Depression, mood disorders:
– treatment

MOCLOBEMIDE VS FLUOXETINE IN ELDERLY OUT-PATIENTS WITH MAJOR DEPRESSION OR DYSTHYMIA: A DOUBLE BLIND-TRIAL

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In the last decade, increasing emphasis has been given to the development of new antidepressants: among others, the reversible inhibitor of monoamine-oxidase A-type, moclobemide, has been successfully used in old age subjects.
A randomized, double-blind trial has been performed in order to compare the efficacy and tolerability of moclobemide and fluoxetine in the elderly.
Sixty-eight patients with age ranging from 60 to 82 years (mean 70, s.d. 5.7) suffering from major depression or dysthymia according to the DSM-III criteria were split into two groups. The first group was treated with moclobemide (400 mg/day p.o.) and the second group received fluoxetine (20 mg/day p.o.) for 6 weeks. Clinical assessment was made using HDRS (Hamilton Depression Rating Scale) and MADRS (Montgomery and Asberg Depression Rating Scale) at day 7, 14, 21, 28, 35, 42. At the same occasions, both reported and observed side effects were recorded. A statistical analysis was made using Wilcoxon rank-sum test. No significant differences in efficacy were observed between the treatments although moclobemide showed a trend toward a higher efficacy. The HDRS total score was reduced by 56% and 50% by moclobemide and fluoxetine respectively ($p=0.32$). The MADRS total score was reduced by 56% in the moclobemide and by 48% in the fluoxetine groups ($p=0.28$).
Moclobemide showed a better tolerability at gastrointestinal level. In fact, no gastrointestinal adverse events were reported in the moclobemide group whereas they were recorded in 6 patients receiving fluoxetine.
In conclusion, the two drugs seem to exert a comparable antidepressant activity in the elderly, although moclobemide was better tolerated at gastrointestinal level.

ANTIDEPRESSANT THERAPY WITH MOCLOBEMIDE IN PRIMARY CARE PRACTICE

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A Swiss, open, multicentre clinical study was conducted in collaboration with 176 general practitioners and internists to evaluate the efficacy and tolerability of moclobemide, an antidepressant belonging to a class of novel reversible MAO-A inhibitors called RIMAs. 654 outpatients satisfying the DSM-III criteria of major depression were recruited and treated for at least four weeks. Efficacy was assessed with the Hamilton Depression Rating Scale (HDRS) and the Hospital Anxiety and Depression self-rating scale (HAD). Subjects were grouped according to depression subtype, history, age and severity of depression and were evaluated individually.
The global efficay was assessed by HDRS and the Clinical Global Impression (CGI). The HDRS-Score was reduced significantly after 4 weeks of treatment ($p<0.001$). Moclobemide was effective in depression associated with anxiety or psychomotor retardation, in neurotic and agitated depression, in recurrent and chronic depression as well as initial depressive episodes, and in both young and old patients. According to the patients' self-ratings (HAD), moclobemide provided rapid relief of depressive and anxious symptoms. The drug was well tolerated, as evidenced by the low incidence of side effects.

MIANSERINE VERSUS FLUOXETINE IN THE TREATMENT OF DEPRESSED OUT-PATIENTS (A DOUBLE BLIND STUDY)

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A double blind controlled trial was carried out in 65 depressed out-patients to compare the efficacy and tolerance of mianserin (60-90 mg/day) with fluoxetine (20-40 mg/day) during 8 weeks.

Assessements, using the Montgomery Asberg Depression Rating Scale (MADRS), the HARD diagram, the check-list for somatic symptoms and side-effects were carried out before treatment and at the end of weeks 2, 4, 8.

