## P02-10

ESCITALOPRAM VS DULOXETINE IN MAJOR DEPRESSED PATIENTS WITH PAIN A. Baloescu<sup>1</sup>, V. Baloescu<sup>2</sup>, J.D. Sichitiu<sup>1</sup>

<sup>1</sup>Psychiatry, Euroclinic Hospital, <sup>2</sup>Psychiatry, Aeromed Clinic, Bucharest, Romania Objective: Evaluate the efficacy and tolerability of escitalopram and duloxetine in depressive patients with pain.

Methods: Sample A (escitalopram): 22 patients (15 female and 7 man, mean age 51.75); Sample B (duloxetine) 25 patients (18 female, 7 man, mean age 53,85). They were diagnosed with major depressive disorder according to ICD 10; assessed with HAMD 17 items in baseline, 14, 28, 42, 56 days; CGIS at baseline, 28 and 56 days; CGII at 28 and 56 days.

Results: Escitalopram 10-20 mg/day; duloxetine 60-120 mg/day. Sample A HAMD 17 items: baseline-21.8; 14 days-19.7; 28 days- 17.2; 42 days-13.5; 56 days-11.8. Sample B HAMD 17 items: baseline-22.3; 14 days-19.9; 28 days- 17.4; 42 days-13.2; 56 days-10.5. Item 13(somatic/general) -diffuse or vague muscle aches or heaviness in the arms or legs mean baseline score for Sample A -1.65; Sample B-1.75; 56 days: Sample A-0.80 and Sample B-0.65. CGIS: mean baseline Sample A: 4.2 and Sample B-4.3; 56 days Sample A-1.9 and Sample B-1.5. CGII 56 days: Sample A 7/22 (31.8%) -much improved and 10/22(45.45%) very much improved; Sample B 11/25 (44%) much improved and 14.25(56%) very much improved. We noted mild nausea 20/47, mild restlessness 12/47, mild dizziness 9/47 at the beginning of the treatment (both samples).

## Conclusions:

- 1) Escitalopram and duloxetine are safe and effective treatment.
- 2) Coexistence of depression with physical pain negatively affects the performance in daily activity and quality of life; in such cases the first treatment option could be duloxetine.
- 3) Escitalopram is also efficient in such cases.