the follow-up period, 40%, 58%, 2%, and <1% were classified as continuers, discontinuers, switchers and augmenters, respectively. Compared with continuers, augmenters were 34% less likely (95%CI=0.46-0.95) and discontinuers and switchers were 4 and 29% more likely (95%CI=1.00-1.07 and 1.12-1.48) to have an index SNRI vs. SSRI. Discontinuers were 62% more likely than continuers to be cash-paying vs. third-party-paying (95%CI=1.55-1.69). Compared to continuers, augmenters/discontinuers/switchers were more likely (19-79%) to have received their index-prescription from a psychiatrist vs. an internist (p<.05).

Conclusions: Patient, physician, drug and economic factors predicted change in the utilization of antidepressant prescription, discontinuation being the most prevalent. Determinants of discontinuation (lack of efficacy/tolerability/feeling better) will be further explored.

P0051

Acute Escitalopram modulates the recogntion of facial expressions in healthy women

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Background and Aims: Serotonin has been implicated in the pathophysiology of several mental disorders, such as anxiety and depression which have gender differences in their prevalence and clinical features The aim of this study was to verify the effects of the selective serotonin reuptake inhibitor escitalopram administered acutely on the recognition of facial emotional expressions in healthy women, considering the effects on the gender of the faces.

Method: An oral dose of escitalopram (20 mg) or placebo was given to eighteen non-clinical women in a randomized, balanced order, double-blind design. Three hours later, the participants were presented with pictures of faces from the Pictures of Facial Affect Series (Ekman and Friesen, 1976). Faces with six basic emotions (anger, disgust, fear, happiness, sadness and surprise) had been morphed between neutral (0%) and each standard emotion (100%), in 10% steps. Accuracy was analyzed through MANOVA with repeated measures. Values of $p < 0.05$ were considered significant.

Results: The acute administration of a single dose of escitalopram impaired the accuracy of the recognition of happy faces of both genders. Moreover, escitalopram facilitated the recognition of sad expressions in female faces but not in male faces..

Conclusion: These results indicate that serotonin modulates the recognition of emotional faces and interacts with the gender of the faces. This has implications for our understanding of disorders characterized by serotonergic dysfunction and clinical differences between genders.

P0052

Efficacy and tolerability of Escitalopram in patients with moderate to severe depression with or without comorbid anxiety

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Purpose: Evaluate the efficacy and tolerability of escitalopram in outpatients with moderate to severe depression in naturalistic settings.

Methods: Open label 24 weeks study. Efficacy assessment was based on MADRS, HAM-D, HAM-A, CGI-S and VAS scales. Tolerability was evaluated by spontaneously reported adverse events and treatment discontinuation rates. Statistical analysis was based on an intent-to-treat dataset (ITT - at least one valid post-baseline MADRS measurement, prediction of previous visits using multiple linear regression) and observed cases (OC -MADRS measurements at all 6 visits).

Results: A total of 112 patients between 18 and 65 years old were enrolled. 52 patients (46.4%) suffered from moderate depression (22£ MADRS<30) and 60 (53.6%) from severe depression(MADRS ^{3}30). Patients had a significant improvement in their symptoms at the end of the study, as measured by a mean change in MADRS total score of 21.2 ± 7.1 (ITT, multiple linear regression). Change from baseline was bigger in regards to severity of illness (p<0.001). In addition, 89.1% of patients were evaluated as responders (at least 50% decrease in MADRS total score) and 68.2% were evaluated as remitters (MADRS£12) at the end of the study (ITT, multiple linear regression). The results were similar in the OC analysis as well. In total 33 patients (29.5%) withdrew from the study for any reason, - 6 of them (5.4%) due to adverse events and 1 (0.9) due to lack of efficacy.

Conclusion: Escitalopram displayed very good efficacy and tolerability in a group of depressed outpatients suffering from moderate to severe illness.

P0053

Mirtazapine and sexual dysfunction in depressed outpatients with PTSD

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Background and Aims: Sexual dysfunction or difficulties(SDOD) exist in one-third of patients with untreated depressed outpatients with PTSD(posttraumatic stress disorder).

SDOD manifested by decreased libido, erectile dysfunction or delayed ejaculation.

Methods: This study investigated antidepressant activity and sexual functioning in depressed patients with PTSD taking mirtazapine. In our open-label study mirtazapine was administered for 6-10 weeks to 56 (11 women and 45 men) sexually active adult outpatients. Mirtazapine was titrated from 7,5 mg to 45 mg daily. Efficacy was assessed weekly by 21-item HAMD (Hamilton Depression Rating Scale). Sexual functioning was assessed weekly using Arizona Sexual Experiences Scale (ASEX), 5-item rating scale that quantifies sex drive, arousal, vaginal lubrication/penile erection, ability to reach orgasm, and satisfaction from orgasm.

Results: In start of treatment individual HAMD scores were between 18 and 29, none of them experienced any sexual dysfunction prior to treatment.

