Background: Treatment response for melancholic patients may differ from nonmelancholic depressed patients, with broader spectrum antidepressant drugs being required for the melancholic subtype. Outpatients (n = 202) meeting the diagnostic criteria for major depressive disorder (DSM-IV), with HAMD17 ≥20 and melancholic features, participated in an 8-week, multicenter, open-label, naturalistic, variable dose pilot study (F1J-AY-HMCZ).
Method: All patients received duloxetine 60 mg/day for the first 4 weeks. In patients not responding by this time, effectiveness of duloxetine treatment was compared between patients who either continued on 60 mg or received a higher, flexible (90–120 mg/day) dose, for a second 4-week period.
Results: After the initial 4-week period, 40.6% of patients (n = 82) responded (≥50% reduction from baseline HAMD17) to duloxetine 60 mg/day, and 17.8% (n = 36) achieved formal remission (HAMD17 ≤7) of symptoms. For nonresponders at 4 weeks, no significant differences were detected across the 60-mg and 90- to 120-mg treatment groups in the rates of response (47.9% and 42.9%, respectively) or remission (22.9% and 18.4%) over the next 4 weeks. Overall, 58% of enrolled patients responded to treatment by study completion. Nausea, headache, dry mouth and constipation were the most frequently reported emergent adverse events.
Conclusions: The overall response rates after 4 and 8 weeks were encouraging for this sample of melancholic patients. In patients who did not respond to duloxetine 60 mg over the first 4 weeks of treatment, increasing to a higher dose in the second month was not associated with any greater clinical benefit.

Censoring of prescribable doses: the case of risperidone long-acting injection

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Background: Suggested dose ranges for new medicines often prove to be different from those that are empirically derived in the field. The release of the first long-acting SGA (risperidone CONSTA) suggests that recommended doses are, in the main, too low and the highest dose does not allow the full spectrum of doses that are seen with the oral equivalent. To investigate this, recommended CONSTA doses (in risperidone oral equivalents) are compared with the distribution of doses found in a large pharmacoepidemiological database.
Methods: From the OPEN/SEER pharmacoepidemiological data archives. Mean doses of SGAs are examined over time and most likely mean stable doses calculated. These are compared with projected mean doses and are further compared with suggestions based on the Seeman's radioligand-free Kis. CONSTA is examined in particular.
Results: Projected final mean doses are summarized with respect to estimated near-maximal effective doses (Davis et al. 2003). With respect to CONSTA, the range of doses appears to be equivalent to only half of that available with the oral form.
Conclusions: This suggests that careful attention needs to be paid to patient selection. The current selection guidelines take in to account the censored dose range and it is suggested that this may influence those correctly assigned to therapy with this new medication form. It also suggests that the empirical finding that a proportion of patients require doses higher than the recommended maximum is consistent with known RISe distributions in clinical practice.

Evolving trends in antipsychotic use in two major centers: 1998–2006

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Background: In the past decade, there has been an evolution of psychiatric services, moving to a community model with the closing of mental hospital beds by 2000. During this period, new, arguably more efficient antipsychotics have been introduced. There are no longitudinal studies available of antipsychotic use based on individual subject case audits. This paper presents a pharmacoepidemiological perspective on this issue, comparing two large mental health service entities subject to the same statewide 'Framework' document for service provision and yet with unique prescribing philosophies.
Methods: Using a purpose-built database, prescribing information, sociodemographics and legal status data were collected from Australia, New Zealand and Asia. Data were acquired from community-treated patients or out patients. Data for two major centers in Victoria, Geelong and Northwestern MH network, were abstracted and analyzed with respect to their comparative usage trends. This analysis is performed for those with schizophrenia and those with bipolar disorder.
Results: The data indicate that although both centers evolved their prescribing as deinstitutionalization progressed, their disparate prescribing patterns

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tended converge over time. Antipsychotic dynamics are presented individually and by class, showing that Australia has a pattern of antipsychotic use that has no clear similarity to the US, UK or Asian practices.
Conclusion: Despite differences in prescribing earlier on, the convergence of prescribing patterns may indicate that there has been a diffusion of knowledge, perhaps based on CPGs, that has resulted in a common approach to antipsychotic use in the community.

Antipsychotic prescribing trends in community treatment of schizophrenia: 1998–2003

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Background: Following deinstitutionalization in Australia, there is little published literature on the use of antipsychotics in treating psychotic disorders under the new community-based paradigm of care. The present pharmacoepidemiological study was undertaken to examine the trends in antipsychotic prescribing in a number of service settings in Victoria from 1998 to 2003 to understand how such trends relate to community care.
Methods: Patients in community care teams from Northwestern Mental Health, Barwon Health, Grampians Health and Austin were sampled at various time points from 1998 (T1) to 2003 (T4) ($n = 3966$). Prescribing information and a slew of sociodemographic and adjunct treatment variables such as community treatment order status were ascertained.
Results: Between 1998 and 2003, prescriptions of second-generation ('atypical') antipsychotics grew to account for 78% of patients with schizophrenia being treated with these agents (RR 2.1, $P < 0.01$). First-generation ('typical') antipsychotics decreased to <3% of prescriptions (RR .11, $P < 0.01$) and depots fell and stabilized at about 30% of prescriptions (RR .64, $P < 0.01$).
Conclusions: Oral SGAs have largely replaced oral FGAs; yet, despite the apparent endorsement of the new agents, depot FGAs remain a mainstay of prescribing. This may reflect that up to 67% of patients show partial adherence with oral antipsychotics. The maintenance of depot prescribing meets the needs for prevention relapse as a primary outcome goal.

Gender bias in the measurement of anxiety and depression

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Background: Epidemiological studies have consistently found that women are typically 1.5 to 3 times more likely to experience major depression and about twice as likely to experience an anxiety disorder. One possible contributor is item or gender bias in the diagnostic tools and continuous assessments used to measure these constructs. The present study examines whether symptoms assessed by the Goldberg Anxiety and Depression Scales have a gender bias.
Methods: A survey of 7485 people was carried out in the Canberra and surrounding Queanbeyan region (PATH Through Life Project). Confirmatory factor analysis was carried out to confirm the factor structure of the Goldberg scales and multiple group analysis was used investigate gender bias in the anxiety and depression items.
Results: The results showed that several items were significantly gender biased. However, as the effects were small, their impact is likely to be minimal.
Conclusions: It is important to investigate whether scales are gender biased when examining gender differences in anxiety and depression. This process helps to differentiate artifactual explanations from true differences.

PsyCheck: responding to mental health issues within alcohol and drug treatment

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Background: Integrated treatment is now the recommended practice for patients with comorbid mental health and alcohol and drug disorders. Up to 80% of patients present to alcohol and drug services with mental health problems, primarily the higher prevalence disorders (anxiety and depression). Alcohol and drug workers do not always have extensive mental health experience, and the focus of research and clinical programs is often on the more acute disorders, such as psychosis, meaning that few programs have been developed for this population. To provide truly integrated treatment, there is an urgent need to up-skill alcohol and drug workers to both screen and intervene with both clinical and subclinical mental health disorders.
Aims/Methods: The PsyCheck Project has proceeded in three phases: 1) the development of screening and

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