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THE IMPACT OF ESCITALOPRAM ON SLEEP PROBLEMS OF DEPRESSIVE PATIENTS IN REAL-LIFE CLINICAL PRACTICE IN GREECE

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¹Rethymno General Hospital, Rethymno, ²Lundbeck Hellas S.A., ³"Asklipio" General Hospital of Voula, Athens, ⁴"Agios Andreas" General Hospital of Patras, Patras, Greece Introduction: There is a bidirectional relationship between depression and insomnia, the latter being both a risk factor for the development of depression and a consequence of depression itself. Since depressive patients with residual symptoms of insomnia are at higher risk for disease recurrence, dealing successfully with sleep disorders during antidepressive treatment is of great importance.

Objectives: The aim of the current study was to evaluate the effectiveness and tolerability of escitalopram on both depressive symptoms and sleep problems of depressive patients. Methods: An observational, open-label, 3-month study was conducted in Greece. Effectiveness was assessed using the CGI-S and AIS (Athens Insomnia Scale) scales. Tolerability was evaluated by spontaneously reported adverse events and treatment discontinuation rates.

Results: The study included 2,103 patients (mean age 51 ± 15 years, 64.0% women). Patients showed significant improvement during the treatment period for both depressive symptoms and sleep problems. Mean CGI-S scores decreased from 4.2 ± 0.8 to 2.2 ± 1.0 and total AIS score decreased from 13.6 ± 4.9 to 3.5 ± 3.8 (repeated measures analysis of variance Hotelling's test, p< 0.001). The positive effect of escitalopram treatment was significant both on "night sleep" and "behaviour on the following days". Moreover, the percentage of patients suffering from insomnia (AIS score >=6) decreased from 89.1% to 22.1% (Cochran's Q test p< 0.001). Escitalopram was also well tolerated, as 1909 (90.8%) patients successfully completed the study and 39 patients (1.85%) discontinued due to adverse events. Conclusions: Escitalopram combines significant effectiveness on both depressive symptoms and sleep problems with good tolerability.