

**Background and Aims:** There are no obvious data to sustain that the association of venlafaxine and mirtazapine would produce for the resistant depression patients the conversion to a manic-like episode.

DSM-IV TR describes the manic-like episodes produced after the anti-depressive treatment.

The case occurrence is not strong, but the clinical implications are important.

**Methods:** Case Report: 63 years old patient, with repeated hospitalization for severe depression episodes from 2000; he never had manic episodes; the precedent episodes were treated with venlafaxine or mirtazapine (not in combination) producing partial remissions.

This case report brings additional information about venlafaxine and mirtazapine association in treating a depressive resistant episode. The patient has been hospitalized before and treated with two different classes of antidepressants without therapeutic response. When admitted the patient had severe depressive episode with strong psychomotor retardation.

**Results:** The treatment with venlafaxine 300mg associated with mirtazapine 30 mg was initiated; the clinical evolution turned rapidly to a maniacal clinical appearance, after 20 days; there were no adverse reactions.

The antidepressant treatment discontinuation was necessary as it was also the beginning of the manic-like episode treatment.

**Conclusions:** For a MDD severe episode, treatment resistant, venlafaxine associated with mirtazapine had the power to induce a manic-like episode in a nonbipolar patient.

## P0045

Subfebrile state and depression: The effect of Sertraline

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### Abstract

**Objective:** Prolonged subfebrile state is a state of high body temperature between 37.1 and 37.5 C which can last from 3 months to a few years. Besides high body temperature more than 50% of patients complain of fatigue, perspiration, headache, exhaustion, painful joints and muscles.

The aim of this study is to evaluate the efficacy of sertraline in the treatment of symptoms of depression in subfebrile patients.

**Methods:** Thirty patients in all, aged 18 to 50, diagnosed with prolonged subfebrile state of unknown etiology, were included in this study.

All the patients were tested using the MADRS scale for depression evaluation and the HAM-A scale for anxiety evaluation. Visits for these patients were organized at the beginning of the treatment, six weeks later, and twelve weeks later.

The patients were treated with sertraline - 50 mg daily, 12 weeks, without the concomitant therapy.

The minimum score on the MADRS scale on the initial visit was 20.

The minimum score on the HAM-A scale on the initial visit was 18.

**Results:** There is a significant improvement in the depression level on the MADRS scale, and the anxiety level on the HAM-A scale

in patients treated with sertraline after a 6th and 12th week of application of the medicine, compared with the initial visit.

20 % of the total number of patients diagnosed with prolonged subfebrile state, became afebrile.

**Conclusion:** In patients with febrile state, the use of sertraline shows significant improvement in the reduction of symptoms of depression and anxiety.

## P0046

Resolution of sleepiness and fatigue: A comparison of bupropion and ssris in Patients achieving remission in MDD

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**Background:** This post-hoc study examined the effectiveness of the noradrenaline and dopamine reuptake inhibitor (NDRI) bupropion (at European-approved dose levels up to 300mg per day) versus selective serotonin reuptake inhibitors (SSRIs) in the resolution of sleepiness and fatigue in patients with Major Depressive Disorder (MDD).

**Methods:** Data were pooled from six double-blind, randomised MDD trials comparing bupropion (n=662) with an SSRI (n=655). 343 patients dosed with bupropion at 300mg per day or less, were compared with all SSRI-treated patients. Hypersomnia score was defined as the sum of scores of the Hamilton Depression Rating Scale (HDRS) items 22, 23 and 24. Fatigue score was defined as item 13 score of the HDRS.

**Results:** A similar proportion of bupropion- and SSRI-treated patients achieved remission at study endpoint (49.3% for bupropion and 49.4% for SSRIs, LOCF, p=0.45, OR = 0.9, 95% CI: 0.69 - 1.18). A smaller proportion of bupropion-remitters had residual symptoms of sleepiness (18.9% vs. 32.1%; p<0.01) and fatigue (19.5% vs. 30.2%; p<0.05) compared to SSRI-remitters. There was greater improvement (mean change from baseline) in sleepiness (p<0.05) and fatigue scores (p<0.01) among bupropion-remitters at endpoint, compared to SSRI-remitters and these benefits were evident from week 2 for sleepiness (p<0.01) and from week 4 for fatigue (p<0.01).

**Conclusion:** This analysis indicates bupropion treatment (≤300mg per day) offers advantages over SSRIs in the resolution of sleepiness and fatigue in patients who have achieved remission from MDD. These findings support a selective advantage offered by a dual acting dopaminergic/noradrenergic agent over serotonergic based treatment.

## P0047

Antidepressant-induced Hyponatremia. A case report in a late onset mood disorder patient

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**Background And Aim:** The incidence of SSRIs induced hyponatremia may occur in about 0, 5% to 32%. Recent results identified newer agents like duloxetine as a cause for hyponatremia. The risk factors for SSRIs induced hyponatremia are: age, female sex, low body mass, using diuretics, and low levels of serum sodium.

