SES02.4

260 therapeutic drug monitorings (TDM) in relation to compliance and co-medication in psychiatric treatment

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The issues of patient-compliance with prescribed medication and utility of a multitude of different drugs at the same time are always pertinent pharmacological problems in everyday clinical psychiatry. Estimates of non-compliance amounting to even a majority the patients prescribed psychoactive drugs are found in the literature. With a total pharmacopoea of perhaps several thousands of drugs being available for general clinical prescription and an average use of as much as 5.8 such drugs per patient in hospitalised psychiatric patients (data from Sweden 1997), the number of permutations possibilities for such co-medication therapies are outside the reach for any reasonable controlled trial design to investigate as a foundation for evidence-based medicine. Still, the everyday clinical problems of unknown non-compliance and drug-drug interactions lingers and can be envisaged to cause both a substantial number of situations with lack of treatment effect as well as unnecessary and even dangerous side-effects. How to cope with these problems?

Fortunately, the established tradition of frequently applying TDM-procedures in clinical psychopharmacology, not only in research but also in clinical practice has previously been shown useful to older psychoactive drugs. Here, the TDM-procedures were mainly based on potential toxicity of older drugs in higher concentrations and of concentration-effect relationships being established. Moreover, though, using TDM for older psychoactive drugs have simultaneously been found useful to detect non-compliance and uncover unknown drug-drug interactions in clinical practice. Accordingly, since newer clinical drugs in psychiatry are likely to also render non-compliance and drug-drug interaction problems, the use of development for TDM-procedures for the newer drugs and their rapidly expanding use during the past decade(s) in psychiatry seems highly rational. However, this has not been the case and for this reason the everlasting matter of non-compliance and drug-drug interactions in modern clinical psychopharmacology is a grossly neglected aspect of therapy. Hence, better focus on the non-compliance and drug-drug interaction scenario by developing and using TDM-procedures have a potential major impact to both treatment success-rates for patients, relative

SES02.5

The importance of drug metabolic pheno- and genotype in psychiatric co-medication issues

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No abstract was available at the time of printing.

IS01. Novel approaches to the patient with treatment-resistant depression

Chairs: M. Trimble (GB), T.E. Schlaepfer (CH)

IS01.1

Treatment-resistant depression

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The presentation will begin with a discussion of the concept of resistant depression and its designation in standardised statistical diagnostic manuals. It will be noted that although our present classifications, that is ICD 10 and DSM IV contain reference to a group of patients with chronic and remitting disorder, the concept of resistant depression is rather poorly developed.

A definition of resistant depression from a clinical point of view will be attempted. The criteria will embrace both symptoms of depression, and the longitudinal course, embracing relapses and remissions.

Taking a model from epilepsy, it will be argued that patients with the chronic form of the disorder differ from those with acute non-recurrent episodes of depression, suggesting that the pathogenesis of the disorder is different.

There are several factors that might underlie the development of resistant depression, which will then be considered. These include:
genetic factors
the underlying personality
associated psychopathologies
associated neurobiologies

Factors likely to be associated with resistant depression will be delineated, and the impact of these on treatment outcome discussed. Personality variables and neurobiological problems seem the most important. The former leads to group of patients with a chronically melancholic lifestyle intertwined with recognisable personality disorders, the latter not only serving the ongoing depression but interfering with treatment for example though non-compliance and drug polytherapy with misuse.

The neurobiological variables include subtle cerebral damage, possibly longstanding, or in an elderly age group secondary to, for example, cerebrovascular disease. Evidence that patients with resistant depression reveal cerebral change on brain imaging, especially MRI will be reviewed.

Finally it will be concluded that patients with resistant depression, who probably have a differing psychosocioneurobiological underpinning to their disorder than other patients with depression, need differing treatment strategies, and fail to be adequately managed with conventional psychotropic drugs and psychotherapy.

IS01.2

Pharmacological approaches to resistant depression

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Pharmacological approaches to the treatment of resistant depression consist of three main approaches: (1) increase the antidepressant dose (2) switch antidepressant (3) augment with another compound. It is worth noting that meta-analyses suggest that some pharmacologically less selective drugs such as amitriptyline and venlafaxine are slightly more effective than selective agents such as SSRIs. The most validated augmentation strategy is lithium addition. Tri-iodothyronine (T3) augmentation can also be used, but

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