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 euvolemic 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 maniac 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 ±SEM: 76.2±1.8) compared to 22 healthy age-matched controls (mean age: 76.9±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