P21. Generalised anxiety disorders (GAD)

P21.01

Social anxiety disorders

S. Kasper[1] *, H. Loft[2], J. Smith[3]. *1,University Hospital of Vienna, Austria*
[2]H Lundbeck A/S, Denmark
[3]Lundbeck (Switzerland) Ltd., Switzerland

Escitalopram is a potent and highly selective SSRI, whose efficacy and safety in the treatment of MDD have recently been established. This study compared the efficacy and safety of escitalopram to placebo in outpatients with SAD (DSM-IV criteria) with a baseline LSAS >=70 and a CGI-S >=4. After a 1-week, single-blind placebo period, patients were randomised to 12 weeks of double-blind treatment with 10mg/day escitalopram (n=181) or placebo (n=177), with the option of having their dosage doubled after 4, 6, or 8 weeks of treatment. The primary efficacy analysis of mean change in LSAS total score from baseline showed a statistically significantly better therapeutic effect for escitalopram versus placebo. Additional efficacy analyses also showed a significantly better therapeutic effect for escitalopram versus placebo on the measures of CGI-S, CGI-I, LSAS avoidance and fear/anxiety, and 2 of 3 items on the Sheehan Disability Scale (SDS). Escitalopram was well tolerated in this patient population. This phase III study is the first study to demonstrate the efficacy and good tolerability of escitalopram in treating patients with SAD.

P21.02

A meta-analysis of psychological treatments for GAD

K.G. Götestam, I.-L. Ottesen, A.W. Woldset. *Norwegian University of Science & Technology, Trondheim, Norway*

Objectives: The study was performed to investigate different treatment approaches on different symptoms in generalized anxiety disorder (GAD).

Methods: A meta-analysis was used to compare the results from controlled, clinical trials of psychotherapeutic treatments for GAD. Psychotherapeutic modalities included physiological feedback, relaxation, cognitive behavior therapy, and non-directive therapy. In pharmacotherapy benzodiazepines were used. These treatments were compared with each other and a control condition.

Results: The total mean proportions of the different treatments (independent of symptoms measured) showed values from 36% to 24% improvement. The control group showed a total improvement of 4%.

With regard to symptom improvement by specific treatments, cognitive behavior therapy reduced depression by 41%, while the lowest improvement was produced by physiological feedback on trait (13%). When looking at overall effects on GAD symptoms, cognitive behavior was the most effective treatment.

Depression improved most independent of therapy used, both at post treatment (38%) and follow-up (44%). In contrast, trait had a weak improvement at post treatment (14%), while the weakest improvement at follow-up was arousal (30%).

Moreover, evaluating the quality of the studies included in the meta-analysis revealed an improvement in quality over time.

Conclusion: The results from examination of the 31 studies, including 1190 subjects, suggest substantial promise for improving psychological health and decreasing related symptoms for those suffering from GAD. Further, our results showed support for the cognitive model of Wells (1995; 1997), and the results may contribute to future development of new specific treatments and combinations of treatments.

P22. Genetics

P22.01

Family-based association study of serotonin receptor gene and schizophrenia

V. Golimbet *, T. Sherabatikh, V. Kaleda, I. Oleichik, G. Lyashenko, T. Kaidan, T. Genisheva, A. Muratova, E. Rogaev. *Research Mental Health Center, Department of Preventive Genetics, Moscow, Russia*

Serotonin transporter (5-HTT) is thought to contribute to pathophysiology of schizophrenia. Two 5-HTT polymorphisms, 5HTTLPR and VNTR-17, are being intensively studied for association with the disease. Recently, the association and linkage between VNTR-17 polymorphism (allele 12) and schizophrenia has been reported using Transmission disequilibrium test (TDT) in the families with multiple schizophrenia cases.

Objectives: To realise a further family-based study of 5-HTT polymorphisms and schizophrenia in the 71 Russian families with schizophrenia.

Methods: Seventy-one Russian families (n=253) with ICD-10 schizophrenia (broad definition), including 41 families with two affected, have been genotyped for 5HTTLPR and VNTR-17 polymorphisms.

Results: TDT failed to show preferential transmission for either VNTR-17 allele (p=0.89). Allele 10 was transmitted 25 times and allele 12 was transmitted 28 times. 5HTTLPR l allele was transmitted 26 times and s allele was transmitted 19 times. This difference in transmission was also statistically insignificant (p=0.69).

Conclusion: The finding did not support the association between 5-HTT polymorphism and susceptibility to schizophrenia.

P22.02

TNF alpha polymorphism in mothers of schizophrenia patients

F. Rybakowski[1] *, P. Czerski[2], J. Hauser[2], P. Kapelski[2], S. Godlewski[2], J. Rybakowski[3]. *University of Medical Sciences, [1]Department of Child & Adolescent Psychiatry, [2]Laboratory of Psychiatric Genetics, [3]Department of Adult Psychiatry, Poznan, Poland*

Several studies suggest that neurodevelopmental mechanism of schizophrenia is associated with prenatal infection. In the rodent model, maternal infection increases cytokines: IL-1b, IL-6 and Tumor Necrosis Factor alpha (TNF) in placenta, amniotic fluid and fetal brain, and disturbs the development of the brain. The polymorphism –308 in the promoter region of TNF gene (TNF2 allele) is associated with increased TNF alpha expression. We hypothesized that maternal TNF alpha is a mediator of prenatal exposures and schizophrenia, and that TNF2 in mothers – leading to higher TNF production after various insults, may be associated with increased risk of schizophrenia in offspring. The blood was drawn and DNA was isolated from 74 mothers (mean age 47.8; SD 6.6) of schizophrenia patients diagnosed with SCID-P and 100 control women of general population (mean age 39.4; SD 11.4). The frequency of TNF 2 allele was 14.9% in mothers of schizophrenia subjects, and 20.0% in control women, which is not a significant difference (p=0.2). We also did not find significant differences in the distribution of genotypes between the two groups (p=0.4). Our results do not support the role of TNF alpha gene polymorphism in mothers as a risk factor for schizophrenia in offspring.

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