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SOCIAL ANHEDONIA AND PSYCHOPATHOLOGY: A STUDY IN A POPULATION OF SCHIZOPHRENIC PATIENTS

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Backgroupd: The goal of our study is to evaluate the relationship between social anhedonia and clinical symptomatology in a population of acute schizophrenic inpatients. That relationship is of interest, since the relationship of anhedonia with the clinical symptomatology of schizophrenia remains an issue of contradiction.

Material-Methods: The study group consisted of 81 schizophrenic in-patients (50 male, 31 female), consecutively admitted to Eginition Hospital, Department of Psychiatry, during one year period (February 1997–March 1998). All patients were assessed using the Revised Social Anhedonia Scale (rSAS) and the Positive and Negative Syndrome Scale (PANSS). Information from the patient's history, concerning sociodemographic and clinical parameters were also recorded in pre-coded interview form. For the statistical analysis simple cross tabulations were initially used. Subsequently, multivariate methods were employed, using predictor core model variables and alternative introduced the positive and negative symptoms score as clinical standard variables to the core model.

Results: The patients' score on the PANSS-positive symptoms subscale predicted the patients' social anhedonia ($b = 3.04$, $p < 0.05$).

Conclusion: Our findings indicate that the degree of social anhedonia in acute schizophrenic in-patients depends from the severity of their positive symptoms.

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AD EARLY RESPONSE AND REMISSION OF VENLAFAXINE (VEN: EFFEXOR®) AND FLUOXETINE (FLU: PROZAC®) IN GERIATRIC OUTPATIENTS

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Objective: Evaluate efficacy (response and remission) and tol of ven and flu in geriatric outpts with MD.

Method: 300 patients enrolled in 8-wk, DB, pbo-controlled study; efficacy data on 288 pts (93 ven, 99 flu, 96 pbo). Ven dose 75–225 mg QD; flu dose 20–60 mg QD. Response outcome measured by 50% ↓ from BL HAM-D or MADRS scores, or 1 or 2 on CGI-Global Improvement (CGI-I) scale; remission measured by HAM-D total score ≤ 8. Safety assessed by AEs.

Results: Statistically significant differences not seen at end point; noted for response on MADRS total and CGI-I scores, but not on HAM-D. By wk 4, ven statistically significantly ($P < 0.05$) superior to flu and pbo in reducing HAM-D depressed mood item. At wk 4, a trend toward ven superiority in reducing the HAM-D psychic anxiety item observed ($P = 0.059$). By wk 6, MADRS response freq was 55%, 36%, and 36% for ven, flu, and pbo, respectively ($P < 0.05$ ven vs pbo; $P < 0.05$ ven vs flu). By wk 3, CGI-I response freq was 50%, 41%, and 35% for ven, flu, and pbo, respectively ($P < 0.05$ ven vs pbo; $P < 0.05$ ven vs flu). MADRS data analysis suggests superior efficacy of ven over flu or pbo increases in direct proportion to BL score. Ven produced higher remission rate than flu and pbo (42%, 29%, and 38%, respectively), a nonsignificant trend. Although individual AE incidence modestly higher in ven group, both ven and flu well tolerated.

Conclusion: Although no significant differences in overall effects at wk 8, ven showed increased response on CGI-I by wk 3, depressed mood and psychic anxiety by wk 4, and MADRS at wk 6. This suggests ven had more rapid onset of action, demonstrating a significantly > response than flu as early as wk 3. No significant safety concerns observed with either study drug.

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REMISSION RATES WITH DIFFERENT DOSAGES OF VEN (VEN) VERSUS SSRIs AND PBO (PBO) IN MAJOR DEPRESSIVE DISORDER

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Objective: To investigate association between ven and remission, absence of depressed mood (ADM), and response to tx of MDD, compared with SSRIs and pbo.

Methods: Data from >2000 pts who met criteria for mod-to-severe MDD in 8 clinical studies pooled for analysis. Pts had been allocated randomly to tx with ven, an SSRI (flu, par, or fluv), or pbo for ≤8 wks. Ven-treated pts categorized: ≤75 mg, 76–150 mg, 151–225 mg, and >225 mg. Average daily dosages were 71, 125, 178, and 278 mg, respectively. Depression assessed with HAM-D. Remission defined as $HAM\text{-}D_{17}$ total score ≤ 7, ADM defined as HAM-D Item 1 score of 0, and response defined as ≤50% ↓ from BL score on 21-item HAM-D. Between-group differences in outcome measures compared with Fisher's exact test.

Results: Remission rates for 4 ven dosage levels were 43%–45%, with no significant dosage-related differences; rates significantly higher than with SSRIs (35%; $P < 0.001$) or pbo (25%; $P < 0.001$). Rates of ADM at wk 8 were 33%–43% for ven, compared with 31% for SSRIs and 20% for pbo; the low dosage (≤75 mg) of ven significantly better than SSRIs, and all ven dosages significantly better than pbo ($P < 0.001$). Response rate at wk 8 was 61%–66% for ven, compared with 57% for SSRIs and 42% for pbo; high dosage of ven (66% response rate) significantly better than pbo ($P < 0.05$).

Conclusions: Remission rates at 8 wks of tx for MDD better for 3/4 ven dosages than for SSRIs and were uniformly better for ven than for pbo. At wk 8, although all ven dosages demonstrated significantly higher ADM rates than pbo, significance observed with lowest ven dosage in comparison with SSRIs. Response differences between ven and SSRIs were more modest, with a significantly higher rate noted at highest ven dosage.

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RESPONSE AND REMISSION WITH VENLAFAXINE, SSRIs, OR PLACEBO IN DIFFERENT SUBPOPULATIONS WITH MAJOR DEPRESSION

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Objective: To determine whether gender and age influence response and remission following treatment of major depression.

Method: A pooled analysis of a multicenter, double-blind, placebo-controlled study in which subjects (n = 2045) aged 18–80 years and meeting DSM-III-R or DSM-IV criteria for moderate to severe depression were randomized to receive venlafaxine, a selective serotonin reuptake inhibitor (SSRI) such as fluoxetine, paroxetine, or fluvoxamine, or placebo for 8 weeks. Depression was

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