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RAPID REMISSION OF DEPRESSION AFTER
CARBAMAZEPINE AUGMENTATION OF VENLAFAXINE

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Achieving complete remission is now considered the standard of care in the treatment of depression (1) and dual-acting antidepressants like venlafaxine have been reported to have higher remission rates than other agents (2). Carbamazepine has previously been proposed as an augmenting strategy for resistant depression (3).

Carbamazepine is known to induce CYP 3A4. As venlafaxine is mainly metabolized by CYP2D6, significant pharmacokinetic interactions are not expected (4).

In the present pilot study, the clinical effectiveness, tolerance and pharmacokinetic of a venlafaxine-carbamazepine combination have been examined in depressive patients not remitting to venlafaxine alone. Patients were treated with venlafaxine 75–375 mg for 4 weeks. A carbamazepine-augmentation was then initiated for those patients who had not remitted as defined by a MADRS score of less than 13. Tolerability was assessed by UKU and the Serotonin Syndrome Scale.

Preliminary results show that 6 out of 8 patients remitted to the 4 week venlafaxine-monotherapy. Both patients who received the carbamazepine-augmentation reported of an impressive improvement 48 hours after the introduction of carbamazepine. This was also objectivated by MADRS (12 vs 26, and 16 vs 20 after one week).

Rapid response after lithium augmentation has frequently been reported and has also been observed for previous venlafaxine non-response (4), but there are no similar observation for antiepileptics. As carbamazepine is known to have a modulating effect on serotonergic systems and a serotonin-enhancing effect has also been proposed for lithium, a similar mechanism is suggested for the efficacy as augmentors of these two drugs. Data will also be presented on the safety and pharmacokinetic interaction-potential of the venlafaxine-carbamazepine combination.

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P01.175
DRUG ADDICTION AND SEXUALITY

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There is a paucity of studies about sexuality and drug addiction, but many of them have focused on the issue of the sexually transmitted diseases (STD). The aim of our study was to explore sexual behaviour on a sample of opiate addicts.

Out of 250 patients who were in treatment at our Addiction Treatment Unit, 100 accepted to be enrolled in our study. They were administered with a questionnaire which was meant to explore 5 different areas: socio-demographic, toxicological, psycho-relational, psycho-sexual and sexual dysfunctions. Again, we investigated both condom use and if patients modified their behaviour consequently to the perception of their own suffering of a STD in relation to their time of retention in treatment. In our sample, 90 patients were male and 10 female; all the patients were adults (aged 18–45 yrs) and 65% of the sample was administered with methadone maintenance treatment, the remaining were treated with opiate antagonist therapy (naltrexone), treated with other pharmacological therapy or without any pharmacological treatment. Of the whole sample, about 60% were psychologically supported.

Preliminary results suggest that heroin is the patient's preferred substance to improve their self confidence, intimacy, sexual fantasies and desire but when utilized too frequently a lot of sexual dysfunctions, mainly orgasmic disorders are reported. Condom use is positively correlated to the length of treatment retention at the Addiction Treatment Unit.

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A COMPARISON OF SEXUAL OFFENDERS IN CUSTODIAL
CARE AND IN PENAL INSTITUTION

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Background: Studies in Forensic psychiatry show numerous indications of difficulties in delivering an opinion on sexual offenders. Frequently it is hard to understand, which defendant is pronounced mentally ill and in accordance with forensic-psychiatric criteria receives a correctional measure treatment, and which delinquent is supposed to be a "normal criminal" and is arrested in prison. Our study investigates, whether differences in biographical data, psychopathological features and personality characteristics between forensic and arrested sexual offenders can be found.

Design: A comprehensive assessment is conducted on 50 sexual offenders who are in custodial care and 50 sexual offenders being in prison. Furthermore a sample of 30 arrested violent criminals without sexual offence should be recruited. Information is gathered from the analysis of files, a detailed clinical interview (SKID I and II) and psychometric testing of the offender.

Results: So far 40 forensic sexual offenders have been investigated, 18 of whom were sentenced for violation, 22 for abuse of children. Most of the patients met the diagnostic criteria of one or more personality disorder according to DSM IV. 22 patients received the diagnosis of a sexual deviation. In addition comorbid axis I-diagnosis specifically of the category "drug dependence" and "affective disorders" were given.

Conclusion: Preliminary results show that a comprehensive structured diagnostic assessment allows to identify a variety of difficulties and problems (axis I diagnosis) encountered by sexual offenders which are often not taken into account in clinical praxis.