

assessed using the Hamilton Rating Scale for Depression (HAM-D). Response equaled at least a 50% decrease in the baseline HAM-D 21-item score. Remission equaled a HAM-D 17-item score of 7 or less. Differences between venlafaxine, SSRIs, and placebo for gender and age subpopulations were determined using Fisher's exact test.

Results: Outcomes with each treatment were similar for all subpopulations. In both genders, venlafaxine and SSRI remission rates were superior to placebo at week 8 (all $P < 0.05$); additionally, venlafaxine had a higher remission rate than SSRIs in these subpopulations. With venlafaxine, response was more rapid (week 2 vs placebo, $P < 0.02$); by week 8, response rates were higher (61% to 79%) than with SSRIs (51% to 62%) [$P < 0.01$].

Conclusions: These data may suggest that depressed patients of both genders and ages respond similarly to available pharmacotherapies. Moreover, a more rapid response and remission are likely with venlafaxine.

P02.204

VENLAFAXINE DEMONSTRATES SUPERIOR SUSTAINED REMISSION COMPARED WITH SSRIs OR PLACEBO

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Objective: While remission is the primary goal of antidepressant therapy, maintaining remission is the ultimate measure of antidepressant success. The maintenance of remission was assessed a pooled analysis of clinical data evaluating venlafaxine, selective serotonin reuptake inhibitors (SSRIs), and placebo.

Methods: To investigate sustained remission with venlafaxine and SSRIs, eight comparative clinical studies with or without placebo were pooled. Data on 851 venlafaxine (75–375 mg/day)-treated patients, 749 SSRI treated patients, and 446 placebo-treated patients were pooled. The active controls in the SSRI group were fluoxetine (20–80 mg/day), paroxetine (20–60 mg/day), and fluvoxamine (100–200 mg/day). Remission was defined by total Hamilton Rating Scale for Depression scores of < 8 at week 4; sustained remission was measured by the maintenance of remission through week 8 of treatment.

Results: Of the 213 patients on venlafaxine who attained remission at week 4, 18 (86.4%) sustained their remission through week 8. Of the 145 patients on SSRIs who attained remission at week 4, sustained remission was observed in 103 (71%) patients at week 8 of treatment. A total of 42 the 60 (70%) patients attaining remission while on placebo had a sustained remission. Significant differences were observed between venlafaxine and SSRIs ($P < 0.001$) and between venlafaxine and placebo ($P < 0.001$).

Conclusion: These data indicate that treatment with venlafaxine was associated with a significantly higher rate of sustained remission of depression as compared with the SSRIs or placebo. The ability of venlafaxine to maintain remission longer than the SSRIs is perhaps attributed to its dual serotonin and norepinephri reuptake inhibition versus the selective serotonin reuptake inhibitory mechanism of the SSRIs.

P02.205

FROM CLASSICAL NEUROLOGY TO NEUROLOGY OF SELF. THE RECEPTION OF HISTORY OF NEUROLOGY AND ITS SYSTEMATIC POSITION IN THE WORK OF O.W. SACKS
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The anglo-american neurologist, neuropsychologist and neuropsychiatrist Oliver Sacks has presented an extensive literary work

based on 'clinical tales', which an intensive reception and interpretation of the history of neurology is inherent. Starting from Jackson and Head and exceeding Goldstein and Luria he is developing the outlines of a 'neurology of self' or a 'clinical ontology', which claims to proceed the change from a static to a dynamic neurology. The own clinical experiences are getting at last an adequate new theoretical interpretation by the neuroscientific work of G.M. Edelman within the 'theory of neuronal group selection'.

This considerations want to present a reconstruction of the basic lines in the work of O.W. Sacks and to stimulate the discussion about his work in respect to neuropsychiatry.

P02.206

ELECTROPHYSIOLOGICAL CORRELATES OF CHANGED COGNITION IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER

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Event-related potentials (ERPs) offer the possibility to investigate functional aspects of cognitive and emotional processes. To investigate memory in patients with obsessive-compulsive disorder (OCD) we chose a continuous word recognition ERP-paradigm. In these experiments brain responses to repeated items ("old" words) are characterized by more positive ERPs compared to the ERPs for the "new" words (first presentation). This recognition-effect has been referred to as the "old/new effect" and has been shown to be sensitive to memory processes.

In the present experiment we investigated non-medicated OCD-patients ($n = 12$) and normal controls ($n = 12$). ERPs for the correctly detected repeated words showed an increased positivity beginning approximately 250 ms poststimulus for the normal controls and a group of OCD patients with predominantly washing compulsions ($n = 6$). In contrast, the old/new effect was much smaller in a group of OCD patients with pronounced obsessive thinking ($n = 6$). In these patients the reduced old/new effect is suggested to be related to an impaired working memory capacity and context integration processes. There is need to distinguish the different clinical subgroups of OCD in memory experiments.

P02.207

BONE MINERAL DENSITY IN ADULT WITH HISTORY OF TREATMENT OF ANOREXIA NERVOSA

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Total body and lumbar bone mineral density (T-BMD, L-BMD), were measured in 34 women and 3 men with history of treatment of anorexia nervosa (a.n.) in adolescence by dual-energy X-ray absorptiometry. Mean age 21.1 ± 3.9 yr. (18–34.75 yr.), the mean follow-up period 7.0 ± 4.3 yr. (3–19.6 yr.). The values of BMD were expressed as Z-score. T-BMD was decreased (Z-score ≤ 1 SD) in 36.1% and L-BMD in 50% of patients. Resumption of menses and actual nutritional status were related to BMD. There was no difference in BMD in groups with primary and secondary amenorrhea at the start of treatment.