antidepressants may not offer effective treatment for this aspect of the illness.

P0041

Efficacy and tolerability of fluvoxamine in outpatients with anxiety disorders

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Prospective, three months study of efficacy and tolerability of fluvoxamine in outpatients with Anxiety disorders. The subjects were the patients older than 18 years of age, previously without therapy or treated with other psychopharmacological treatment, with diagnosis of Anxiety disorder (F40 to F49 according to ICD-10 Classification of Mental Disorder). Clinical efficacy was evaluated with Hamilton Anxiety Rating Scale HAM-A and Clinical Global Impression scales at baseline visit, after one month and after three months of fluvoxamine therapy. Side effects were recorded during the therapy.

Aim of the study: Evaluation of efficacy and tolerability of fluvoxamine in outpatients with Anxiety disorders (F40 to F49 according to ICD-10 Classification of Mental Disorder).

Inclusion criteria: Female and male outpatients older than 18 years of age treated in Psychiatry Clinic Clinical Hospital Center Split, previously without therapy or treated with other psychopharmacological treatment, to which one of the following Anxiety disorders (F40 to F49 according to ICD-10 Classification of Mental Disorder) was diagnosed.

Exclusion criteria

- Hypersensitivity to fluvoxamine
- Pregnancy and lactation
- Hepatic or kidney insufficiently
- Unstable epilepsy
- Discontinuation of the treatment with irreversible monoamine oxidize inhibitors less than 14 days prior to introduction of fluvoxamine therapy
- Discontinuation of moclobemide therapy less than one day prior to introduction of fluvoxamine therapy.

Statistical Methods: Descriptive statistics was used for the analysis of demographic data and incidence of adverse events.

Repeated Measures Analysis of Variance was used for data analysis (Statistical software SPSS).

Statistical significance was defined as $p \leq 0{,}05$.

P0042

Milnacipran in the treatment of depressive patients older 60 years

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Milnacipran in the treatment of depressive patients older 60 years

Background: Treatment of old - age patients requires antidepressants with high efficacy, but safety from view of pharmacokinetics and pharmacodynamics.

Milnacipran is a specific serotonin and noradrenaline reuptake inhibitor antidepressant, which is devoid of antagonist activity at muscarinic, histamine and adrenergic receptors, resulting in a benign side-effect profile.

Aim: evaluate efficacy and tolerability of milnacipran over a 8 - week treatment period in patients older 60 years suffering from reccurent or single episode of major depression.

Methods: 24 patients with mild or moderate major depression were included in the study. Patients had been suffering from depression from 2 to 20 years and had had one or two depressive episodes in the last two years. The study was open label. Milnacipran was administered as a single daily dose of 50 mg and subsequently as 50 mg bid (100 mg/day).

Results: After six weeks all patients had a reduction of the Hamilton score of at least 40% with a mean reduction of 54.6%. After eight weeks, the mean Hamilton rating score was 8.1 with most patients in remission with a score of 8 or less. Adverse events were reported infrequently. Constipation and excessive sweating occurred in four patients and headache in one patient. These adverse events occurred early in the treatment and lasted less than 14 days.

Conclusion: Good efficacy and good tolerance suggests that milnacipran is a suitable candidate for first line treatment of mild to moderate major depression.

P0043

Sertraline in treatment of depression, panic disorder, OCD and PTSD at dailly hospital, psychiatric clinic Sarajevo university

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Background and Aims: Sertraline is an antidepressant of the SSRI class, and shared common side effects and contraindications with other members of SSRI class.

Aim of this study is to show how Sertraline is effective in treatment of distinguish psychiatric disorders, observing side effects as well.

Methods: This prospective study covered 30 patients, randomly selected at Psychiatric Clinic University of Sarajevo.

SCID-I and CGI was used as instruments. Dose vary related to clinical state (25-150 mg/day)

Results: Out of total number of patients (30); 22 (73.3%) are female and 8 (267%) males with disorders as follows: Depression (667%),Panic Disorder and PTSD (33% each) and OCD (6,7%).

Starting Sertraline dose was 25 mg/day, which is increased in 90% of cases to 50mg/day, and 100 mg/day (6.7%) after one week of treatment resulting with average dose of 52.5 mg/day (average change 27.5). During second follow up there is a further increase of dose to the average of 76.67 mg/day ranging from 25 to 150 mg/day (average 25). Duration of follow up was 3-6 months. 43.3% of patients in our sample were taking concomitant pharmacotherapy in form of anxiolitic and antidepressants.

Conclusion: Sertraline is significantly effective as therapy for Depression, Panic disorder, OCD. None of the patients reported some side effects from the Sertraline therapy. In 90.0% of cases final evaluation of response was excellent with 10% of very good response to treatment

P0044

Manic-Like episode associated with Venlafaxine-Mirtazapine combination in resistant major depression: Case report

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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 clases of antidepressants without therapeutic response When admitted the patient had severe depressive episode with strong psychomotor retard .

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 ($\leq$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 SSRÍs 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 SSRÍS induced hyponatremia are: age, female sex, low body mass, using diuretics, and low levels of serum sodium.

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