

## O-04 - SWITCHING AFTER TREATMENT FAILURE WITH AN SSRI AMONG OLDER DEPRESSED INPATIENTS: VENLAFAXINE OR A SECOND SSRI?

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**Background:** 50% of patients with major depressive disorder (MDD) do not respond to first-line treatment with a selective serotonin reuptake inhibitor (SSRI). May specialist level inpatient care results differ from community studies?

**Aim:** To compare switching to venlafaxine (Dexcel Pharma Israel) versus switching to another SSRI in depressed inpatients after treatment failure with an SSRI.

**Method:** A retrospective register study of inpatients in a tertiary care university center.

**Subjects:** There was a preponderance of women in both groups. Mean age for both groups was older than 50 years.

**Results:** A total of 401 MDD inpatients were assigned to antidepressant treatment. Of these, 232 records (47 venlafaxine, 185 SSRI) were included in the analysis. Patients assigned to venlafaxine treatment were older (mean age 64.3±15 years versus 53.6±17;  $p < 0.01$ ) and had more comorbid physical disorders (80% versus 57%;  $p < 0.001$ ).

There was no statistical difference between groups in reduction in CGI-S total scores. The secondary end point of achieving a CGI-S score of 2 or less (1 = normal, or 2 = borderline mentally ill) was significantly better for venlafaxine treated inpatients ( $P = 0.02$ ). AEs were reported less than 10% of patients in both groups.

It is important to note that in 117 patients switched to an heterocyclic antidepressant improvement was smaller than in the SSRI or SNaRI groups.

**Conclusion:** Patients who remain severely depressed following treatment with an SSRI may gain benefit from the dual-action drug venlafaxine, rather than switching to another SSRI. These findings need further support by prospective studies.