the follow-up period, 40%, 58%, 2%, and <1% were classified as continuers, discontinuers, switchers and augmenters, respectively. Compared with continuers, augmenters were 34% less likely (95%CI=0.46-0.95) and discontinuers and switchers were 4 and 29% more likely (95%CI=1.00-1.07 and 1.12-1.48) to have an index SNRI vs. SSRI. Discontinuers were 62% more likely than continuers to be cash-paying vs. third-party-paying (95%CI=1.55-1.69). Compared to continuers, augmenters/discontinuers/switchers were more likely (19-79%) to have received their index-prescription from a psychiatrist vs. an internist (p<.05).

Conclusions: Patient, physician, drug and economic factors predicted change in the utilization of antidepressant prescription, discontinuation being the most prevalent. Determinants of discontinuation (lack of efficacy/tolerability/feeling better) will be further explored.

P0051

Acute Escitalopram modulates the recogntion of facial expressions in healthy women

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Background and Aims: Serotonin has been implicated in the pathophysiology of several mental disorders, such as anxiety and depression which have gender differences in their prevalence and clinical features The aim of this study was to verify the effects of the selective serotonin reuptake inhibitor escitalopram administered acutely on the recognition of facial emotional expressions in healthy women, considering the effects on the gender of the faces.

Method: An oral dose of escitalopram (20 mg) or placebo was given to eighteen non-clinical women in a randomized, balanced order, double-blind design. Three hours later, the participants were presented with pictures of faces from the Pictures of Facial Affect Series (Ekman and Friesen, 1976). Faces with six basic emotions (anger, disgust, fear, happiness, sadness and surprise) had been morphed between neutral (0%) and each standard emotion (100%), in 10% steps. Accuracy was analyzed through MANOVA with repeated measures. Values of $p < 0.05$ were considered significant.

Results: The acute administration of a single dose of escitalopram impaired the accuracy of the recognition of happy faces of both genders. Moreover, escitalopram facilitated the recognition of sad expressions in female faces but not in male faces..

Conclusion: These results indicate that serotonin modulates the recognition of emotional faces and interacts with the gender of the faces. This has implications for our understanding of disorders characterized by serotonergic dysfunction and clinical differences between genders.

P0052

Efficacy and tolerability of Escitalopram in patients with moderate to severe depression with or without comorbid anxiety

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Purpose: Evaluate the efficacy and tolerability of escitalopram in outpatients with moderate to severe depression in naturalistic settings.

Methods: Open label 24 weeks study. Efficacy assessment was based on MADRS, HAM-D, HAM-A, CGI-S and VAS scales. Tolerability was evaluated by spontaneously reported adverse events and treatment discontinuation rates. Statistical analysis was based on an intent-to-treat dataset (ITT - at least one valid post-baseline MADRS measurement, prediction of previous visits using multiple linear regression) and observed cases (OC -MADRS measurements at all 6 visits).

Results: A total of 112 patients between 18 and 65 years old were enrolled. 52 patients (46.4%) suffered from moderate depression (22£ MADRS<30) and 60 (53.6%) from severe depression(MADRS ^{3}30). Patients had a significant improvement in their symptoms at the end of the study, as measured by a mean change in MADRS total score of 21.2 ± 7.1 (ITT, multiple linear regression). Change from baseline was bigger in regards to severity of illness (p<0.001). In addition, 89.1% of patients were evaluated as responders (at least 50% decrease in MADRS total score) and 68.2% were evaluated as remitters (MADRS£12) at the end of the study (ITT, multiple linear regression). The results were similar in the OC analysis as well. In total 33 patients (29.5%) withdrew from the study for any reason, - 6 of them (5.4%) due to adverse events and 1 (0.9) due to lack of efficacy.

Conclusion: Escitalopram displayed very good efficacy and tolerability in a group of depressed outpatients suffering from moderate to severe illness.

P0053

Mirtazapine and sexual dysfunction in depressed outpatients with PTSD

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Background and Aims: Sexual dysfunction or difficulties(SDOD) exist in one-third of patients with untreated depressed outpatients with PTSD(posttraumatic stress disorder).

SDOD manifested by decreased libido, erectile dysfunction or delayed ejaculation.

Methods: This study investigated antidepressant activity and sexual functioning in depressed patients with PTSD taking mirtazapine. In our open-label study mirtazapine was administered for 6-10 weeks to 56 (11 women and 45 men) sexually active adult outpatients. Mirtazapine was titrated from 7,5 mg to 45 mg daily. Efficacy was assessed weekly by 21-item HAMD (Hamilton Depression Rating Scale). Sexual functioning was assessed weekly using Arizona Sexual Experiences Scale (ASEX), 5-item rating scale that quantifies sex drive, arousal, vaginal lubrication/penile erection, ability to reach orgasm, and satisfaction from orgasm.

Results: In start of treatment individual HAMD scores were between 18 and 29, none of them experienced any sexual dysfunction prior to treatment.

After 6 weeks of treatment, the individual HAMD scores were between 9 and 17, after 10 weeks HAMD scores were between 7 and 14, indicating significant improvement in depressive symptoms.

None of the patients reported any sexual dysfunction symptoms. Five of the patients reported some unspecific sexsual difficulties and weight gain in three patient.

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