Assessement of anxiety using the Hamilton Anxiety Rating Scale (HARS) and of sleep disturbances using a sleep questionnaire were carried out before treatment and at week 4. The 8-items of the sleep questionnaire cover the complaints listed in criteria for insomnia disorders (307-42 - DSMIII-R). Both treatment groups showed a statistically significant improvement compared to baseline in the depressive symptomatology by the end of week 2, 4, 8 and in the anxiety symptomatology by the end of week 4, with a trend in favour of mianserin for both symptomatologies. In addition, the sleep disturbances yield a significant improvement compared to baseline in the mianserin group, while no difference was seen in the fluoxetine group. In fact, a highly significant inter-drug difference was observed at the end of week 4. These results show that mianserin is an effective antidepressant and appears to be the drug of choice for depression associated with insomnia.

HYDROXYZINE IN THE TREATMENT OF ANXIETY
A MULTICENTRE, DOUBLE-BLIND, PLACEBO CONTROLLED STUDY

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This study evaluated the efficacy of hydroxyzine in the treatment of ambulatory patients presenting with Generalized Anxiety Disorder (GAD) (DSM III R). 110 evaluable patients aged from 18 to 68 years were enroled in this study and initially scored 20 on the Hamilton Anxiety Rating Scale (HAM-A). Patients received oral hydroxyzine 50 mg/day in three divided doses or placebo, over a 4-week period.

Scales used to evaluate efficacy of hydroxyzine: HAM-A, Ferreri Anxiety Rating Diagram, Clinical Global Impression of the anxiety status (CGI) self evaluation scale.

TABLE OF THE RESULTS OF THE HAM-A and the CGI

1. Rate of HAM-A responders showing more than 50% improvement

	Hydroxyzine %	Placebo %	Probability
Week 1	7.4	12.5	0.373
Week 4	40.7	17.9	0.008
Week 5	46.3	16.1	0.001

2. Rate of CGI responders showing a decrease of at least 2 points

	Hydroxyzine %	Placebo %	Probability
Week 1	20.4	5.4	0.018
Week 4	58.5	19.6	<0.001
Week 5	44.4	16.1	0.001

Results show that 50 mg/day of hydroxyzine is clinically and statistically effective from the first week and increases until the 4th week of treatment. No statistical difference for side effect between hydroxyzine and placebo was found. There was further no rebound phenomenon or withdrawal symptom upon discontinuation of treatment.

Conclusion: hydroxyzine is an effective and well tolerated treatment of Generalized Anxiety Disorder.

ANTIDEPRESSANT EFFICACY AND SAFETY OF MIANSERIN: A DOUBLE-BLIND,PLACEBO AND AMITRIPTYLINE CONTROLLED COMPARISON STUDY IN DEPRESSION

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A double-blind,placebo and amitriptyline-controlled comparison study was performed to evaluate the antidepressant efficacy and safety of mianserin.In an double-blind trial of 120 male inpatients,diagnosed as major depression (N=60) and dysthymic disorder (N=60),according to DSM-III-R criteria.Patients were divided into two groups randomly received either mianserin (N=40),or amitriptyline (N=40), or placebo (N=40) twice daily for the 8 week study period.The mean final daily medication dose was 56 mg and 126 mg for the mianserin and amitriptyline treatment groups,respectively. Assesments were made on days:0,7,14,28,56 by the Hamilton Rating Scale for Depression (HAM-D),the Clinical Global Impression Scale(CGI), the Rating Scale for side-Effects (Asberg) (RSSE), and some biochemical parameters .

Both the mianserin and amitriptyline treatment groups showed a significantly greater improvement from baseline (P<.001) than placebo group.The amitriptyline group showed a higher proportion of anticholinergic and sedative side effects and dizziness compared with patients who received either mianserin or placebo.

DRUGS UPREGULATING ADENOSINE A1 RECEPTORS: NOVEl ANTIDEPRESSANTS ?

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Adenosine`s physiological role has been described as that of an "endogenous psychoprotective agent " (Deckert and Marangos 1991).

Investigating several treatments of depression in rodents, adenosine A1 receptor upregulation could be observed after sleep deprivation (Yanik and Radulovacki 1987), a series of electroconvulsive seizures (Gleiter et al. 1989) and carbamazepine medication (Daval et al. 1989).

