

Aim: To report a case of recurrent hyponatremia after switching from one class of antidepressant to another.

Methods and Results: A 71-years-old women with recurrent depression disorder (treated since 6 years with different antidepressant trials) began recurrence treatment with duloxetine. Four weeks later presenting a symptomatic hyponatremia and hypokaliemia she's hospitalized. On physical examination patient was euvoletic and had no evidence of iatrogenic, malignancy, renal, hepatic, adrenal or thyroid disease. The hypothesis of duloxetine induced hyponatremia (not the hypokaliemia) was considered and duloxetine was suspended. Due to the persistence of depression, treatment with sertralina was initiated. Twenty days later Na⁺ was 127mEq/L, sertraline was discontinued and mianserine introduced. Patient maintained hyponatremia and developed confusion, agitation, and psychotic symptoms (mystic delirious) being admitted in a psychogeriatric inpatient unit. Antidepressant was suspended. Patient became manic and efficient treatment with a mood stabilizer and atypical antipsychotic initiated. She was discharged after serum sodium concentration normalized, psychotic symptoms and mood disorder stabilized.

Conclusion: Psychiatrists should be aware from the risk of developing antidepressant-induced hyponatremia mainly in elderly patients. Electrolyte measurements concentrations should be monitored, not only in the first weeks of treatment, but throughout the full course, mainly if risk factors are present.

P0048

A markov process analysis of maintenance treatment with Fluvoxamine in recurrent depression

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The objective of the study was to determine the cost effectiveness of long-term maintenance treatment with fluvoxamine compared with tricyclic antidepressants (TCAs) in the treatment of patients with depressive disorders.

A Markov process model was used to model mental health status and economic outcomes as they accrued over a hypothetical 5-year follow-up period. The main outcome measures were time without depression, direct and indirect costs. The clinical data were obtained from specially conducted pharmacoepidemiological study of patients with depressive disorders who were prescribed long-term antidepressive treatment in two Moscow outpatient psychiatric clinics; naturalistic study of clinico-social effectiveness of fluvoxamine use for long-term (6 month) maintenance treatment; results of cost-analysis study of depressive disorders; data from published literature.

The results showed the increase of medical expenses in case of fluvoxamine not less than in 1,4 times compared to TCAs and gain of 110 days without disease. In addition it was shown that long-term treatment with fluvoxamine is associated with a mean increase time without depression of 7%. The total costs of maintenance treatment with fluvoxamine (50 mg/day) were substantially lower than with TCAs. When social perspectives were taken into account it was shown that fluvoxamine is recourse-saving and expenses on the cost of the drug are covered by social effect of therapy. Sensitivity analysis confirmed the robustness of these results.

In conclusion, the study demonstrates that long-term maintenance treatment with fluvoxamine is both more effective and less costly (from social perspectives) than treatment with TCAs for patients with depressive disorders.

P0049

Antidepressive therapy with Escitalopram improves mood, cognitive symptoms, and identity memory for angry faces in elderly depressed patients

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Depression is a common disorder in the elderly handicapping patients with affective and cognitive symptoms. Because of their good tolerability relative to the older tricyclic compounds, selective serotonin reuptake inhibitors (SSRIs) are increasingly used for the treatment of depression in the elderly. Little is known about their effects on cognition in elderly patients. In the present 4-week, single centre, randomized, open-label trial we investigated the anti-depressive effects of escitalopram, an SSRI, in 18 elderly depressed patients (mean age \pm SEM: 76.2 \pm 1.8) compared to 22 healthy age-matched controls (mean age: 76.9 \pm 1.8). Affective and cognitive symptoms were assessed using the Geriatric Depression Scale (GDS), Mini-Mental State Examination (MMSE), and a face portrait recognition test to assess memory for happy and angry faces. Depressed patients prior to treatment had markedly reduced memory performance. Treatment with escitalopram improved affective and cognitive symptoms significantly. Furthermore, escitalopram treatment improved memory for negative facial stimuli. Control subjects confirmed the well established memory bias favouring recognition of identities acquired with happy expression. Importantly, this bias was absent in depressed patients prior, but also after treatment. In conclusion, escitalopram, even after a relatively short treatment period, was effective in treating depression in the elderly and may help improve cognitive performance for social stimuli.

P0050

Predictors of antidepressant treatment pattern in a national US chain pharmacy database

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Objective: This abstract reports the first phase of a two-phase project that examines utilization and identifies patterns of antidepressants treatment (Phase-I), and compares physician and patient reasons for treatment patterns (Phase-II).

Methods: Prescription database of a US national pharmacy chain was queried to identify treatment-naïve patients receiving a new prescription for an SSRI or SNRI. Date of new prescription served as the index date. Patients were classified based on utilization patterns over a 3-month follow-up period post index date. A multinomial logit model was used to predict antidepressant treatment pattern. Statistical analyses were performed with two-tailed alpha 0.05.

