

somatic symptoms. Larger prospective studies are required to define whether alexithymia is a stable personality trait or a state-dependent phenomenon in patients suffering from winter SAD.

### P031

Antidepressant treatment during pregnancy: Pros and cons

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**Background:** The prevalence of mood disorders (anxiety and depression) during pregnancy seems to be similar to the women of the same group without pregnancy. Women with recurrent depression and euthymic women who discontinued antidepressants medication during pregnancy are particularly at high risk for depressive illness. Data about perinatal effects of SSRI antidepressants are gradually accumulating and are controversial. Two meta-analyses and some controlled studies don't find increased risk for major malformations in SSRI-exposed newborn. However, other studies find an increased risk of congenital malformations, poor birth outcomes and neonatal complications.

Neonatal morbidity in infant newborn of women treated with antidepressant drugs. We examine the relation between the pharmacological treatment of the maternal anxiety/depression during the pregnancy and acute morbidity in infant newborns.

**Material and Methods:** Study group of 66 infant newborn of pregnant women with a diagnoses of major depressive episode or defined anxiety disorders according to DSM-IV, who were in treatment with antidepressant drugs during pregnancy. Control group: 120 newborn of healthy pregnant women, who did not receive any treatment, and were contemporary of the same gestational age and sex. Criteria of exclusion: demonstrated toxic consumption (alcohol, cocaine, cannabis, opiates, drug of synthesis). Studied variables: Type of childbirth and analgesia; Weight and age of gestation; pH of umbilical artery and Apgar test; Presence of malformations; Morbidity; Feeding; Withdrawal syndrome.

**Results:** Infant newborn of mothers exposed to the antidepressant treatment suffered from more pathology than those of the control group (16/66 vs. 14/114; 24.2% vs.12.3%;  $p=0.038$ ). Two smaller malformations in the study group were observed, a preauricular appendix (group A) and one moderate pielocilicilar ectasy (group C), both in mothers who received paroxetine (2/60; 3.3% vs. 0/114; 0%,  $p=0.05$ , Fisher  $p=0.118$ , NS). Only one infant newborn displayed compatible clinical signs with moderate withdrawal syndrome (irritability, vomits) from a mother treated with venlafaxine. No case of convulsions was observed. Breast feeding was less frequent in the group of antidepressant treated mothers (38/66, 57.6% vs. 86/116, 74.1%,  $p=0.032$ ).

**Conclusions:** The treatment with antidepressant drugs during pregnancy is necessary for some women. The clinician must weigh the relative risks of various treatment options and take into account individual patient wishes. Although the antidepressant drugs suppose an increased risk for the newborn, it could be assumable for the benefit that represents maintain the mother in an euthymic situation. We propose to discuss the clinical management, as well as, the accuracy of the psychiatric and obstetric controls to minimize the neonatal complications.

### P032

Escitalopram in clinical practice: The Greek experience- efficacy and tolerability

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**Objective:** To evaluate the efficacy and tolerability of escitalopram in adult outpatients suffering from major depressive disorder, with or without comorbid anxiety in naturalistic settings.

**Introduction:** Escitalopram has shown significant antidepressant and anxiolytic effects in placebo-controlled clinical trials of major depressive disorder and anxiety disorders.

**Method:** A large, observational study was conducted in 106 investigative sites in Greece, including outpatient clinics of psychiatric hospitals participated in this 3-month, open-label, surveillance study. Efficacy assessments included the Clinical Global Impressions - Improvement scale (CGI-I) and - Severity of Illness scale (CGI-S). Tolerability assessment was based on spontaneous reported adverse events and treatment discontinuation rates.

**Results:** 5153 patients were enrolled (66% women) with a mean age of  $46.6 \pm 11.6$  years. At baseline, the mean score on the CGI-S scale was  $4.4 \pm 0.9$ . At the end of treatment, the mean CGI-S score was  $2.3 \pm 1.1$  (LOCF), with 61% of patients rated as 'normal' (CGI-S=1) or 'borderline ill' (CGI-S=2). 5.1% of patients discontinued due to adverse events. The most common adverse events were gastrointestinal symptoms (5.6% of patients), anxiety (2.3%), sleep disturbance (2%), and dizziness (2%).

**Conclusions:** Escitalopram was effective for the treatment of major depressive disorder in real life clinical practice with a good tolerability profile.

### P033

The spinal cord injuries and depression symptoms relation

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**Goal:** The goal of this work is to research the relation between the spinal cord injuries and depression symptoms.

**Methods:** The researched group is made up of 26 patients in early period of trauma treated in KMU Neurorehabilitation department. They were recovering after different level spinal cord injuries. There were 10 women and 16 men, 25-40 years old. All researched patient were given the HAD questionnaire that helped to observe the symptoms of depression.

**Results:** Research results shows that more than a half of patients (56.25 percent) suffer of depression in early period after trauma. The difference in gender groups is very small: 60 percent of women and 56.25 percent of men after the results of research had depression.

**Conclusion:** The spinal cord injury makes an influence on patient's emotional state and very often may cause the depression symptoms.