**Aim:** To report a case of recurrent hyponatremia after switching from one class of antidepressant to another.

**Methods and Results:** A 71-year-old woman with recurrent depression disorder (treated since 6 years with different antidepressant trials) began recurrence treatment with duloxetine. Four weeks later presenting a symptomatic hyponatremia and hypokaliemia she was hospitalized. On physical examination patient was euvoletic and had no evidence of iatrogenic, malignancy, renal, hepatic, adrenal or thyroid disease. The hypothesis of duloxetine induced hyponatremia (not the hypokaliemia) was considered and duloxetine was suspended. Due to the persistence of depression, treatment with sertraline was initiated. Twenty days later  $\text{Na}^+$  was  $127\text{mEq/L}$ , sertraline was discontinued and mianserine introduced. Patient maintained hyponatremia and developed confusion, agitation, and psychotic symptoms (mystic delirious) being admitted in a psychogeriatric inpatient unit. Antidepressant was suspended. Patient became manic and efficient treatment with a mood stabilizer and atypical antipsychotic initiated. She was discharged after serum sodium concentration normalized, psychotic symptoms and mood disorder stabilized.

**Conclusion:** Psychiatrists should be aware from the risk of developing antidepressant-induced hyponatremia mainly in elderly patients. Electrolyte measurements concentrations should be monitored, not only in the first weeks of treatment, but throughout the full course, mainly if risk factors are present.

## P0048

A Markov process analysis of maintenance treatment with Fluvoxamine in recurrent depression

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The objective of the study was to determine the cost effectiveness of long-term maintenance treatment with fluvoxamine compared with tricyclic antidepressants (TCAs) in the treatment of patients with depressive disorders.

A Markov process model was used to model mental health status and economic outcomes as they accrued over a hypothetical 5-year follow-up period. The main outcome measures were time without depression, direct and indirect costs. The clinical data were obtained from specially conducted pharmacoepidemiological study of patients with depressive disorders who were prescribed long-term antidepressive treatment in two Moscow outpatient psychiatric clinics; naturalistic study of clinico-social effectiveness of fluvoxamine use for long-term (6 month) maintenance treatment; results of cost-analysis study of depressive disorders; data from published literature.

The results showed the increase of medical expenses in case of fluvoxamine not less than in 1.4 times compared to TCAs and gain of 110 days without disease. In addition it was shown that long-term treatment with fluvoxamine is associated with a mean increase time without depression of 7%. The total costs of maintenance treatment with fluvoxamine (50 mg/day) were substantially lower than with TCAs. When social perspectives were taken into account it was shown that fluvoxamine is recourse-saving and expenses on the cost of the drug are covered by social effect of therapy. Sensitivity analysis confirmed the robustness of these results.

In conclusion, the study demonstrates that long-term maintenance treatment with fluvoxamine is both more effective and less costly (from social perspectives) than treatment with TCAs for patients with depressive disorders.

## P0049

Antidepressive therapy with Escitalopram improves mood, cognitive symptoms, and identity memory for angry faces in elderly depressed patients

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Depression is a common disorder in the elderly handicapping patients with affective and cognitive symptoms. Because of their good tolerability relative to the older tricyclic compounds, selective serotonin reuptake inhibitors (SSRIs) are increasingly used for the treatment of depression in the elderly. Little is known about their effects on cognition in elderly patients. In the present 4-week, single centre, randomized, open-label trial we investigated the anti-depressive effects of escitalopram, an SSRI, in 18 elderly depressed patients (mean age  $\pm$ SEM:  $76.2 \pm 1.8$ ) compared to 22 healthy age-matched controls (mean age:  $76.9 \pm 1.8$ ). Affective and cognitive symptoms were assessed using the Geriatric Depression Scale (GDS), Mini-Mental State Examination (MMSE), and a face portrait recognition test to assess memory for happy and angry faces. Depressed patients prior to treatment had markedly reduced memory performance. Treatment with escitalopram improved affective and cognitive symptoms significantly. Furthermore, escitalopram treatment improved memory for negative facial stimuli. Control subjects confirmed the well established memory bias favouring recognition of identities acquired with happy expression. Importantly, this bias was absent in depressed patients prior, but also after treatment. In conclusion, escitalopram, even after a relatively short treatment period, was effective in treating depression in the elderly and may help improve cognitive performance for social stimuli.

## P0050

Predictors of antidepressant treatment pattern in a national US chain pharmacy database

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**Objective:** This abstract reports the first phase of a two-phase project that examines utilization and identifies patterns of antidepressants treatment (Phase-I), and compares physician and patient reasons for treatment patterns (Phase-II).

**Methods:** Prescription database of a US national pharmacy chain was queried to identify treatment-naïve patients receiving a new prescription for an SSRI or SNRI. Date of new prescription served as the index date. Patients were classified based on utilization patterns over a 3-month follow-up period post index date. A multinomial logit model was used to predict antidepressant treatment pattern. Statistical analyses were performed with two-tailed alpha 0.05.

**Results:** The sample consisted of 108,229 patients, with mean age of 43 years, majority females (71%) and with 82% initiating a SSRI treatment at index. Average index copayment for the antidepressant was \$23, and 90% of the sample had third-party insurance. Over