Tues-P18
CORTISOL-, GROWTH HORMONE-, PROLACTIN-, AND TSH-RESPONSE TO COMBINED PITUITARY STIMULATION TEST IN DEPRESSIVE PATIENTS AND HEALTHY CONTROLS

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In this study the influence of combined i.v. application of four releasing hormones (CRH, GHRH, LHRH, and TRH) on Cortisol (COR)-, growth hormone (GH)-, prolactin (PRL)-, and TSH-secretion was investigated in depressive patients and healthy controls. 22 inpatients (8 men, 14 women) suffering from major depression according to DSM-III-R and 22 age- and sex-matched healthy controls were included in the study. Each patient and each control received an intravenous combination of GHRH (100 µg), CRH (100 µg), LHRH (100 µg), and TRH (200 µg). The test was started in the morning at 8 a.m.. The COR-, GH-, and PRL-concentrations were measured every 15 minutes during a period of 2 hours after the stimulation. The TSH concentrations were determined at time of releasing hormones application and 30 minutes after the stimulation. The AUC values were used as parameter for the COR-, GH-, and PRL response. The TSH stimulation was estimated using the delta-TSH value ($TSH_{t=30min} - TSH_{t=0min}$). For statistical evaluation the Student t-test was performed. Neither male nor female depressed patients differed considerably from their controls in COR-AUC values. In female patients a highly significant reduction in GH-AUC values could be demonstrated ($p < 0.01$); in male patients a blunted GH response could only be shown in recurrent depression (DSM-III-R: 296.3×). A diminished PRL stimulation could be shown in depressed patients compared to controls which was nearly significant ($p = 0.074$). Furthermore, there was a highly significant reduction of stimulated TSH secretion in depressive patients in comparison to healthy volunteers ($p < 0.01$). Our results demonstrate that depressive disorder is associated with multiple hormonal response abnormalities in the combined pituitary stimulation test.

Tues-P19
ANTIDEPRESSANT USE IN PRIMARY CARE IN THE UNITED KINGDOM: A LONGITUDINAL STUDY OF PRESCRIBING PATTERNS

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Objective: To investigate antidepressant prescribing patterns in primary care in the six months following initiation of treatment.

Method: Longitudinal data on antidepressant prescribing was obtained from a large primary care database (800,000 patient records) for patients with a diagnosis of depression, starting a new episode of treatment.

Results: Data were obtained on whether patients commencing treatment had their doses increased, had their treatment augmented by addition of another drug or had their treatment changed to an alternative antidepressant. Fluoxetine was the antidepressant on which patients were most likely to continue on same drug, same dose treatment. (See Table 1.)

Conclusions: Duration of antidepressant therapy correlates with clinical improvement, reduction of disabilities and restoration of function. Delay in achieving response because of the need to titrate dose upwards, augment, or switch treatment, may result in

prolongation of illness, increase or adverse events and contribute to the development of chronic illness.

Initiation of treatment with fluoxetine is the approach most likely to minimise the need for treatment changes which may result in improved outcome.

Table 1. % of patients on same drug, same dose:

Overall	20.00		
Fluoxetine	26.48	Amitriptyline	18.64
Paroxetine	23.82	Dothiepin	16.94
Sertraline	15.51	Lofepramine	18.31

Tues-P20
PATTERNS OF ANTIDEPRESSANT USE AND THEIR RELATION TO CLINICAL GLOBAL IMPRESSION SCORES

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There is evidence that an adequate duration of antidepressant therapy is correlated with improvement in symptomatology, the reduction of disabilities, the restoration of work performance, and the prevention of relapse. The purpose of this study was to test in a clinical practice setting whether the pattern of antidepressant use was correlated with patients' clinical improvement as measured by the Clinical Global Impressions Scale (CGI). A Cox proportional hazard model was used to predict the likelihood of realizing a clinical improvement as measured by CGI score. A retrospective chart review was made to obtain a sample of patients who initiated therapy on fluoxetine, fluvoxamine, paroxetine, sertraline, or venlafaxine in a general practitioner setting in Spain.

After controlling for other observed baseline characteristics including initial depression disease severity, patients who remained on their initial antidepressant therapy for at least two months and who experienced no switching, augmentation, or upward dose titration were more likely than patients who had an adjustment to therapy to realize a clinical improvement as measured by CGI score. The pattern of antidepressant use appears is an important determinant of clinical improvement as measured by CGI scores among patients initiating therapy on the newer classes of antidepressants in clinical practice.

Tues-P21
SSRI ANTIDEPRESSANT DRUG USE PATTERNS IN THE NATURALISTIC SETTING: A MULTIVARIATE ANALYSIS

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Study of the duration and pattern of antidepressant use in actual clinical practice can provide important insights into how antidepressant use patterns compare to recommended depression treatment guidelines. The purpose of this study using data available from unipolar depressed outpatients in the United States was to assess the effects of initial SSRI antidepressant selection on the subsequent