movement (REM) sleep and on the fragmented sleep pattern. In conclusion, the antidepressant efficacy of agomelatine may be due to its receptor profile, and it is hypothesized that melatonergic and 5-HT2C receptors may be acting in synergy, thus representing a novel approach to treating depression.

SAT3.03

How the internal clock interacts with mood and depression

C. Guilleminault. *Stanford Sleep Disorders Center, Stanford, CA, USA*

In all life forms, circadian rhythms are defined by a period of approximately 24 hours. The daily light/dark cycle governs rhythmic changes in behavior and physiological and mental functions, ie, in activity, core body temperature, hormones, sleep-wake cycle. All circadian rhythms are driven and controlled by the biological clock, which in mammals is located in the suprachiasmatic nucleus (SCN) of the anterior hypothalamus.

Disruption of circadian organization is a characteristic of a variety of affective disorders, especially major depression, and, circadian abnormalities may constitute a core component of the pathophysiology of depression and may also determine the treatment response.

Depressed patients have documented abnormalities in mood, body-temperature, neuroendocrine secretion, and, most importantly and disabling, in sleep (approximately 90% of patients complain about their sleep). The sleep alterations are mainly related to poor sleep quality and maintenance and to difficulties in maintaining alertness during the day. Polysomnographic recordings show disruption of sleep continuity with prolonged sleep latency, increased wake time during the night, increased early morning wake time, decreased slow-wave sleep, and disinhibition of REM sleep. Most antidepressants can influence the architecture of sleep: SSRIs, SNRIs, and some TCAs (clomipramine) have "alerting" effects whereas others, among them, mirtazapine or trazodone, are sleep promoting often also causing sedation and daytime sleepiness. An important clinical goal in the treatment of major depression would therefore include antidepressants that improve both mood and quality of sleep without impairing daytime alertness.

SAT3.04

Beyond efficacy on the core symptoms of depression: Sex and sleep benefits

A.L. Montejo. *Departamento de Psiquiatría, Hospital Universitario de Salamanca, Salamanca, Spain*

The outcome of depression can be affected after chronic use of antidepressants, because of the spectrum of side effects affecting compliance and quality of life. Among the most disabling side effects are sleep disturbances and sexual dysfunction.

Agomelatine, with its unique pharmacological profile acting as an agonist at melatonergic receptors and as an antagonist at 5-HT2C receptors, improves sleep and does not affect sexual functioning in major depressive disorder. In one study, agomelatine 25 mg, increased slow-wave sleep and normalized its distribution throughout the night ($P<0.05$) without altering REM sleep. In another study, agomelatine 25-50mg, compared with venlafaxine 75-150 mg, showed similar antidepressant efficacy and demonstrated significant sleep improvement (LSEQ questionnaire) as early as from the first week of treatment ($P=0.007$ for getting off to sleep and $P=0.015$ for quality of sleep). This improvement was maintained throughout the entire 6-week treatment period, with a parallel improvement in daytime alertness.

A comparison of sexual functioning in depressed patients treated with agomelatine or venlafaxine indicated that agomelatine 50 mg had a better sexual profile than venlafaxine XR 150 mg in remitted patients after 12 weeks of treatment on both orgasm and preorgasm measures; both treatments showed comparable antidepressant efficacy. To confirm the favourable effects of agomelatine on sexual functions, a study in healthy volunteers has been carried out and these results will be discussed.

In conclusion, agomelatine is a novel antidepressant that ameliorates disturbed sleep and leaves sexual functioning unaffected, thus improving both depressive symptoms and quality of life of depressed patients.

SAT4 - Satellite symposium: THE INTEGRATED MANAGEMENT OF LONG-TERM PSYCHIATRIC AND MEDICAL NEEDS IN PATIENTS WITH SEVERE MENTAL ILLNESS

Sponsored by pfizer

SAT4.01

Impact of medical comorbidities on patients with severe mental illness

S. Leucht. *Technische Universität München, München, Germany*

Patients with schizophrenia and bipolar disorder carry a heavy burden of medical comorbidities. Patients with schizophrenia or bipolar disorder have a life expectancy that is 15 years less than that of the general population. This increased mortality is partly associated with factors inherent to the patients' psychopathology. For example, the risk of suicide is about 20 times higher than that of the general population. However, despite increased psychiatric mortality, cardiovascular disease is the primary cause of death in patients with schizophrenia. While some of this morbidity is the acknowledged result of long-term antipsychotic medication, not all can be explained by pharmacotherapy-for example, patient lifestyle choices may account for at least part of this elevated risk. Smoking, for example, is much more common among patients with schizophrenia than the general population. However, psychotic patients often have undetected general health problems despite a higher than average physician consultation rate, suggesting that there is inadequate monitoring and treatment of the physical health of individuals with mental health problems. This may reflect the fact that mental healthcare is separated from physical healthcare in many countries and access to primary healthcare is often limited for individuals with mental illness.

SAT4.02

Considerations in the treatment of severe mental illness: Differential profiles of antipsychotics

J.W. Newcomer. *Departments of Psychiatry, Psychology and Medicine, Washington University School of Medicine, St. Louis, MO, USA*

https://doi.org/10.1016/j.eurpsy.2007.01.1176 Published online by Cambridge University Press