After 6 weeks of treatment, the individual HAMD scores were between 9 and 17, after 10 weeks HAMD scores were between 7 and 14, indicating significant improvement in depressive symptoms.

None of the patients reported any sexual dysfunction symptoms. Five of the patients reported some unspecific sexsual difficulties and weight gain in three patient.

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Conclusions: treatment with mirtazapine was effective in both depressed women and men and no effect on sexual function.

Key words: mirtazapine, depression, posttraumatic stress disorder(PTSD), sexual dysfunction, outpatients.

P0054

An integrated analysis of the efficacy of desvenlafaxine succinate compared with placebo in the treatment of major depressive disorder

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Objective: To assess the efficacy of desvenlafaxine succinate (DVS) treatment in patients with major depressive disorder (MDD).

Methods: Seven randomized, double-blind, placebo-controlled, short-term studies were pooled to evaluate the efficacy of DVS in MDD. Adult outpatients with DSM-IV MDD were enrolled in all studies. Eligible patients were randomly assigned to DVS (n=1186) at doses of 100–400 mg/d, or placebo (n=797) for 8 weeks. The 17-item Hamilton Depression Rating Scale (HAM-D17) was the primary efficacy variable. Other efficacy variables were the Clinical Global Impressions scale (CGI), HAM-D6, Montgomery Åsberg Depression Rating Scale (MADRS), Covi Anxiety scale, Sheehan Disability Scale (SDS), WHO-5 Well-Being Index, and the Visual Analog Scale–Pain Intensity (VAS-PI). A mixed-effect model for repeated measures (MMRM) analysis was used to analyze continuous variables. Logistic regression was used to analyze response and remission rates.

Results: An adjusted mean difference of −2.8 points on HAM-D17 total score at end point for DVS vs placebo (95% confidence limits: −2.2, −3.4; $P<0.001$) was demonstrated. Response and remission rates were significantly elevated for DVS-treated patients compared with placebo ($P<0.001$) across rating scales (HAM-D17, MADRS, and CGI). For other secondary measures at end point, including the CGI, HAM-D6, MADRS, Covi, SDS, WHO-5, and VAS-PI, significant differences from placebo were also observed. No additional benefit was observed for DVS doses above 100 mg/d in analyses of fixed-dose studies.

Conclusions: DVS was efficacious in treating MDD based on standard depression rating scales and measures of anxiety, global severity/improvement, functioning, well being, and pain.

P0055

Prolactin inhibition by SSRI‘S

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The relationship between selective serotonin reuptake inhibitors(SSRI‘S) is presented.

The SSRI dependent side effects are mostly characterized by serotonin potentiation.

Both SSRI‘S and tricyclic antidepressants can also cause extrapyramidal side effects.

The occurence of movement disorders such as akathisia, dystonia and Parkinsonism after use of SSRI‘S was reported.

Furthermore descriptions of deterioration of Parkinson‘s disease after use of fluoxetine, fluvoxamine and paroxetine can be found in the literature.

Medication having a serotonergic effect can cause a prolactin level elevation through an indirect mechanism.

Prolactine elevation may cause galactorrhea.

Two mechanism are considered to explain the prolactin release induced by the serotonergic system: the presynaptic inhibition of dopamine discharge by the serotonergic receptors or the direct stimulation of the hypothalamic postsynaptic receptors.

P0056

Reduction of anxiety symptoms in patients with major depressive disorder treated with Desvenlafaxine Succinate: A pooled analysis

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Objective: To assess the efficacy of desvenlafaxine succinate (DVS) treatment in reducing symptoms of anxiety in patients with major depressive disorder (MDD).

Methods: Data were pooled from 7 randomized, double-blind, placebo-controlled, 8-week DVS trials. All studies enrolled adult outpatients with DSM-IV MDD. Patients were excluded if an anxiety disorder was the primary diagnosis. Eligible patients were randomly assigned to treatment with 100–400 mg/d DVS (n=1186) or placebo (n=797) for 8 weeks. The primary efficacy outcomes in this analysis were the 17-item Hamilton Rating Scale for Depression (HAM-D17) item 10 (Anxiety/Psychic) and the Covi Anxiety total score (measured in 6 of the 7 trials). Patients with a Covi Anxiety score >9 or whose Covi score exceeded their Raskin Depression total score were not enrolled. Changes from baseline were analyzed using a mixed-effects model for repeated measures (MMRM) analysis, which included the fixed, categorical effects of treatment, protocol, visit, and the treatment-by-visit interaction, as well as the continuous, fixed covariate of baseline score. Secondary analyses evaluated changes from baseline to end point using analysis of covariance (ANCOVA, using last-observation-carried-forward [LOCF] and observed cases [OC] analyses).

Results: Improvement from baseline at week 8, the study end point, was significantly greater for the DVS group than for the placebo group on both the HAM-D17 Anxiety/Psychic item and Covi Anxiety total scores in both the MMRM and ANCOVA (LOCF and OC) analyses.

Conclusion: In this pooled analysis, DVS was significantly superior to placebo in the treatment of anxiety symptoms associated with depression.

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