### P034

Escitalopram in patients with recurrent unipolar major depression: 6-month clinical follow-up

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**Aim:** of the study was the observation of the efficacy and tolerability of escitalopram in patients with recurrent unipolar major depression (MD-RUP) over a 6-month period.

**Method:** 23 patients with MD-RUP in acute phase, diagnosed according to DSM-IV-R (DIGS-interview) were followed-up for 6 months from the beginning of the treatment with escitalopram (10mg-20mg/day). Five measurements were undertaken: on the first treatment day, after two weeks, one month, two months and six months of continuous treatment. Measurements included the modified Hamilton Rating Scale (25 items) (HAMD-25) (Miller et al, *Psychiatry Research*, 1984) for depressive and anxious symptoms and the CGI-S (Clinical Global Impression–Severity).

**Results:** There were 3 drop-outs because of the drug side effects during the first treatment week. In the remaining 20 patients worsening of insomnia, anxiety, and concentration was noticed during the first two treatment weeks. In 20% (4/20) of the cases the reduced sleep accentuated the depression and generated pessimistic ideation during the first two weeks. The first significant improvement of the depressed mood, lack of energy, insomnia and concentration appeared after one month ( $p=0.05$ ) in patients with reduced anxiety and after two months in patients with high anxiety. The remission remained stable in 80% (16/20) of the cases over 6 months.

**Limitation:** The study investigated a small sample and had no placebo control group.

**Conclusion:** Escitalopram may worsen some symptoms like insomnia and anxiety in the clinical picture of major depression during the first two weeks of treatment.

## P035

Are depressive and seasonal symptoms associated?

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**Background and aims:** Previous studies identified seasonal symptoms in mood disorders (recurrent depression, and bipolar disorder I and II). In this study we tested the dual vulnerability hypothesis, assessed the seasonal changes and the presence of depressive symptoms.

**Method:** 8028 subjects aged 30 to 99, 55% women and 45% men were interviewed and invited to the health examination. The process was: a) interview at home, b) health examination at the local health centre, c) telephone interview and/or a mail questionnaire, d) Registration of information for baseline and follow-up purposes. The questionnaires analyzed for this study were Beck Depression Inventory (BDI) and Seasonal Pattern Assessment Questionnaire (SPAQ). Surveys were applied by 5 field teams in 80 Finnish regions.

**Results:** The prevalence of seasonal symptoms together with depression was 9%. Individuals with a high BDI score and a low SPAQ comprised 19% against those 11% having low BDI and a high SPAQ, which makes 30%. Sum scores correlated ( $r=.31$ ,  $p<0.001$ ) corrected for gender and age. In logistic regression models, higher scores on the SPAQ were associated with depression (OR=2.76, 95% CI of 2.41- 3.18) and higher scores on the BDI with the seasonal pattern (OR=2.76, 95% CI of 2.40-3.18).

**Conclusions:** Our results now extend the findings of [1] that 10% of all mood disorders followed a seasonal pattern. Therefore, a seasonal pattern can be detected not just in clinical, but in general populations, too.

## References

[1] Faedda. *Arch Gen Psychiatry* 1993;50:17–23.

## P036

Depression on late life: Epidemiological data, risk factors and therapeutic approach

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The possibilities of suffering from a depression increase as we get older. The medical profile of a depression is very varied on elderly patients and the fact that the cognitive deterioration may organize a pathoplasty is also to be taken into account so we must be very precise when making the differential diagnosis as the possibility of an organic pathology is higher.

It is highly more likely for women than for men to suffer this pathology, but the possibilities tend to equalize as people get older.

Depression affects between 5 and 15% of people older than 65 who live in our community (NIH, 1992) (3 - 5% Major Depressive Disorder; Disthymia 10 - 12%); the 15%-50% of elderly persons who live in an old people's home suffer from a certain depressive disorder, and 10% - 20% of hospitalized are depressed. Aetiological factors are multifactorial and can be classified in genetic, biological or psychosocial groups.

Regarding the treatment it is very important to make a global valuation as well as assuring the compatibilities and interactions of all the medicines to be taken, we must be careful at the beginning of the treatment and give the patient a progressive dosification of the medicines.

This report describes the main characteristics of depression on old people that may be useful to distinguish it from the affective pathology that affects another group of age, but it also deals with the therapeutic-non medical approaches that the family or others may use to help the patient.

## P037

Update on the treatment for refractory depression

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**Background:** Mayor Depression affects 340 millions of people in the world 16.2% of risk of life prevalence, 2/3 are women. A refractory depression is the one that does not respond to a well found treatment in a period of time (usually around 8 weeks). It is associated to a higher rate of suicide, 15% higher rate of suicidal thoughts and actions, 33%, which means a worse prognosis. Higher costs; they visit the doctor three times as much as people who are not depressed.

**Methods:** we have analysed the main therapeutic reports on refractory depression.

**Results:** ECT, may be effective if it is administrated acutely, but results tend to be poor if it is used for a long period of time. The STAR D report (Rush, 2006) showed that 25% of the patients improved as they were given a different antidepressant

The potentation of citalopram with bupropion or buspirone may also be useful (Madhulkar, 2006); combinations of antidepressants with some atypical antipsychotics have given good results (Nemeroff, 2004).