P01.40

EFFICACY OF VENLAFAXINE IN DEPRESSED PATIENTS AFTER SWITCHING FROM PRIOR SSRI TREATMENT

C. Reynaert[1] *, P. Janne[1], N. Zdanowics[1], A. Mignon[2]. *For the 600A-GAP-BE Study Group; [1]Cliniques Universitaires de Mont-godinne, Yvoir; [2]Wyeth Lederle Belgium, Louvain-la-Neuve, Belgium*

Background: To assess the efficacy of venlafaxine in depressed patients that had been switched from a prior SSRI treatment in a naturalistic study in usual psychiatric practice in Belgium and Luxembourg

Design: 6-week open-label study of venlafaxine in patients with depression. Admission criteria were based on patients seen in daily psychiatric practice and allowed patients switching from current antidepressant treatment. Venlafaxine was used according to approved labeling. The venlafaxine dose could be adapted to the severity of the depression and response to treatment. HAM-D, MADRS and CGI was assessed at days 0, 7, 14, 28 and 42 of treatment. Blood pressure, pulse and side effects were monitored for safety.

Results: Of 1020 patients enrolled, 806 (79%) completed the study. At baseline 688 patients switched from an existing antidepressant to venlafaxine and the main reason for switching was lack of efficacy (86.3%): Forty-two percent of the switchers had received an SSRI just prior to inclusion: 81 fluoxetine, 65 paroxetine, 58 sertraline, 60 citalopram and 16 fluvoxamine. The overall results confirm the antidepressant efficacy of venlafaxine with a mean change on the HAM-D from 26.2 to 12.2 at week 6. Remission (HAM-D score of less than 8) was obtained in thirty percent of all patients at week 6. If the switchers are compared with the non-switchers, the response rate (defined as 50% reduction in HAM-D versus baseline) was 76% in non-switchers and 68.8% in patients switching from an SSRI. Mean HAM-D scores improved for all groups regardless of type of prior SSRI. Response rates of 6 weeks venlafaxine treatment were comparable in all SSRI switchers. The high response rates in patients with SSRI-failure can be explained by the dual action of venlafaxine on 5HT and NE reuptake. The side effects are not increased in the switchers.

Conclusion: Venlafaxine is effective and safe in depressed patients that were switched from a prior SSRI treatment because of inefficacy.

P01.41

EFFICACY OF VENLAFAXINE IN DEPRESSED PATIENTS AFTER FAILURE WITH PRIOR ANTIDEPRESSANT TREATMENT

M. De Clercq[1] *, A. Mignon[2]. *For the 600A-GAP-BE Study Group; [1]Cliniques Universitaires Saint Luc, Brussels; [2]Wyeth Lederle Belgium, Louvain-la-Neuve, Belgium*

Background: To assess the correlation between the number of prior antidepressants and the efficacy of venlafaxine in depressed patients who are switching from prior antidepressants to venlafaxine, mainly due to lack of efficacy.

Designs: 6-week open-label study of venlafaxine in patients with depression. Admission criteria were based on patients seen in daily psychiatric practice and allowed switching from current antidepressant treatment. Venlafaxine was used according to approved labeling and the dose could be adapted to the severity of the depression and response to treatment. HAM-D, MADRS and CGI were assessed at days 0, 7, 14, 28 and 42 of treatment. Blood pressure, pulse and side effects were monitored for safety.

Results: Of 1020 patients enrolled, 806 (79%) completed the study. At baseline 688 patients switched from an existing antidepressant to venlafaxine and the main reason for switching was lack of efficacy (86.3%). For the current episode, 30% of the patients started venlafaxine as first treatment, 32% had received 1 prior antidepressant and 32% had received 2 or more prior treatments. The duration of the prior antidepressant's treatment was more than 4 weeks for the majority of patients (92%). The overall results confirm the antidepressant efficacy of venlafaxine with a mean change on the HAM-D from 26.2 to 12.2 at week 6. The response rate (defined as 50% reduction in mean HAM-D scores versus baseline) was 65.5% after 6 weeks. Efficacy parameters for patients receiving venlafaxine as first treatment compared to patients with 1 prior antidepressant or two or more antidepressants show that patients who have tried fewer antidepressants have larger improvements.

Conclusion: Venlafaxine is effective and safe in depressed patients that required switching from prior treatment with antidepressants. This additional effect might be the result of the fact that venlafaxine inhibits the reuptake of both serotonin and norepinephrine. Noteworthy is that patients receiving venlafaxine as first treatment for the current episode of depression show higher response and remission rates, confirming the place of venlafaxine as first line treatment for depression.

P01.42

SYMPTOM RELIEF OBTAINED WITH VENLAFAXINE VERSUS FLUOXETINE IN DEPRESSED PATIENTS WITH CONCOMITANT ANXIETY

A. De Nayer[1] *, M. De Clercq[2], A. Mignon[3]. *[1]Hôpital Ste Thérèse, Montignies)sur-Sambre; [2]Cliniques Universitaires St Luc, Brussels; [3]Wyeth Lederle Belgium, Louvain-la Neuve, Belgium*

Background: To compare efficacy of venlafaxine and fluoxetine in the treatment of depressed outpatients with concomitant anxiety.

Design: 12-week, double-blind, comparative study in Belgian psychiatric practice. Scores on HAM-D and Covi scales were assessed at days 0, 7, 14, 28, 56 and 84 as well as vital signs and side effects.

Results: 146 depressed outpatients were enrolled (73 per group). They had a HAM-D between 18 and 25 and a minimum score of 8 on the Covi anxiety scale. No concomitant anxiolytics were allowed during the study. Patients started treatment at venlafaxine 75 mg/day or fluoxetine 20 mg/day. In case HAM-D score did not decrease by 20% at week 2, the dose was doubled in both treatment groups. The total HAM-D scores improved significantly more in the venlafaxine treated patients at week 2 ($p < 0.01$ observed cases) and final visit ($p < 0.005$ LOCF). The remission rate (HAM-D score of 8 or less) was significantly ($p < 0.05$) higher in the venlafaxine group (59.4%) compared with the fluoxetine group (40.3%) at the final visit. Important symptoms such as anxiety/somatization, depressed mood, suicidal ideation and agitation improved more rapidly ($p < 0.05$ at week 2) and more consistently in the venlafaxine treated patients. The Covi anxiety scale decreased from 8 to 2.4 in the venlafaxine group compared to 4.4 in the fluoxetine group ($p < 0.005$). A lower discontinuation rate (33% versus 40%) may be the result of a rapid improvement and better tolerability of the venlafaxine treatment. There were no effects on vital signs but a marked difference in weight change was observed.

Conclusion: Venlafaxine results in a more rapid and more consistent improvement of depressive and anxiety symptoms than fluoxetine in depressed patients with concomitant anxiety.

https://doi.org/10.1016/S0924-9338(00)94449-3 Published online by Cambridge University Press