Results: The sample consisted of 108,229 patients, with mean age of 43 years, majority females (71%) and with 82% initiating a SSRI treatment at index. Average index copayment for the antidepressant was \$23, and 90% of the sample had third-party insurance. Over

the follow-up period, 40%, 58%, 2%, and <1% were classified as continuers, discontinuers, switchers and augmenters, respectively. Compared with continuers, augmenters were 34% less likely (95%CI=0.46-0.95) and discontinuers and switchers were 4 and 29% more likely (95%CI=1.00-1.07 and 1.12-1.48) to have an index SNRI vs. SSRI. Discontinuers were 62% more likely than continuers to be cash-paying vs. third-party-paying (95%CI=1.55-1.69). Compared to continuers, augmenters/discontinuers/switchers were more likely (19-79%) to have received their index-prescription from a psychiatrist vs. an internist ($p < .05$).

Conclusions: Patient, physician, drug and economic factors predicted change in the utilization of antidepressant prescription, discontinuation being the most prevalent. Determinants of discontinuation (lack of efficacy/tolerability/feeling better) will be further explored.

P0051

Acute Escitalopram modulates the recognition of facial expressions in healthy women

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Background and Aims: Serotonin has been implicated in the pathophysiology of several mental disorders, such as anxiety and depression which have gender differences in their prevalence and clinical features. The aim of this study was to verify the effects of the selective serotonin reuptake inhibitor escitalopram administered acutely on the recognition of facial emotional expressions in healthy women, considering the effects on the gender of the faces.

Method: An oral dose of escitalopram (20 mg) or placebo was given to eighteen non-clinical women in a randomized, balanced order, double-blind design. Three hours later, the participants were presented with pictures of faces from the Pictures of Facial Affect Series (Ekman and Friesen, 1976). Faces with six basic emotions (anger, disgust, fear, happiness, sadness and surprise) had been morphed between neutral (0%) and each standard emotion (100%), in 10% steps. Accuracy was analyzed through MANOVA with repeated measures. Values of $p < 0.05$ were considered significant.

Results: The acute administration of a single dose of escitalopram impaired the accuracy of the recognition of happy faces of both genders. Moreover, escitalopram facilitated the recognition of sad expressions in female faces but not in male faces..

Conclusion: These results indicate that serotonin modulates the recognition of emotional faces and interacts with the gender of the faces. This has implications for our understanding of disorders characterized by serotonergic dysfunction and clinical differences between genders.

P0052

Efficacy and tolerability of Escitalopram in patients with moderate to severe depression with or without comorbid anxiety

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Purpose: Evaluate the efficacy and tolerability of escitalopram in outpatients with moderate to severe depression in naturalistic settings.

Methods: Open label 24 weeks study. Efficacy assessment was based on MADRS, HAM-D, HAM-A, CGI-S and VAS scales. Tolerability was evaluated by spontaneously reported adverse events and treatment discontinuation rates. Statistical analysis was based on an intent-to-treat dataset (ITT - at least one valid post-baseline MADRS measurement, prediction of previous visits using multiple linear regression) and observed cases (OC -MADRS measurements at all 6 visits).

Results: A total of 112 patients between 18 and 65 years old were enrolled. 52 patients (46.4%) suffered from moderate depression (22% MADRS<30) and 60 (53.6%) from severe depression (MADRS ≥30). Patients had a significant improvement in their symptoms at the end of the study, as measured by a mean change in MADRS total score of 21.2 ± 7.1 (ITT, multiple linear regression). Change from baseline was bigger in regards to severity of illness ($p < 0.001$). In addition, 89.1% of patients were evaluated as responders (at least 50% decrease in MADRS total score) and 68.2% were evaluated as remitters (MADRS ≤12) at the end of the study (ITT, multiple linear regression). The results were similar in the OC analysis as well. In total 33 patients (29.5%) withdrew from the study for any reason, - 6 of them (5.4%) due to adverse events and 1 (0.9) due to lack of efficacy.

Conclusion: Escitalopram displayed very good efficacy and tolerability in a group of depressed outpatients suffering from moderate to severe illness.

P0053

Mirtazapine and sexual dysfunction in depressed outpatients with PTSD

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Background and Aims: Sexual dysfunction or difficulties (SDOD) exist in one-third of patients with untreated depressed outpatients with PTSD (posttraumatic stress disorder).

SDOD manifested by decreased libido, erectile dysfunction or delayed ejaculation.

Methods: This study investigated antidepressant activity and sexual functioning in depressed patients with PTSD taking mirtazapine. In our open-label study mirtazapine was administered for 6-10 weeks to 56 (11 women and 45 men) sexually active adult outpatients. Mirtazapine was titrated from 7.5 mg to 45 mg daily. Efficacy was assessed weekly by 21-item HAMD (Hamilton Depression Rating Scale). Sexual functioning was assessed weekly using Arizona Sexual Experiences Scale (ASEX), 5-item rating scale that quantifies sex drive, arousal, vaginal lubrication/penile erection, ability to reach orgasm, and satisfaction from orgasm.

Results: In start of treatment individual HAMD scores were between 18 and 29, none of them experienced any sexual dysfunction prior to treatment.

After 6 weeks of treatment, the individual HAMD scores were between 9 and 17, after 10 weeks HAMD scores were between 7 and 14, indicating significant improvement in depressive symptoms.

None of the patients reported any sexual dysfunction symptoms. Five of the patients reported some unspecific sexual difficulties and weight gain in three patients.