <sup>3</sup>Clinical School, University of Cambridge, Cambridge, <sup>4</sup>Psychiatry, Bedfordshire and Luton Partnership Trust, Bedford, UK

**Background:** It has been demonstrated that there are differences in efficacy and acceptability of commonly prescribed anti-depressants (Cipriani et al. 2009). Escitalopram, sertraline, venlafaxine and mirtazapine were the most effective.

**Objectives:** We wished to see whether our own data showed similar outcomes to the data from the meta-analysis using decrease in suicidality as an outcome measure.

**Aim:** To compare the efficacy of anti-depressant monotherapies in patients with unipolar depression at Bedford Hospital, using suicidality (suicidal ideation and behaviour) as the outcome measure.

**Method:** We included all patients with unipolar depression on an antidepressant monotherapy in Bedford hospital in our analysis (145 in total). We examined the clinical notes for each patient to assess whether they demonstrated suicidality after being prescribed the antidepressant. This allowed us to calculate rates of

suicidality for each antidepressant monotherapy.

**Results:** The prescription of sertraline was associated with the greatest reduction in suicidality, closely followed by citalopram.

**Discussion:** Our results support the findings of the meta-analysis. None of the patients on Escitalopram expressed suicidality, so a reduction in suicidality rates could not be demonstrated for this monotherapy.

**Conclusion:** This audit in a small group of patients suggests that sertraline is associated with the greatest reduction in suicidality compared to the other monotherapies prescribed.

**Reference:** Comparative efficacy and acceptability of 12 new-generation antidepressants: a multiple-treatments meta-analysis. Cipriani A, Furukawa TA, Salanti G, Geddes JR, Higgins JP, Churchill R, Watanabe N, Nakagawa A, Omori IM, McGuire H, Tansella M, Barbui C.

Lancet. 2009 Feb 28;373(9665):746-58.