Fluoxetina, olanzapina or a combination of both were effective on a 60% of patients with a refractary depression (Shelton, 2001). Bolder I and II reports showed the effectiveness of using quetiapina. We introduce here the potential mechanisms of action of some atypical antipsychotics in refractary depression (improvement on the serotoninergic transmission, a blockade of the 5HT2 postsinaptic receptors, a release of dopamine in the prefrontal cortex).

Conclusion: The polyfarmacy is common. It is unknown which treatment or combination is better.

P038

Association of depressive symptoms with overactive bladder

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Background and aims: We evaluated depressive symptoms in individuals who reported overactive bladder (OAB) symptoms compared with those without OAB symptoms.

Methods: A cross-sectional population-based survey was conducted in 5 countries. Computer-assisted telephone interviews were conducted with a geographically stratified random sample of the population (N=19,165). Cases had OAB symptoms (n=1434); controls (n=1434) were randomly selected from participants without OAB within country, age, and gender categories. The Center for Epidemiologic Studies−Depression (CES-D) scale measured depressive symptoms (score range, 0−60). A CES-D score >=21 indicated major depressive symptoms. Participants reported whether they had ever been diagnosed with depression, hypertension, or diabetes. Prevalence odds ratios (PORs) and 95% confidence intervals (CIs) were calculated using conditional logistic regression models.

Results: OAB cases reported significantly more depressive symptoms vs controls (Table 1). OAB cases were significantly more likely to have CES-D scores >=21 vs controls, after controlling for age, gender, country, and comorbidities (Table 2).

Conclusions: Significantly increased depressive symptoms were reported among individuals with OAB compared with individuals without OAB.

Table 1
CES-D and Self-Reported Depression Diagnosis in Controls and OAB Cases by Gender

	CES-D, Mean	CES-D ≥21, %	Depression Diagnosis, %
Men			
Controls (n=502)	5.18	3.2	4.0
OAB cases (n=502)	8.34*	8.9*	12.2*
Women			
Controls (n=932)	6.30	4.6	8.6
OAB cases (n=932)	9.87*	13.0	17.2*

*$P \leq 0.05$ for OAB vs controls within gender. Table 2
Conditional Logistic Regression Model* to Predict CES-D Score ≥21

	POR	95% Cl
OAB cases vs controls	1.6	1.1−2.2
Incontinent vs continent	1.9	1.3−2.6
Diabetes vs no diabetes	1.6	1.0−2.5
Hypertension vs no hypertension	1.1	0.8−1.5
Depression history vs no depression history	5.8	4.3−7.8

*Model controls for country, gender, and age (5-y age bands).

P039

St. John's wort versus depression

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Introduction: The Hypericum Perforatum or Saint John's wort is an antidepressant herb, known since ancient times. It has been studied and is widely known mostly in the USA and in Germany due to its antidepressant qualities.

Purpose: Hypericum's pharmacodynamic and pharmacokinetic qualities as well as the investigation of its action mechanism.

Material − Method: The existing bibliography was studied, mostly from Medline with regard to the Hypericum's antidepressant action.

Effects: Comparative studies have been investigated with the use of questionnaires of the HAM-D, CGI and Von Zeersen of the action of Amitryptilline, Imipramine, Fluoxetine, fictitious medicine with the Hypericum.

Results: The certain superiority of Hypericum to the fictitious medicine (Placebo) at its antidepressant action, as well as the action equality between the Hypericum and the known antidepressants Amitryptilline, Imipramine, Fluoxetine, and the certain superiority of Hypericum at its side-effects' low profile. In addition, it is verified that the Hypericum's effectiveness relates to its action at low or middle depression, since there are no pedantic studies for its effectiveness at heavy depression.

P040

Solving the problem of antidepressant selection

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Study Object: To ascertain the opinion of Lithuanian psychiatrists on depression treatment approach according to the type of depression.

Methods: An original questionnaire of 30 questions, which deals with reliance of antidepressants selection according to the peculiarity of the depression psychopathology.

Results: Respondents for organic depression chose mostly mirtazapin (47.4%), for depression with obsession − 35.3% chose paroxetine. It is intresting that despite the controversial opinion about the TCA prescribing according to their side effects profile and safety to use, our respondent chose amitriptylinum for the melancholic depression with suicidal thoughts (42.1%) and for the anaesthetic depression (28%). The study results showed that in some cases there is no unanimous opinion among the psychiatrists − data scattering was received in antidepressants selection, the respondents chose different antidepressants from different groups in similar frequency. For instance, for treatment of the adynamic depression - 7.5% - amitriptyline, 12% - citalopram, 10.5 % - reboxetin, 10.5 % - venlafaxin, 4.5 % - mirtazapine, for the anxious depression - 15% - amitriptyline, 18.8% - citalopram, 15% - mirtazapine, for the anaesthetic depression − 14% - escitaloprami, 9% - sertraline, 8.5% - venlafaxine. There is no clear tendency nor prevailing antidepressant.

Conclusions: The clinical variety of depression is posing serious task for practitioners − to choose adequate therapy and right antidepressant. Data scattering shows that in some cases guidelines for