a negative impact on quality of life. The physician should remain vigilant for symptoms of depression as they may be mistaken for the progression of Parkinson's disease itself.

The aim of the study was to evaluate the frequency of depression in patients with parkinson's disease.we have recruited 53 patients, 35 males and 18 females aged 36-80 years(mean age 60 years), only 15% of patients have a job, two patints was already treated for depression.

Diagnosis of depression was accorded to ICD10 criteria and evaluated by depression hamilton scale.

Depression was diaqnosed in 26 patients (49,1%), it was light in 6 patients (23.1%), middle in 14 patients(53,8%), and heavy in 6 patients(23,1%). 15 patients have dysthymia.

Depression occurring during Parkinson's disease must be treated; SSRI's are preferred, mainly because of its good tolerance.

Next, recognition of the signs and symptoms of depression associated with Parkinson's disease is essential for clinical practitioners.

It is important to identify the features of depression associated with Parkinson's disease in order to render early diagnosis and institute practical and efficacious therapy.

P089

Venlafaxine XR versus fluoxetine in the treatment of major depressive disorder and generalized anxiety disorder dual diagnosis

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Background: Venlafaxine extended release (XR) stands as an optimal therapeutic choice for the major depressive disorder (MDD) and generalized anxiety disorder (GAD) dual diagnosis.

Objective: We focused upon the evaluation of venlafaxine XR efficacy in treating MDD and GAD dual diagnosis patients, using an selective serotoninergic reuptake inhibitor comparator, fluoxetine.

Methods: A 23 patients group, 13 male and 10 female, mean age 36.7, admitted in our clinic, that met the DSM IV TR criteria for both MDD and GAD, were distributed in two groups, receiving venlafaxine XR in 75-150 mg flexible dose (n=12) or fluoxetine 20-40 mg flexible dose (n=11). We assessed patients evolution under treatment every two weeks for 6 months using Hamilton Depression Rating Scale 17 items (HAMD-17), Hamilton Anxiety Scale for Anxiety (HAMA), Global Assessment of Functioning Scale (GAF) and Clinical Global Impressions (CGI).

Results: In the intent-to-treat (ITT) and last-observation-carried-forward (LOCF) analysis, differences between groups became statistically significant at week 4, venlafaxine XR treated patients improved better as HAMD-17 (-7.8 points, $p<0.05$) and HAMA (-8.9 points, $p<0.05$) reflected. The end-point HAMD-17 and HAMA scores were smaller in the venlafaxine treated group (6.7 and 9.1, $p<0.05$). Endpoint CGI (1.5) and GAF (92) scores were also better in venlafaxine XR treated group ($p<0.01$).

Conclusions: The 6 months clinical trial proved venlafaxine XR superior to the active comparator, fluoxetine, in the treatment of MDD and GAD dual diagnosis.

P090

5-httlpr polymorphism in patients with depression and the treatment response to citalopram.

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The relationship of the serotonin transporter gene promoter region polymorphism (5-HTTLPR) to antidepressant response was examined in 50 patients receiving protocolized treatment for depression with citalopram. Patients were treated for up to 12 weeks assessed weekly with clinical ratings and measurements (HAMD-17, MADRS, CGI).

Samples from 50 subjects with Major depressive disorder - recurrent episode (DSM-IV) were analyzed for 5-HTT-promotor polymorphism.

Patients with genotype II responded more rapidly and better to treatment with citalopram in comparison to those who did not responded or were only partial responders.

Allelic variation of 5-HTTLPR may contribute to the variable response of patients treated with selective serotonin reuptake inhibitor.

P091

Sexual disturbances associated with use of SSRI's and other antidepressants

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As a group of psychotropic medications - antidepressants are the most frequent cause of sexual disturbances. These side effects have been noted for the complete group of antidepressants but their frequency is not the same for different classes nor for different antidepressants of the same class.

The goals of this research were: 1) to establish possible differences between SSRI's and other antidepressants concerning sexual disturbances; 2) to establish if different sexual disturbances exist between males and females treated with various antidepressants.

100 patients treated for depression were divided into two groups, depending on the type of antidepressant used. They completed an ASEX questionnaire which was used to assess five aspects of sexual experience.

Statistically important differences were established among items used to assess sexual drive and excitement. Patients taking SSRI's rated their sexual drive ($x = 4.22 \pm SD = 1.12$) as significantly stronger ($p = 0.006$) then patients taking other antidepressants ($x = 4.85 \pm SD = 0.96$). Patients taking SSRI's rated that they achieve sexual excitement ($x = 3.86 \pm SD = 1.09$) significantly easier ($p = 0.032$) then patients taking other antidepressants ($x = 4.38 \pm SD = 1.19$). No significant differences have been noted concerning other aspects of sexual experience. Strength of male sexual drive significantly depended on the type of antidepressant used. Males taking SSRI's rated their sexual drive as significantly stronger than males taking other antidepressants ($p = 0.022$).

SSRI's cause the smallest amount of sexual disturbances in depressive patients, regardless of the gender.

P092

Treatment with sertraline(asentra) in patients with cardio-vascular difficulties after cardio-surgical interventions

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