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P01. Antidepressants

P01.01

Gender differences according to clinical effects of antidepressant treatment

M. Grubbe Goetke[1], E.W. Steyerberg[2], K.B. Stage[3], J. Passchier[2], P. Kragh-Sørensen[1], J.T. Larsen[4]. [1]*Odense University Hospital, Department of Psychiatry, Denmark*
[2]*Erasmus University, The Netherlands,*
[3]*Bispebjerg University Hospital;,* [4]*For the Danish University Antidepressant Group (DUAG), Denmark*

Gender differences in treatment response, side effects and dropout rates of antidepressant treatment were examined in patients with major depression.

The study comprised 292 in-patients (96 men, 196 women) from three Danish double-blind, randomized, controlled trials. All patients fulfilled DSM-III or DSM-III-R criteria of major depression. Clomipramine (150 mg/day) was reference treatment and comparative treatments were citalopram (40 mg/day), paroxetine (30 mg/day) and moclobemide (400 mg/day). Assessments on the 17-item Hamilton Depression Scale (HDS) and the UKU Side Effect Scale were performed. In a subsample (n=110) measurements of clomipramine plasma concentration were obtained.

Both genders had significantly larger reductions on HDS when treated with clomipramine than comparative treatments (Mean difference on HDS total score: -13.1 versus -10.5). The plasma concentration levels of clomipramine were significantly higher for female than male patients. No other gender differences were found.

Male and female patients with major and predominantly melancholic depression experience similar benefits, dropout rates and side effects of common antidepressants. Since women have higher plasma concentration levels of clomipramine than men, gender specific recommendations of dosage of TCAs may be considered henceforward.

P01.02

Citalopram efficacy in PAD and OCD disorders

G. Tavormina. *Psychiatric Studies Centre, Provaglio di Iseo, Italy*

Objective: To assess Citalopram utilization and efficacy in Panic Disorder (PAD) and Obsessive–Compulsive Disorder (OCD), and its tolerability too.

Materials and Methods: A total of 21 outpatients were included in this open-label, non-comparative naturalistic study, meeting DSM-IV diagnostic criteria for PAD and OCD.

Global Assessment Scale (GAS) was adopted in determining the effect of Citalopram treatment, before treatment, after four weeks and after eight weeks.

Tolerability was assessed, during clinical interviews, by registering treatment-emergent adverse events.

Results: Before Citalopram treatment all the patients presented a low point with the GAS; after treatment, the GAS showed very good results in both patients groups (with PAD and with OCD).

Tolerability: None of the patients in this study needed to stop the treatment for side effects. Only five patients, between the 21 of this study, presented transient side effects that gradually vanished.

Conclusions: In this naturalistic study, despite the methodological limitations, Citalopram demonstrated its considerable efficacy in PAD and OCD, besides its tolerability and safety.

P01.03

Bright light therapy as an antidepressant modality

G. Tavormina. *Psychiatric Studies Centre, Provaglio di Iseo, Italy*

Background: Bright light therapy (LT) is the recommended treatment for SAD; in addition, LT have new applications, as an antidepressant modality.

Materials and Methods: Eight patients between 26 and 51 years old (three of these patients were pregnant) were included in this naturalistic study about LT, with the following diagnosis (meeting the DSM-IV diagnostic criteria): Major Depression, Recurrent Depression, PAD, Depression in Bipolar Spectrum, Social Phobia, Bulimia crisis. The following rating scales were adopted in determining the effect of the LT: the "HAM-A" for PAD; the "Zung SDS" for all type of depressions; the "LSPS" for social phobia; the "BS" for bulimia crisis.

Three between non-pregnant began the LT as add-on therapy to drugs because their symptoms was not well controlled.

Results: All the patients obtained very good results (the rating scales presented a final score clear-cut). Any treatment-emergent adverse events were not reported.

Conclusions: In this naturalistic study LT confirmed its efficacy with several new applications, and above all its tolerability and safety for all patients but especially during pregnancy.

P01.04

Age-related differences in the side effect profile of citalopram

Y. Barak[1]*, M. Swartz[1], R. Weizman[2]. [1]*Abarbanel Mental Health Center, Bat-Yam;* [2]*Tel-Aviv University, Israel*

We evaluated the autonomic and cardiovascular side-effects of citalopram with particular emphasis on their relation to the age of treated patients. The data that formed the basis for the FDA (USA) approval of citalopram was provided by A/S Lundbeck, (Copenhagan, Denmark). This data base included placebo-controlled short- and long- term studies in major depressed patients. The list of side effect comprised of all "heart rate and rhythm disorders" as well as "autonomic nervous system disorders" that have been reported by at least 5% more than that reported for the placebo group of subjects. The database encompasses 1,342 subjects treated with citalopram 20–60 mg/day for a period of no less than 6 weeks.

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