One biochemical effect shared by a majority of antidepressants is the downregulation of ß1-adrenergic receptors. It is tempting to suggest that another such common biochemical effect down the road is adenosine A1 receptor upregulation.

As a consequence, treatment strategies increasing adenosine A1 receptors, e.g. the A1 receptor antagonist KFM 19 (Deckert et al., 1993) may prove to be beneficial in the treatment of depressive disorders.

Daval JL et al, Epilepsia 300:26-33, 1989
Deckert J et al, Neurosci Lett 150:191-194, 1993
Deckert J, Marangos PJ, Nucleos Nucleot 10: 1077-1086, 1991
Gleiter CH et al, J Neurochem 52:641-646, 1989
Yanik G, Radulovacki M, Brain Res 401:362-364, 1987

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A COMPARISON OF MOCLOBEMIDE AND SERTRALINE IN THE TREATMENT OF DEPRESSIVE DISORDERS

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Key words: Depression; moclobemide; sertraline

Moclobemide and sertraline are two new anti-depressant agents and have different pharmacological modes of action. As moclobemide is a reversible inhibitor of monoamine oxidase type-A (RIMA) and doesn't have the side effects of the classical MAO inhibitors, it becomes possible to use MAO inhibitors safely in the treatment of depression. Sertraline is a highly selective 5-HT reuptake inhibitor. Both of these drugs are characterized by a very low rate of side effects and similar efficacy to tricyclic antidepressants.

The efficacy and tolerability of moclobemide and sertraline were compared in a 9 week trial on 29 depressive patients. Patients were diagnosed according to DSM-III-R criteria using SCID-P. The study group was composed of 22 patients with major depression and 7 with minor depression. Patients were randomized in two drug groups and raters were blind to the drugs patients used. HDRS and CGI were used to assess the change in depressive symptoms.

15 patients received moclobemide and 14 received sertraline. The dose of moclobemide used was 300-600 mg/day and that of sertraline was 50-200 mg/day. At the end of 9 weeks mean drop in HDRS scores for the overall group was 11.78 and response rate calculated as percentage of patients showing a 50 % drop in HDRS score was 65.2. The response rate was 66.7 % for moclobemide and 63.6% for sertraline. The difference was not significant.

The side effects were assessed by using UKU. The most frequently observed side effects were headache, nausea and dryness in mouth. Headache was seen in 13 patients receiving moclobemide and in 9 patients receiving sertraline.

TREATMENT OF DYSTHYMIA: DOUBLE BLIND, PARALLEL GROUP STUDY COMPARING THE EFFICACY AND TOLERABILITY OF MOCLOBEMIDE WITH THAT OF CLOMIPRAMINE

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Moclobemide is the first of a new class of antidepressants, the Reversible Inhibitors of Monoamine-oxidase A-type (RIMA): it produces a reversible inhibition of MAO, acting preferentially on the isoenzyme A.
In this randomised double-blind study, the clinical efficacy and tolerability of moclobemide and clomipramine were compared during six weeks of treatment of patients with dysthymia, according to the DSM-III criteria.
Seventy-four patients with dysthymia were divided into two groups: 35 patients were treated with moclobemide (400-600 mg/day) and 39 with clomipramine (75-100 mg/day). Moclobemide showed a trend of bigger efficacy, but the difference between the two treatments was not significant, because of the small sample size: the total Hamilton Depression Rating Scale (HDRS) score was reduced by 48% in the moclobemide group and by 41% in the clomipramine group (p=0.40); the total Montgomery and Asberg Depression Rating Scale (MADRS) score was reduced by 39% in the moclobemide group and by 34% in the clomipramine group (p=0.22).
Moreover, moclobemide was better tolerated than clomipramine: adverse events were clinically less severe in the moclobemide group than in the clomipramine group, where nausea, vomiting and dry mouth were present in combination.

