**Main Results:** Random effects model was used in view of clinical and some statistical heterogeneity. Overall pooled WMD for YBOCS (Yale Brown Obsessive Compulsive Scale) for all the studies of SSRIs was -3.21 (95% CI -3.84 to -2.57, number of RCTs 17, number of patients 3097). Pooled WMD for YBOCS of individual drugs were similar and not statistically different. Overall pooled RR for response across all the studies of all the 5 SSRIs was 1.84 (95% CI 1.56 to 2.17, number of RCTs 13, number of patients 2697). (Thus NNTs for patients with baseline risk of response rate of 10% would be 12 and of 20% would be 6). Pooled RR of individual drugs were similar and not statistically different.

**Conclusions:** SSRIs are effective in reducing symptoms in OCD in comparison to placebo. Potential benefits of SSRIs should be weighed against their adverse effects before prescribing these drugs.

## P0098

Comparison of genders in terms of co-occurrence of axis I and axis II disorders with panic disorder with agoraphobia

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**Aims:** To compare female and male patients with panic disorder with agoraphobia (PDA) in terms of the co-occurring Axis I and Axis II (personality) disorders.

**Methods:** The Structured Clinical Interview for DSM-IV Axis I Disorders and the Structured Clinical Interview for DSM-IV Axis II Personality Disorders were administered to 157 consecutive outpatients (112 females and 45 males) with PDA, who attended two anxiety disorders clinics. Women and men with PDA were compared with regards to the type and frequency of the co-occurring Axis I and Axis II disorders.

**Results:** Women with PDA had a statistically greater tendency to receive co-occurring Axis I diagnoses and a greater number of Axis I diagnoses than men. Such a difference was not found for Axis II disorders. There was no gender difference in terms of the mean number of co-occurring Axis I and Axis II diagnoses per patient. There were significantly more women with at least one co-occurring anxiety disorder. Women had a significantly higher frequency of specific phobia, while men were significantly more frequently diagnosed with hypochondriasis and past alcohol abuse/dependence. With regards to Axis II disorders, only dependent personality disorder was significantly more frequent among women.

**Conclusions:** There are more similarities than differences between genders in terms of the co-occurring Axis I and Axis II disorders. Still, the relatively specific relationships between PDA and excessive alcohol use in men and between PDA and dependent personality traits and personality disorder in women seem important and have implications for clinical practice and treatment.

## P0099

Impact of Pregabalin on gastrointestinal symptoms in generalized anxiety disorder: Results of a 6-study combined analysis

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**Background and Aims:** To evaluate the clinical characteristics of GAD patients with prominent GI symptoms (GI-high) and their response to pregabalin (PGB) treatment.

**Methods:** Data were pooled from 6 double-blind, placebo-controlled, 4-6 week trials of outpatients who met DSM-IV criteria for GAD with a minimum HAM-A total score $\geq 18$. Treatment response was evaluated for 3 PGB fixed-dosage groups: 150 mg/d, 300-450 mg/d, and 600 mg/d. A GI-high subgroup (high GI symptomatology) was defined by a baseline HAM-A item-11 (GI) score $\geq 3$ (severe/very severe).

**Results:** At baseline, 261 patients (17%) met criteria for the GI-high subgroup, while 1294 patients (83%) were in the GI-low subgroup. Baseline characteristics were similar for the 4 study treatments in the GI-high subgroup. For the GI-high subgroup, LOCF-endpoint reduction in HAM-A was significantly higher on PGB-150, -13.8±1.7; PGB-300/450 -13.5±1.2; PGB-600, -14.8±1.1; vs PBO, -10.6±1.0 (P<0.0001 for all comparisons). In the GI-high subgroup, the proportion of patients showing a response in GI symptoms (HAM-A item 11 improving from severe/very severe to mild-to-none) was significantly higher on PGB-150 (62%), PGB-300/450 (73%), PGB-600 (68%) vs PBO (56%; P<0.0001 for all comparisons). The incidence of adverse events referable to the GI system was the same on PGB-150 and PBO, 8% higher on PGB-200/450 vs PBO, and 5% higher on PGB-600 vs PBO.

**Conclusion:** PGB was effective and well-tolerated in the subgroup of GAD patients presenting with severe GI symptoms. Treatment with PGB improved both overall levels of anxiety, as well as specifically improving GI symptoms.

## P0100

Influence of gender on the clinical presentation of generalized anxiety disorder, and response to treatment with Pregabalin

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**Background and Aims:** To assess gender differences in the clinical presentation of GAD and response to pregabalin (PGB) treatment.

**Methods:** Data were pooled from 6 randomized, double-blind, placebo-controlled, 4- to 6-week trials of outpatients who met DSM-IV criteria for GAD with a minimum HAM-A total score >18. Response was evaluated for 3 fixed-dosage groups: 150 mg/d, 300-450 mg/d, and 600 mg/d.

**Results:** Baseline presentation of GAD was similar for women and men, respectively, for mean (±SD) age (38.6±12.3 vs 39.4±11.5 y) and severity of concurrent depressive symptoms (HAM-D score, 13.7±4.4 vs 13.4±4.3). However, women had a modest but significantly higher mean HAM-A somatic factor score (11.5±3.2 vs 10.8±3.1; P<0.01). For both sexes, treatment with PGB resulted in significantly higher LOCF-endpoint improvement in HAM-A total score: Women: PGB-150 mg, -10.7±0.82; PGB-300/450 mg, -11.8±0.68; PGB-600 mg, -12.4±0.59 vs. placebo, -9.5±0.51; P<0.0001 for all comparisons; Men: PGB-150