**EW442**

## Efficacy and safety of generic escitalopram (Lexacure) in patients with major depressive disorder: A 6-week, multi-center, randomized, rater-blinded, escitalopram-comparative, non-inferiority study

J.H. Jeong[1], W.M. Bahk[2,*], Y.S. Woo[2], K.U. Lee[3], M.D. Kim[4], W. Kim[5], J.C. Yang[6], K.H. Lee[7], S.Y. Lee[8]
[1] *St. Vincent's Hospital, psychiatry, Suwon, Republic of Korea*
[2] *Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea*
[3] *Uijeongbu St. Mary's Hospital, psychiatry, Uijeongbu, Republic of Korea*
[4] *College of Medicine, Jeju National University, psychiatry, Jeju, Republic of Korea*
[5] *Seoul Paik Hospital, psychiatry, Seoul, Republic of Korea*
[6] *Chonbuk National University Medical School, psychiatry, Jeonju, Republic of Korea*
[7] *College of Medicine, Dongguk University, psychiatry, Seoul, Republic of Korea*
[8] *Wonkwang University School of Medicine, psychiatry, Iksan, Republic of Korea*
* *Corresponding author.*

*Objectives* The primary aim of this non-inferiority study was to investigate the clinical effectiveness and safety of generic escitalopram (Lexacure) versus branded escitalopram (Lexapro) for patients with major depressive disorder (MDD).
*Methods* The present study included 158 patients who were randomized (1:1) to receive a flexible dose of generic escitalopram ($n=78$) or branded escitalopram ($n=80$) over a 6-week single-blind treatment period. The clinical benefits in the two groups were evaluated using the Montgomery–Åsberg Depression Rating Scale (MADRS), the 17-item Hamilton Depression Rating Scale (HDRS), the Clinical Global Impressions-Severity Scale (CGI-S), and the Clinical Global Impressions-Improvement Scale (CGI-I) at baseline, week 1, week 2, week 4, and week 6. The frequency of adverse events (AEs) was also assessed to determine safety at each follow-up visit.
*Results* At week 6, 28 patients (57.1%) in the generic escitalopram group and 35 patients (67.3%) in the branded escitalopram group had responded to treatment ($P=0.126$), and the remission rates (MADRS score: $\leq 10$) were 42.9% ($n=21$) in generic escitalopram group and 53.8% ($n=28$) in the branded escitalopram group ($P=0.135$). The most frequently reported AEs were nausea (17.9%) in the generic escitalopram group and nausea (20.0%) in the branded escitalopram group.
*Conclusions* The present non-inferiority study demonstrated that generic escitalopram is a safe and effective initial treatment for patients with MDD and may also be considered as an additional therapeutic option for this population.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.560

**EW443**

## Characteristics and treatment patterns of children and adolescents with attention-deficit/hyperactivity disorder in real-world practice settings

A. Joseph[1], K. Davis[2], M. Fridman[3], P. Gustafsson[4,*], J. Quintero[5], V. Sikirica[6], T. Banaschewski[7]
[1] *Shire, Global HEOR and Epidemiology, Zug, Switzerland*
[2] *RTI Health Solutions, Health Economics, Research Triangle Park, USA*
[3] *AMF Consulting Inc., Health Economics, Los Angeles, USA*
[4] *Linköping University, Department of Clinical and Experimental Medicine and Department of Child and Adolescent Psychiatry, Linköping, Sweden*
[5] *Hosp. University Infanta Leonor, Psychiatry Department, Madrid, Spain*
[6] *Shire, Global HEOR and Epidemiology, Wayne, USA*
[7] *Central Institute of Mental Health, Department of Child and Adolescent Psychiatry and Psychotherapy, Mannheim, Germany*
* *Corresponding author.*

*Objective* To document patient characteristics and treatment patterns in a real-world population diagnosed with attention-deficit/hyperactivity disorder (ADHD).
*Methods* This was a retrospective chart review of children/adolescents (6–17 years) diagnosed with ADHD in the UK, Germany and Netherlands who initiated stimulant monotherapy (SM), non-stimulant (atomoxetine) monotherapy (NSM) or polypharmacy (SM/NSM ± SM/NSM or other psychotropics) on/after 1-1-2012. To facilitate descriptive comparisons, cohort quotas were imposed: ~50% SM; ~25% NSM; ~25% polypharmacy. Index date was first SM, NSM or polypharmacy treatment on/after 1-1-2012. Patients were required to have ≥ 6 months' pre-index (baseline) history and ≥ 12 months' post-index follow-up. Analyses were descriptive.
*Results* In total, 497 patients were included (mean [SD] age: 10.8 [2.9] years; 77% male); 65% (SM), 63% (NSM) and 83% (polypharmacy) had at least marked baseline ADHD severity based on Clinical Global Impressions scale ($P<0.05$ SM/NSM vs polypharmacy). Ninety percent (SM), 75% (NSM) and 73% (polypharmacy) were pharmacotherapy naïve at index (all $P<0.10$); 61% (SM), 65% (NSM) and 72% (polypharmacy) received previous behavioural therapy. In SM patients, methylphenidate was predominant (most frequent brands: Concerta® [29%], Medikinet® [28%]); in polypharmacy patients, methylphenidate plus atomoxetine (22%) or other psychotropic (19%) was most common. Index therapy switch was common, particularly in polypharmacy patients (25%) ($P<0.05$ vs SM [14%] and NSM [13%]). Switches were precipitated by poor response in 75% of cases overall.
*Conclusions* Polypharmacy patients generally presented a more complicated history (including higher ADHD severity) and treatment pathway versus monotherapy patients. Index therapy switches were commonplace and more frequent in polypharmacy patients, often due to poor response.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.561

**EW444**

## Sexual side effects in patients treated with desvenlafaxine: An observational study in daily practice

B. Navarro[1,*], L. Perez[1], L. Erkoreka[1], A. Arroita[2], I. Perez[3]
[1] *Red de Salud Mental de Bizkaia, CSM Barakaldo, Bilbao, Spain*
[2] *Re de Salud Mental de Bizkaia, CSM Barakaldo, Bilbao, Spain*
[3] *Hospital Universitario Cruces, psiquiatría, Barakaldo, Spain*
* *Corresponding author.*

*Introduction* Sexual function is important for patients' well-being but it is a common side effect of SSRI and SNRI, included desvenlafaxine.
*Objectives and aims* Evaluate incidence and characteristics of sexual dysfunction caused by desvenlafaxine in the clinical practice.
*Methods* One hundred and thirty-three patients with recently introduced desvenlafaxine treatment are recruited from Barakldo and Uribe-Kosta Mental Health Centres in Biscay, Spain. UKU scale is administered to measure sexual side effects. Statistical analysis is performed using SPSS v.22.