ELECTROCONVULSIVE-THERAPY - FLUOXETINE ASSOCIATION

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ECT is a well known therapy for depressive illness and fluoxetine a selective serotonergic antidepressant., widely used. But, due to a lack of clinical informations about Electroconvulsive-therapy-fluoxetine association, it is not actually recommended to use it in France (VIDAL 1993).
The authors report ten cases of patients, suffering from resistant depression, and treated with fluoxetine-ECT association.
In the literature there are only four papers concerning this association. One of them reports a prolonged seizure in a patient whose fluoxetine treatment was stopped 2 days before the ECT. In the 3 other reports, the association was well tolerated.
On these basis, we studied 10 cases of patients whose illness evolution led the psychiatrist to prescribe ECT, in spite of fluoxetine association.

Observed adverse effects:

- No prolonged seizure was observed.
- The fluoxetine treatment was stopped in 3 patients because of:
  - an increase of the anxiety in one case
  - an increase of aggressiveness in the second case.
  - a dysarthry in the third case

These adverse effects were probably linked with the fluoxetine treatment.

- the observed amnesia did not differ from the memory alteration observed in patients receiving ECT alone.

Clinical efficacy of the association

- In 9 patients a very good clinical improvement was obtained.
- In one patient, the clinical improvement was poor. Fluoxetine and ECT were stopped. Viloxazine and trimipramine were associted with sucess.

In spite of the little number of patients of this case report, the authors think that ECT and fluoxetine may be associated with benefit and safety for patients.

COMPARISON OF THE EFFICACY AND TOLERABILITY OF MOCLOBEMIDE AND MAPROTILINE IN DEPRESSED PATIENTS TREATED BY GENERAL PRACTITIONERS

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We report the results of a multicentre, double-blind study conducted in a general practice setting, in which the efficacy and tolerability of moclobemide, a new antidepressant drug of the RIMA (reversible inhibitor of monoamine oxidase type A) class, were compared with those of maprotiline, a noradrenalin re-uptake inhibitor often prescribed in the general practice setting. Participating general practitioners (GPs) were required to make differential diagnoses of depressive disorders according to DSM III criteria and then quantitatively assess the efficacy of treatment using the Hamilton depression rating scale (HDRS) and the Zung self-rating depression scale (Zung SDS). 130 outpatients (mean age 48 years) with major depression according to DSM III were randomized to receive either moclobemide 300 mg or maprotiline 75 mg daily for 4 weeks. Dosages were increased if necessary from day 8 up to a maximum of 400 mg moclobemide or 100 mg maprotiline. The results showed that moclobemide was as effective as maprotiline. (HDRS, Zung SDS); moclobemide appeared to have the same antidepressant and anxiolytic activity, but a stronger drive enhancing effect. Moclobemide was the better tolerated drug, producing fewer side effects than maprotiline, in particular fewer instances of somnolence and dry mouth. The compound's good tolerability was confirmed by the study physician's qualitative assessments.

SUBSTITUTION OF CHRONIC FLUNITRAZEPAM TREATMENT BY ZOLPIDEM: A MULTICENTRIC, DOUBLE BLIND PARALLEL GROUPS STUDY.

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Benzodiazepines are often used as long-term hypnotic drugs. Their abrupt or even gradual withdrawal in chronic insomniac outpatients is known to induce a rich symptomatology, main source of this chronic use. Zolpidem 10 mg (Z10), is a non-benzodiazepine hypnotic drug: withdrawal symptoms, rebound insomnia or dependence following cessation of treatment have not been observed in clinical trials with Z10.

The aim of the present double blind placebo (P) controlled study was to assess the efficacy of Z10 to counteract the symptomatology following the abrupt and gradual discontinuation of flunitrazepam 1 mg (F1).

