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Objectives Pharmacodynamics of serotonergic antidepressants differently influencing on serotonin reuptake receptors is poorly investigated.

Aim To compare biochemical profiles at patients with anxious depression under treatment with tianeptine–serotonin reuptake enhancer and sertraline–selective serotonin reuptake inhibitor.

Methods Platelet monoamine oxidase (MAO) and serum amine oxidase (AO) activities, level of middle mass endotoxigenic molecules (MMEM) and serum albumin functional properties – effective albumin concentration (EAC) and reserve of albumin binding (RAB) were investigated at 43 patients with anxious depression (F 32.1 and F 33.1). Clinical severity of illness was assessed using Hamilton Depression (21 items) and Hamilton Anxiety Scales. All patients were divided in two groups: group I (21 person) received tianeptine (37, 5 mg/day), group II – sertraline (50 mg/day).

Results It was established that patients with anxious depression were characterized by significant increase in MAO activity (by 95%) and the level of MMEM (by 86%) and significant decrease in AO activity (by 28%) and EAC and RAB parameters by 43 and 38%, respectively, in comparison with healthy volunteers. Under tianeptine and sertraline treatment, there were revealed contrary directed changes of all investigated parameters.

Conclusion Results of study show that both tianeptine and sertraline are equally effective in treatment of anxious depression. Present biochemical investigation, however, suggest that underlying biochemical changes are more complete following tianeptine treatment.

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Bipolar disorders

EW23

Determining the cut-off for recurrent depressive episode to predict diagnostic conversion from unipolar depression to bipolar disorder: 5-year retrospective study in one university hospital

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Objectives The aim of this study was to determining the cut-off for recurrent depressive episode to predict diagnostic conversion

from unipolar depression to bipolar disorder by means of retrospective reviews of medical records.

Methods The medical records of 250 patients with a diagnosis of major depressive disorder for at least 5 years were retrospectively reviewed for this study. We reviewed DSM-IV diagnosis and detailed clinical information at the index admission with assessments made every year after discharge to determining the cut-off for recurrent depressive episode to predict diagnostic conversion from unipolar depression to bipolar disorder.

Results Receiver operating characteristic curve analysis indicated cut-off scores for recurrent depressive episode of more than three times (area under curve=0.647, sensitivity=0.435, specificity=0.819, positive predictive value=0.351, negative predictive value=0.865).

Conclusions These findings suggest that it could predict the best diagnostic conversion from unipolar depression to bipolar disorder when depressive episodes are recurrent more than three times. Based on these findings, it will be able to promote the accuracy of diagnosis and the efficiency of treatment.

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EW25

First rank symptoms in mania: An indistinct diagnostic strand

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First rank symptoms (FRS) are considered to be pathognomic for schizophrenia. However, FRS is not distinctive feature of schizophrenia. It has also been noticed in affective disorder, albeit not inclusive in diagnostic criteria. Its existence in the first episode of bipolar disorder may be predictor of poor short-term outcome and decompensating course of illness.

Objective To determine the frequency of first rank symptoms in manic patients.

Method The cross sectional study was done at psychiatric services of Aga Khan University Hospital, Karachi, Pakistan. One hundred and twenty manic patients were recruited from November 2014 to May 2015. FRS was assessed by administration of validated Urdu version of Present State Examination (PSE) tool.

Result The mean age of the patients was 37.62 ± 12.51. The mean number of previous manic episode was 2.17 ± 2.23. In total, 11.2% males and 30.6% females had FRS. This association of first rank symptoms with gender in patients of mania was found to be significant with a *P* value of 0.008. All-inclusive, 19.2% exhibited FRS in their course of illness, 43.5% had thought broadcasting, made feeling, impulses, action and somatic passivity, 39.1% had thought insertion, 30.4% had auditory perceptual distortion, and 17.4% had thought withdrawal. However, none displayed delusional perception.

Conclusion The study confirms the presence of FRS in mania in both male and female, irrespective of the duration of current manic illness or previous number of manic episodes. A substantial difference was established between both the genders.

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