9, or who had any single RDS item score greater than 3 were excluded from the study. Patients began treatment with venlafaxine XR 75 mg/day. At week 2, the venlafaxine XR middle-dose and high-dose groups were increased to 150 mg/day; at week 3, the venlafaxine XR high-dose group was increased to 225 mg/day. Improvement was evaluated from the final on-therapy scores of the HAM-A, the HAM-A psychic anxiety factor, and the Clinical Global Impressions (CGI) scale using an intent-to-treat population (n = 349). Significant differences versus placebo were observed on the HAM-A total, HAM-A psychic anxiety, and CGI severity and improvement scales. Discontinuations for adverse events occurred in 7 (7%), 14 (15%), 18 (20%), and 17 (19%) of patients in the placebo and venlafaxine XR 75 mg, 150 mg, and 225 mg groups, respectively. The most common treatment-emergent adverse events reported with venlafaxine XR were headache, asthenia, nausea, dizziness, insomnia, nervousness, and somnolence. This study demonstrates the effectiveness and tolerability of once-daily venlafaxine XR in treating outpatients with GAD. Venlafaxine XR may provide an important alternative to currently available anxiolytics.

Mon-P44

KAVA-KAVA AND PSYCHOPHYTOPHARMACA: DIFFERENTIAL THERAPY IN GENERALIZED ANXIETY DISORDERS

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In pharmacotherapy of generalized anxiety disorders (GAD) different psychopharmacological agents proved to be effective. However, there is a lack of predictors of therapeutic response. The present study was designed to address this question in 30 patients with GAD (12 male, 18 female).

Each agent was given for one week. To avoid carry-over effects, all treatment weeks were interrupted by one week's wash-out periods. Primary efficacy criterion was Hamilton total score at the end of each treatment week.

Differences between the drugs can be found. owever, meta-analysis showed that in chronic GAD, by means of single-case experiments, differences in efficacy between drugs can be found ($p < 0.01$).

Mon-P45

RISK OF DEPRESSION AFTER BREAST CANCER

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In the literature it has been proposed that treatment of depressive symptoms subsequent to breast cancer is not frequent.

This nation-wide register-linkage cohort study was based upon The Danish Psychiatric Case Registry, The Danish Cancer Registry and The Danish Breast Cancer Co-operation Group.

The base population consists of all Danish women, diagnosed with breast cancer during the period 1969–1993.

From this cohort were collected all women with a subsequent admission to a psychiatric hospital or a psychiatric ward in a general hospital with depressive disorder or depressive symptoms.

The incidence of admission to a psychiatric hospital or a psychiatric ward in general hospital with depressive disorder or depressive symptoms is compared to the same incidence for the normal population of women adjusted for age and calendar time.

Civil state and prognostic variables are taken into account. and in the statistical analyses multiplicative intensity models were used.

The standardised incidence rate = SIR will be presented at the meeting.

Mon-P46

SUICIDAL RISK AFTER BREAST CANCER

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It has been proposed that depressive symptoms subsequent to breast cancer often are undiagnosed or not treated sufficiently.

We hypothesised a higher suicidal rate in women with breast cancer compared to the normal population of women adjusted for age and calendar time.

This nation-wide register-linkage cohort study was based upon The Danish Cancer Registry and The Danish Registry of Causes of Death.

The base population consists of all Danish women diagnosed with breast cancer during the period 1974–1993. From this cohort were collected all women deceased and registered with non-natural causes of death.

The incidence in this cohort of registration with non-natural causes of death is compared to the incidence of registration of non-natural causes of death in the normal population of women adjusted for age, calendar time and zone of urbanity.

Marital status and earlier psychiatric admission with depressive diagnoses were taken into account.

In the statistical analyses multiplicative intensity models were used.

The standardised incidence rate = SIR will be presented at the meeting.

Mon-P47

AFFECTIVE SPECTRUM DISORDERS AMONG THE PATIENTS WITH DIABETES MELLITUS

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The objective of the study was to explore the prevalence of affective disorders in the patients with diabetes mellitus (type I and II). The investigation includes randomized group of 50 female inpatients of endocrinological department for diabetes mellitus. 30% of the patients had mood disturbancies, appeared as emotionally unstable personality disorder (16%), recurrent depressive disorder (4%), dysthymia (4%), prolonged depressive reaction (2%) and generalized anxiety disorder (4%). They were diagnosed according to ICD-10 criteria. The rate of recurrent depressive disorder, dysthymia, prolonged depressive reaction and generalized anxiety disorder corresponded to the ordinary populational rate. In spite of this spontaneously low prevalence of affective disorders (taken separately) in the patients with diabetes mellitus, high prevalence of emotionally unstable personality disorder (16%) should be considered as a predisposing condition for development of affective disorders in the patients with diabetes. This finding supports the statement that insulin-dependent and non-insulin-dependent diabetic patients with long standing illness are at increased risk for

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