The study was performed by general practitionners in 94 patients regularly treated by F1 for one month. Patients were randomly allocated to three parallel groups after a 7 day long run-in period under F1 (D1-D7): group A, abrupt substitution by Z10; group B, gradual substitution by Z10 (F 0.5 mg + Z10, D8-D14); group C, gradual substitution by P (F 0.5 mg + P, D8-D14). From D15 to D25, group A and B patients were treated with Z10 and group C patients with placebo. The criteria used for evaluation were a patient questionnaire (duration and quality of sleep) and CGI assessed by the practitioner performed at D1, D8, D15, D22 and D29, and sleep diaries.

4 patients dropped out during the run-in period and 3 failed to furnish sufficient data. The data concerning the 87 remaining patients were analysed (mean age 50.5 years - 23 to 66 years - 46% M and 54% F). 66 patients furnished complete data for sleep diaries (group A: 18, group B: 24, group C: 24). In these patients total sleep time daily evaluated was significantly increased for group A compared to group C, group B being in an intermediary position ($p < 0.05$). Other study parameters were not significantly affected although tendances point to a better efficacy of Z10 vs P.

In spite of the small size of the population sample in this study, Z10 seems to improve symptomatology during flunitrazepam withdrawal period. Furthermore, no rebound insomnia was observed after the abrupt withdrawal of Z10 treatment.

FLESINOXAN/5-HT1A RECEPTOR CHALLENGE IN MAJOR DEPRESSION AND SUICIDAL BEHAVIOR : PRELIMINARY RESULTS

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In a previous study, we demonstrated that intravenous administration of flesinoxan 1 mg, a highly potent and selective 5-HT1A agonist, induced a very significant and dose-dependent increase in prolactin (PRL), ACTH, cortisol, growth hormone (GH) and total neurophysins and a decrease in body temperature in healthy volunteers. Recently, we found a blunted PRL response to flesinoxan in 12 male major depressed inpatients compared to 12 male normal controls. In the present study, we measured hormonal (ACTH, cortisol, PRL, GH, AVP-neurophysins, oxy-neurophysins) and body temperature responses to flesinoxan 1 mg in 12 inpatients (10 M, 2 F) meeting DSM-III-R criteria for major depression in relationship to suicidal behavior. The patients were subgrouped into suicide attempters (n = 6) and non-attempters (n = 6), and assessed after a drug-free period of at least 3 weeks. Hormones were assayed at - 30, 0, + 15, 30, 60, 90, and 120 min after the injection of flesinoxan. The two groups differed significantly in their delta peak cortisol responses (mean ± SD) : 12.5 ± 15.6 µg/l in suicide attempters vs 86.0 ± 65.0 µg/l in non-attempters ($F = 7.0$, $df = 2,10$, $p = 0.02$), and in their delta temperature responses : 0.11 ± 0.18°C vs 0.55 ± 0.33°C ($F = 7.9$, $df = 2,10$, $p = 0.02$). No differences existed however between the two groups for ACTH, PRL, GH, AVP-neurophysins and oxy-neurophysins responses. These results support the 5-HT1A receptor down regulation hypothesis of suicidal behavior.

