

Objectives: The authors make a review about the use of antiepileptic drugs in Psychiatry disorders, with focus on mechanisms of action, pharmacokinetics, adverse effects and efficacy.

Conclusions: In the past, Antiepileptic drugs were exclusively for epilepsy. Now-a-days, they are used in a variety of Psychiatry disorders. This is a good example about the connexion between Psychiatry and Neurology.

P071

Child neurodevelopment following exposure to venlafaxine in utero, unexposed siblings as comparison groups: Preliminary results

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Background/Aim: Venlafaxine (VLF) is an antidepressant drug often used by pregnant women. Its possible adverse effects on fetal CNS development have not been studied. The present study will fill the knowledge gap.

Aim: To assess neurodevelopment of children exposed to VLF during gestation.

Methods: Cohort study -controlled, matched, and blinded. Assessment of 5 groups of mother-child pairs: exposed to VLF (n=32) or other SRIs (n=29), healthy controls (n=42), and 2 groups of siblings (n=15). Siblings were unexposed relatives of children from the VLF or 'other SRIs' groups. Primary outcome: WPPSI-III Scales of Intelligence. VLF exposed children will be compared with those of children in control groups and their non-exposed siblings.

Results: There were no differences in Full Scale IQ, Performance IQ and Verbal IQ between the VLF and SRIs groups (103+10vs105+12; 102+11vs102+15; 103+11vs105+12), VLF group and their siblings (105+12vs100+8; 102+15vs105+7; 105+12vs95+10), or the the SRIs group and their siblings (103+10vs104+8; 102+10vs104+8; 103+11vs106+12). Healthy controls scored significantly higher than the VLF group and the other 3 groups in Full Scale IQ, Performance IQ and Verbal IQ (P= 0.011; 0.041; and 0.028 respectively).

Conclusion: Preliminary results show that factors such as maternal depression, genetics, and environment (not necessarily the antidepressant) are strongly associated with the child's cognitive abilities. Assessment of siblings helps to verify the impact of these factors and is possibly the strongest evidence in drug safety studies.

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P072

Correlation of functioning level with level of anxiety, depression and hopelessness in patients under the treatment with psychopharmacotherapy

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In our prospective study we analyzed 30 of patients (20 females) with anxious depressive disorders, mean age $37,6 \pm 10,8$ (20-57) years, treated with antidepressive agents. For 18 months there have been used Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Back Hopelessness Scale (BHS) and GAF on the beginning, at the end of treatment (after 12 months), and 6 months after

treatment. At the beginning of treatment next mean values were observed: BDI $42,5 \pm 13,1$, BAI $32,6 \pm 14,7$, BHS $9,2 \pm 6,9$, and GAF $51,9 \pm 9,1$.

GAF showed negative correlation in comparison with BAI (-0,60), BDI (-0,66), and BHS (-0,54). After one year of medication mean value of improvements were: for BDI $31,7 \pm 10,8$, for BAI $24,1 \pm 13,3$, for BHS $7,5 \pm 5,8$, and for GAF $13,2 \pm 5,4$. GAF still highly correlated with BDI (-0,69), with BAI (-0,56) and with BSB (-0,44). Six months after all parameters were significantly worsen: BDI $5,1 \pm 2,3$, BAI $4,2 \pm 2,8$, BHS $1,5 \pm 1,8$, and GAF $-5,0 \pm 1,4$. GAF still correlated with BDI (-0,41), BAI (-0,39), but correlation rate with BHS was very low (-0,23).

Conclusion: Due to negative correlation rates with level of depression, anxiety and hopelessness it is possible to apply GAF like measure of assessment of patient's depression and anxiety, and useful follow up tool of patients treatment with psychopharmacotherapy.

P073

Duloxetine in major depressed patients resistant to SSRIs or venlafaxine

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Introduction: The management of treatment-resistant depression remains a major public health problem. Several acute depression trials suggest that only 45% of the patients achieve remission state with antidepressant monotherapy. An increasing body of evidence is emerging suggesting that multi-action antidepressants might be more effective in treatment-resistant depressed patients than single-action agents. In this context, the purpose of the study was to assess the effectiveness of duloxetine in treatment-resistant major depressed outpatients.

Methods: We performed a prospective study assessing the efficacy of duloxetine in major depressed outpatients who did not achieve full symptom remission (CGI-S (severity) ≥ 3) after treatment of adequate dose and duration (more than 8 weeks) with at least either one SSRI or the SNRI venlafaxine. We excluded patients with a severe medical illness and a personality disorder. CGI-S was used as a measure of symptom severity and administered before the administration of duloxetine and 6 weeks later. Five patients had been treated with venlafaxine and the others with a SSRI (Fluoxetine, Paroxetine, Citalopram).

Results: The sample included 10 patients (3 M, 7 F). We observed a very significant decrease in CGI-S scores ($5 \pm 0,45$ to $1,2 \pm 0,63$, $p < 0,0001$) after treatment with duloxetine (dose between 20 and 60 mg). Remission was achieved in 90% of the patients. The tolerance was excellent.

Conclusion: This study suggests the potential interest of duloxetine in treatment-resistant depressed patients.

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Affective patients in residential setting

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Several studies have demonstrated that Mood Disorders are threatening, widespread disorders characterized by poor outcome and chronic development. This study was undertaken to examine the features of affective patients in long-term residential care.