P01-29 - DEPRESSION IN PARKINSON'S DISEASE- SEARCHING FOR THE MOST POTENT ANTIDEPRESSANT

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Depression occures in 28-60% of patients with PD. There is little evidence of the efficacy and safety of antidepressant therapies in Parkinson's disease. This interventive, paralel, RTC, safety/efficiency study included 339 patients aged 36-90, with ICD10/DSMIV criteria for PD and depression. Purpose of the study was to estimate depression, quality of life, and severity od PD symtoms after 3 months of antidepressant therapy.

Methods: We have randomly divide patients into control group(N=45) without antidepressants, and experimental groups in accordance with applied antidepressants: clomipramine(N=48), fluoxetine (N=49), sertraline (N=51), escitalopram (N=49), mirtazepine (N=45), and tianeptine (N=52). We have used HAMD for estimation of depression, QOL scale for quality of life, and UPDRS subscales I(behaviour and mood) and II(daily activities) for PD symptoms at pretrial, and after 3 months scores in all groups. Data were processed with SPSS for Windows.

Results: There is no statistical significance in pretrial scores between groups. After 3 months there is: significant increase in control and significant discrease(p=0.000) of HAMD scores in all experimental groups, in favour of antidepressant with higher mediana(escitalopram 9; sertralin 8; tianeptin 6; clompramin 3; mirtazapin 3; fluoxetine 1; control -2); significant increase of QOL scores in favour of antidepressant with higher mediana(escitalopram 1.24; sertraline 1.12; tianeptine 0.65; clomipramine 0.40; mirtazapine 0.27; fluoxetine 0.27), and significant difference in UPDRS II pretrial and after 3 months subscores(p=0.016), in favour of escitalopram.

Conclusion: All tested antidepressant are efficient in reducing HAMD score, but only escitalopram, sertraline, and tianeptine improved HAMD, QOL, UPDRS I, and II scores without side effects.