MOCLOMEMIDE - MONITORING A NEWLY-DEVELOPED PRODUCT IN THE 1990's

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Moclobemide is a reversible and selective inhibitor of monoamine oxidase subtype A with a wide spectrum of antidepressant activity. So as to fully evaluate product safety, Roche Drug Safety has collected data from all sources worldwide, including clinical trials, literature, regulatory authorities, observational studies and also to the marketplace since product launch in 1989. To 30 June 1993, 1387 patients from an estimated exposed population of 750,000 had reported 2390 adverse experiences regardless of causal relationship (AEs), of which 857 (35.9 %) were rated 'serious' (Council for International Organizations of Medical Sciences (CIOMS) criteria) and 1335 (55.7 %) were considered attributable to moclobemide. The most frequently reported AEs were psychiatric (28.4 %, which is not surprising when indications for moclobemide use are considered), CNS (16 %) and gastrointestinal disorders (13.6 %). Other AEs reported included those relating to body-as-a-whole (9.2 %), skin (5 %), general cardiovascular (4.7 %) and all other body systems combined (23.1 %). Only 1.1 % were hepatobiliary AEs, suggesting that moclobemide is largely devoid of hepatotoxicity. Cardiovascular events reflected the prevalence of cardiac disease in the population treated. No proven food interaction has been identified. This safety profile is largely unchanged from that observed at one and two years post launch, when the estimated exposed populations were 168,000 and 328,000 respectively. Thirty-six moclobemide mono-overdoses have been reported. None were fatal and symptoms were usually mild and transient. All patients recovered fully within 1 to 7 days without residual cardiac or hepatic toxicity. There is no evidence to support an increase in suicide rates in users of moclobemide. The Roche Drug Safety monitoring scheme confirms that in the first 3 years on the world marketplace moclobemide appears to be safe in therapeutic doses and in overdose.

RELAPSE PREVENTION IN PATIENTS WITH MAJOR DEPRESSION TREATED WITH ELECTROCONVULSIVE THERAPY (ECT).
A COMPARISON BETWEEN PAROXETINE, IMIPRAMINE AND PLACEBO.

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The antidepressant effect of ECT is excellent in the acute short-term treatment of depression. However, about 50% of ECT-treated patients will relapse in the medium-term period. Effective relapse prevention seems a major issue. 87 patients requiring ECT-treatment for major depression (DSM-III-R) were assigned to treatment with Paroxetine or Placebo (group A) or Paroxetine or Imipramine (group B), depending on cardiac tolerability of Tricyclics. 35(18/17) were randomly allocated to double-blind treatment with Paroxetine or Placebo, 57(25/22) to double-blind treatment with Paroxetine or Imipramine, prior to ECT when possible. Responders to ECT-treatment were kept in treatment for a further 6 months (medium-term continuation therapy) or untill relapse. Ratings were performed using the Hamilton Depression Scale(17-items)(HDS) and the Melancholia Scale(MES) prior to and after the 4th and last ECT, with monthly intervals and at endpoint.

The Kaplan-Meier survival curve for group A showed Paroxetine to be superior to Placebo in preventing relapse of depression at month 3($p \leq 0.05$). The same curves for group B showed Paroxetine to be superior to Imipramine in preventing relapse at month 3 ($p \leq 0.05$) and at month 6 ($p \leq 0.05$).

This study shows Paroxetine to be superior to Imipramine and Placebo in preventing relapse of depression in ECT-treated patients in medium-term continuation therapy.

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MEDICATION RESPONSE TO ECT-RESISTANT MELANCHOLIC PATIENTS

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Electroconvulsive therapy (ECT) has been used for decades and is still an impressively effective treatment in major depression. A minority of patients with classical endogenous depressive illness, however, receive ECT with little or no benefit. During an ongoing study on potential neurochemical and neuroendocrine predictors of recovery after ECT, it was observed that depressed patients with unfavourable response to ECT, improved consequently with antidepressants alone or in combination and in some cases with the addition of neuroleptics of lithium salts. Sixteen depressed patients with melancholia (DSM-III criteria), who had proven resistant to electroconvulsive therapy (ECT) and showed marked improvement with subsequent psychopharmacologic regimens are described. Demographic and clinical characteristics are presented as well as ECT variables and drug schemes before and after ECT . In not less than one month after the last ECT, remission was achieved with a heterocyclic antidepressant (HCA) alone (5 patients), combined infusion of chlorimipramine and maprotiline (3 patients) combined HCAs-antipsychotic (4 patients) and HCAs in combination with lithium (4 patients). It is worth noting that certain depressed patients improved markedly with drugs wich had poor results at the same doses before ECT. Confirmation of these observations by prospective studies would provide novel therapeutic capabilities and clues about the mode of action of this controversial treatment.

