Background: We evaluated the efficacy of eszopiclone (ESZ) and concurrent escitalopram oxalate (EO) in patients with insomnia and co-morbid GAD.

Methods: Patients meeting DSM-IV-TR criteria for GAD and insomnia received 10 weeks of EO 10mg and co-therapy with ESZ 3mg or placebo (PBO) for 8 weeks. For the last 2 weeks, ESZ was replaced with single-blind PBO to evaluate discontinuation effects. Sleep, daytime functioning and anxiety measures were captured during the study.

Results: ESZ+EO improved sleep and daytime functioning at each week and the double-blind period average ($p<0.05$). At Week 8, significantly more ESZ+EO patients had no clinically meaningful insomnia based on ISI</=7. Significant improvements with ESZ+EO (relative to PBO+EO) were observed in HAM-A total scores each week, and Weeks 4-10 excluding the insomnia item. ESZ+EO was significantly better at every timepoint on CGI-I ($p<0.02$); CGI-S was not different between treatments after Week 1. Median time to anxiolytic response was reduced with ESZ+EO based on HAM-A and CGI-I. HAM-A response and remission rates at Week 8 were higher with ESZ+EO, and HAM-D17 scores were improved at all timepoints ($p<0.004$). After eszopiclone discontinuation, there was no evidence of rebound insomnia, and no treatment differences in sleep or daytime function. Significant treatment differences in anxiety and mood were maintained after discontinuation.

Conclusion: In this study, ESZ+EO was well tolerated and associated with improved sleep and daytime function without evidence of tolerance. Improvements in anxiety and mood were observed with ESZ+EO.

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P062

Prevalence, incidence and risk of depression in the Spanish cohort within the predict study

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Background: Depression occurs in a quarter of general practice attendees, relapse is frequent five to 10 years from first presentation and residual disability is common. Estimating overall risk across a range of putative risk factors is fundamental to prevention of depression.

Methods: This is a prospective study. As part of the European Predict study, in Málaga (Spain), 9 general practices were recruited. Consecutive attendees aged 18 to 75 were recruited and undertook a detailed interview. Subjects were administered the Composite International Diagnostic Interview (CIDI) depression subscale allowing diagnoses using ICD-10 criteria for depressive episode. For risk factors the interviews included individual-level risk factors and environmental risk factors. All participants completed baseline and follow up assessments at six and 12 months.

Results: A total of 1276 patients were interviewed in the first assessment of the PREDICT study, in Málaga, (Spain) and the response rate of the study one year later was 88%. Out of 1276, 70.5% of the sample is women whilst only 29.5% were men. The sample's mean age was 49 years (SD=15.3). Depression was common amongst this sample of primary care attendees, although point prevalence values varied slightly according to the diagnostic criteria used. The prevalence of ICD-10 Depressive Episode was 38.2% while ICD-10 depressive episode of mild was 3.4% moderate 12% and severe intensity 22.8%.

Conclusions: The high prevalence we found shows that the depressive disorders are a very common problem with the primary care attendees in our area.

P063

Refractory pain–depression syndrome treated with tianeptine

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Chronic pain is strongly associated with anxiety and depression symptoms in advanced cancer patients. The comorbidity of pain and depression significally dificults symptom controll and seems to create a noxious feedback mechanism in wich:chronic PAIN > DEPRESSION > more PAIN > DEPRESION. We call this feedback circle as Pain-Depression Syndrome. Mr RA, is a 68-years-old male Caucasian. At the age of 66 an advanced prostatic adenocarcinoma was diagnosed. Bone metastases were concomitantly found. A mild bone pain was treated with tenoxicam 20 mg/day. The pain became more severe. We initially treated the pain with 400 mg/day of tramadol with partial response. A decision to start morphine was discussed. The patient had no history of mental disorder andhis family had no history of mood or anxiety disorder.He was examined by a psychiatrist who diagnosed a major depressive episode (DSM-IV-TR) associated with chronic pain syndrome (Clinical Global Impression-GGI, severity = 5). He was prescribed with amitriptyline starting with 25 mg/day and increasing up to 75 mg/day, at which dose he experienced severe anticholinergic side effects and mild confusion. Then amitriptyline was thus halted, and he was prescribed with tianeptine 12.5 mg three times a day. After a 2 week period he described a remarkable improvement of pain control (7–3 on a analogue visual scale of pain), mood, anxiety and depressive symptoms were also improved (CGI severity = 2; CGI improvement = 1). At 6 months follow-up he had very mild pain complaints and no significant mood or anxiety symptoms.

P064

Two years of maintenance treatment with venlafaxine xr 75-225 mg/d: Efficacy in patients with recurrent unipolar major depression

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Background: The efficacy of venlafaxine extended-release (XR) at doses between 75 mg/d and 300 mg/d has been demonstrated in patients with recurrent major depressive disorder (MDD) over 2.5 years. This analysis evaluated the long-term efficacy of venlafaxine XR ≤225 mg/d, the approved dosage in many countries.

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