

**P0057**

Non-persistence with antidepressants therapy in the Quebec youth

M. Tournier<sup>1,2,3</sup>, Y. Moride<sup>1,2,4</sup>, G. Galbaud du Fort<sup>1,2</sup>, B. Greenfield<sup>5</sup>, T. Ducruet<sup>4</sup>. <sup>1</sup>Center for Clinical Epidemiology and Community Studies, SMBD Jewish General Hospital, Montreal, QU, Canada <sup>2</sup>Department of Epidemiology and Biostatistics, McGill University, Montreal, QU, Canada <sup>3</sup>Unité INSERM U657; Université Victor Segalen Bordeaux 2, Bordeaux, France <sup>4</sup>Faculty of Pharmacy, Université de Montréal, Montreal, QU, Canada <sup>5</sup>Montreal Children Hospital, Montreal, QU, Canada

**Background and Aims:** Non-persistence with antidepressants results in poor benefit-risk trade-off. Although antidepressant use in youth is has increased markedly, few utilization studies have been conducted in this population. The objectives were to determine non-persistence with antidepressant treatment in the Quebec youth and identify factors associated with non-persistence.

**Methods:** A retrospective cohort study was conducted using the Quebec health databases (RAMQ). All children (2-14 year-old) and adolescents (15-19 year-old) who were new users of antidepressants between 1997 and 2005 were followed for up to 12 months after treatment initiation. Non-persistence was defined as treatment duration with any antidepressant of less than 6 months. Independent variables included i) treatment characteristics; ii) patient characteristics.

**Results:** 53% of children and 29% of adolescents who were dispensed antidepressants were males. Only 60% of children and 75% of adolescents had received a psychiatric diagnosis that may require antidepressants. SSRIs were less prescribed in children than in adolescents (33% vs. 59%) unlike tricyclics (51 % vs 20%). General practitioners were the main prescribers in adolescents but not in children. Overall, 58% of patients were non-persistent. Non-persistence was associated with low maintenance dosages, absence of medical follow-up and being prescribed tricyclics as opposed to SSRIs. [respectively, OR 1.2 (95%CI 1.1-1.3), OR 1.6 (95%CI 1.4-1.7), and OR 2.3 (95%CI 2-2.4)].

**Conclusions:** Children and adolescents appear to be two distinct sub-populations with respect to antidepressant use; adolescents being very similar to adults. However, factors associated with non-persistence are similar for both age groups.

**P0058**

Mirtazapine in the treatment of anxiety associated with depression

L. Trikos<sup>1</sup>, M. Stankovic<sup>2</sup>. <sup>1</sup>Center of Psychiatry, University Clinical Center, Belgrade, Serbia and Montenegro <sup>2</sup>Department of Alcoholism, Institute of Addictions, Belgrade, Serbia and Montenegro

**Objective:** Most patients with depression have symptoms of anxiety. Aim of our study was to investigate the efficacy of Mirtazapine on symptoms of anxiety in patients with depression. Mirtazapine is a noradrenergic and specific serotonergic antidepressant (NaSSA). Sedation may be a useful side-effect in the treatment of depressed patients with insomnia and severe anxiety.

**Methods:** Total of 40 patients, with diagnosis F 32.0-F 32.2 or F 33.0-F 33.2 (according to ICD-10), with a high degree of anxiety, were enrolled. Anxiety was assessed using the Inner Tension item (item 3) of the Montgomery-Asberg Depression Rating Scale (MADRS). Patients received Mirtazapine 30mg/day 6 weeks, without concomitant medication. The visits were organized at the beginning of treatment, after 2,4 and 6 weeks of treatment. Gathered data were statistically processed.

**Results:** There was a significant improvement for Mirtazapine-treated patients in the Item 3 of the MADRS at weeks 2,4 and 6 versus baseline.

**Conclusion:** Mirtazapine showed a significant beneficial effect in reducing symptoms of anxiety in depressive patients with high degree of anxiety, with early onset of action.

**P0059**

Correlations between adolescent suicide & antidepressant prescriptions in Quebec, 2004-2005

V. Trottier-Hebert, P.W. Gagne, M.C. Cote. *Department of Psychiatry, University of Sherbrooke, Sherbrooke, QU, Canada*

**Background and Aims:** The province of Quebec holds one of the highest rates of adolescent suicide in the world. Moreover, it appears that the vast majority of its teenage suicide completers are Canadians of French origin, although the highest incidence is being found in the Native Canadians communities. Adolescent suicide risk factors already recognized in the literature include mood disorders, older age, male gender, poor parent-child communication and substance abuse. Recent studies have been showing that adolescent suicide rates and antidepressant prescriptions appears to be negatively correlated. The main goals of this retrospective study were 1) to study the correlations between Quebec regional adolescent suicide rates and regional 2nd-generation prescriptions in 2004-2005 and 2) to study the consequences on teenage suicide rates of the 2004 U.S. FDA black-box suicidality warning made for adolescents taking antidepressant medication.

**Methods:** All (n = 533) files on suicides committed by individuals 19 years and younger in a seven-year period (1999-2005) were reviewed at the Quebec Coroner Office. Socio-demographical, clinical and psychosocial variables were used to compare suicide completers according to their region. Antidepressant prescriptions data for 2004 and 2005 was obtained from IMS Health Canada.

**Results:** The negative correlation established between regional suicide rates and regional antidepressant prescriptions was not statistically significant in 2004 but became statistically significant in 2005 (p = 0.018).

**Conclusions:** The results are so far concordant with current literature findings. This ongoing study (until 2009) will hopefully result in recommendations on the use of antidepressants in the pediatric population.

**P0060**

Long-term treatment of depression, when is monotherapy used?

L. Vavrusova. *Department of Psychiatry, University Hospital, Bratislava, Slovak Republic*

Unipolar depression is mostly recurrent disorder, frequency of depressive episodes increases with subsequent episodes, duration of fourth episode is half of the second episode. There are several reasons for long-term treatment of depression. To avoid recurrence, to decrease severity of subsequent episode, to avoid resistance, to decrease possibility of suicide, to maintain functional and social functioning of patients with depression.

We prospectively examined patients with diagnosis of recurrent depression in naturalistic settings. Patients we treated according the severity of the disorder and according to previous number of episodes.

Two groups of patients were compared, those treated for MDD in 2000 and those treated for MDD in 2006.