Utilization of special consulting hours for outpatients with anxiety disorders and resulting consequences for differential research and treatment strategies

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Within the work of the "outpatients research study group" special consulting hours for patients with diagnosis of an anxiety disorder had been established since April 1992. The utilization of this project has been evaluated from the beginning by using a questionnaire and the data (sociodemographic features, duration and course of illness, treatment strategies, comorbidity and outcome) will be presented and discussed as follows:

Most of the patients (total sample n= 85) had a duration of illness of more than 5 years, a majority of them not recognized as patients with an anxiety disorder-diagnosis (55%).
Most frequently general anxiety disorders (GAD) [34%] and panic disorders (PD) [24%] have been diagnosed.
A variety of treatment strategies had been performed [benzodiazepines > neuroleptics > tricyclics > selective serotonin reuptake inhibitors (SSRI)] by general practitioners, most of them not in accordance with "state of the art - standards", and usually long-term prescription of psychotropic drugs had been noticed.

Comorbidity was very high in this sample, depressive syndromes (> 40%) and co-existing substance abuse (about 15%) leading.

Finally the influence of data sampling and analysis on future research and treatment strategies (especially for long-term treatment concepts) will be discussed in detail.

DEANXIT AND DEPRESSIVE DISORDERS

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30 Patients were enroled in an open clinical trial of Deanxit (Flupenthixol 0,5 mg and Melitracen 10 mg per tablet). Patients met DSM-III-R criteria for depressive episodes or schizoaffective disorders, depressive type. During the study weekly assessment was made by HDRS, BPRS, CGI, UKU. Duration of treatment was 6 weeks. Average dose was 2 tablets per day. Where it was necessary benzodiazepines were added to the treatment. The trial drug was well tolerated by the patients. Significant improvement was noted both as regards severity of depression and BPRS scores.

AMMONIUM CHLORIDE THERAPY IN MODERATE DEPRESSION

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In 1934 SLUTSEVSKI and in 1938 BERTOLANI proposed i.v. injection of soluted ammonium salts producing petit mal type fits to treat schizophrenics. Soon lack of efficacy in schizophrenia became evident and this method was forgotten. In Tartu teaching psychiatric hospital ammonium chloride therapy (ACT) was found to have marked effect in moderate depression and at the present time it is still in use in Estonia. In last years in a population of two hundred patients with mainly psychogenic depression in ninety percent of cases very good and good remissions were achieved, the mean Hamilton's depression score falling from 22 to six points within three weeks. ACT has few contraindications, no serious side-effects, is very well tolerated by patients, creates a good basis for intense psychotherapy, quickly starts the remission and is applicable in both in- and outpatients.

ACT can be regarded as one valuable antidepressive remedy.

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MOCLOBEMIDE FOR MAJOR DEPRESSIVE EPISODES
An open multicenter study in ambulant psychiatric practice

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One hundred nineteen male and 233 female patients, aged 49 ± 13 (21 - 78) years, fulfilling the DSM-III R criteria of MDE and scoring at least 16 on HDRS, were entered in this 6 week open study for treatment with moclobemide 300 mg to 600 mg daily after informed consent was obtained.
At study end 77 % showed some degree of improvement on CGI, total HDRS score decreased from 24,6 ± 4,4 to 13,8 ± 7,6, while 48 % of the investigators and 43 % of the patients evaluated the treatment's efficacy as good or excellent. The global responder rate was 44 %. This rate was better for short (< 3 m) depressive episodes (53 %, $p = 0,01$), low number of previous depressive episodes ($p = 0,07$), and increased with the dosage ($p < 0,01$).
Tolerability and safety were evaluated as good or excellent in 74 % (patient) and 91 % (investigator) respectively. Vital parameters did not show any changes.
Adverse events (AE) reported at D10 included: insomnia (7,6 %), vertigo (6,1 %), nausea (6,1 %), headache (5,8 %), allergy (2 %), tremor (1,5 %). The number of AE decreased over time, and there were more AE reports in the higher drug dosages ($p = 0,06$). Nineteen patients (5 %) dropped out due to adverse events.
These results confirm the efficacy and good overall tolerability of moclobemide and warrants its use as a first line treatment of MDE.

AURORIX IN THE TREATMENT OF DYSTHYMIC DISORDERS

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Despite significant advances in the field of psychopharmacological treatment of depression there is a lot of evidence that chronicity of symptoms is not rare in various types of affective disorders. The main goal of this study was to evaluate the potency of Aurorix (moclobemide) in the treatment of chronic depressive states. The subjects of the study were 80 adult outpatients (mean age = 38,5) of both sex fulfilled DSM-III criteria for dysthymic disorders with a score on the 17-item version of the HAM-D greater than 12 and MES criteria for depression not less than 9 after 1-week wash-out period. All patients have been previously treated with adequate doses of diverse antidepressants except MAO inhibitors without considerable improvement. The depressive disorders were identified as endogenous and reactive according to the Newcastle Depressive Diagnostic Scale Subjects from diagnostic subgroups were randomly allocated to the one of two dose levels: 100-200 mg and 300-400 mg with 6-weeks treatment duration. Psychiatric evaluation consisted of HDS/MES, CGI, Zung SDS, Kellner Symptom Questionnaire. Outcome for the two dose levels treatment was analyzed using x^2 for differences in categorial response and test for differences in scale scores in both diagnostic subgroups. The outcome measures showed the high effectiveness of Aurorix in the primary dysthymic disorders, however, the significance of improvement correlated with the dose level and endogenous-reactive polarity. The results support the possibility of the short-term improvement with good recovery for depressive patients with chronicity of illness.

MOCLOBEMIDE AND AMITRIPTYLINE, ALONE OR IN COMBINATION, IN THERAPY RESISTENT DEPRESSION

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Fifty nine in-patients (46F, 13M), aged 43 ± 12 years (range 18-69) and weighing 71 ± 15 kg (range 49-135) fulfilling the DSM-III R criteria of Major Depressive Episode (MDE), scoring a mean of 41 ± 7 on the MADRS and resistant to treatment with at least 2 separate antidepressants of a different therapeutic class, were selected for treatment of 4 weeks with moclobemide or amitriptyline separately or combined in a double-blind, three-arm and single center trial. Moclobemide was administered per os at a dosage ranging from 200 to 600 mg/d, starting with 400 mg/d for the first 10 days. Amitriptyline was administered IV at an increasing dosage ranging from 40 - 140 mg/d during the first 10 days depending on the clinical response, and continued p.o. afterwards to a maximum of 280 mg/d. Moclobemide was significantly better tolerated than amitriptyline and the combination ($p < 0,05$, Chi-square), while no significant differences were observed between the three groups for the efficacy parameters MADRS, CGI and nursing staff evaluation. Our data do not support a faster onset of action or better efficacy with the combination moclobemide/amitriptyline as had been hypotezised. They do confirm however the good tolerability of moclobemide and suggest that the safety and tolerability of giving a combined treatment of moclobemide and amitriptyline is comparable to that of treatment with amitriptyline alone when titrated carefully.

Depressionsstationen in Deutschland: Ein Überblick

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Der Trend, depressive Kranke auf sogenannten Depressionsstationen zu behandeln, nimmt in Deutschland deutlich zu. Derzeit gibt es 13 derartige Behandlungseinheiten meist an psychiatrischen Großkrankenhäusern, weitere werden 1994 eröffnet.
In diesem Beitrag wird als erstes ein Überblick zu derzeitigen Depressionsstationen mit Daten zu Therapieangeboten und Aufenthaltsdauern gegeben, danach folgt eine Beschreibung des gemeinsamen Behandlungskonzeptes, wie es heute auf allen deutschen Depressionsstationen zu finden ist.