safety of venlafaxine extended-release (XR) in preventing recurrence of depression.

Methods: Patients with recurrent unipolar depression (N=1096) were randomly assigned in a 3:1 ratio to 10-week treatment with venlafaxine XR (75 mg/d to 300 mg/d) or fluoxetine (20 mg/d to 60 mg/d). Responders (HAM-D17 total score ≤12 and ≥50% decrease from baseline) entered a 6-month, double-blind, continuation phase on the same medication. Continuation phase responders enrolled into the maintenance treatment period consisting of 2 consecutive 12-month phases. At the start of each maintenance phase, venlafaxine XR responders were randomly assigned to double-blind treatment with venlafaxine XR or placebo; fluoxetine responders continued for each period. Time to recurrence (HAM-D17 total score >12 and <50% reduction from acute phase baseline at 2 consecutive visits or the last visit prior to discontinuation) was evaluated using Kaplan-Meier methods and compared between groups using log-rank tests.

Results: At the end of the continuation phase, venlafaxine XR responders were randomly assigned to venlafaxine XR (n=164) or placebo (n=172); 129 patients in each group were evaluated for efficacy. The cumulative probability of recurrence through 12 months was 23.1% (95% CI: 15.3, 30.9) for venlafaxine XR and 42.0% (95% CI: 31.8, 52.2) for placebo (P=0.005).

Conclusions: Twelve months of venlafaxine XR maintenance treatment was effective in preventing recurrence in depressed patients who had been successfully treated with venlafaxine XR during acute and continuation therapy.

P068

Two-year placebo-controlled maintenance study to assess recurrence prevention with venlafaxine XR in patients with recurrent unipolar major depression

M. Keller [1], B. Yan [2], J. Musgnung [2], D. Dunner [3], J. Ferguson [4], E. Friedman [4], A. Gelenberg [6], R. Hirschfeld [7], J. Kocsis [8], S. Kornstein [9], C. Nemeroff [10]. [1] *Department of Biological Medical Psychiatry and Human Behavior, Brown University, Providence, RI, USA* [2] *Wyeth Pharmaceuticals, Collegeville, PA, USA* [3] *Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA, USA* [4] *Department of Psychiatry, Radiant Research, Salt Lake City, UT, USA* [5] *Department of Psychiatry, University of Pittsburgh Medical Center, Pittsburgh, PA, USA* [6] *Department of Psychiatry, University of Arizona, Tucson, AZ, USA* [7] *Department of Psychiatry, University of Texas Medical Branch, Galveston, TX, USA* [8] *Department of Psychiatry, Weill Cornell Medical College, New York, NY, USA* [9] *Mood Disorders Institute, Virginia Commonwealth University, Richmond, VA, USA* [10] *Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, USA*

Objectives: This study evaluated the efficacy and safety of venlafaxine extended-release (XR) in preventing recurrence of depression.

Methods: Outpatients with recurrent unipolar depression (N=1096) were randomly assigned in a 3:1 ratio to 10-week treatment with venlafaxine XR (75 mg/d to 300 mg/d) or fluoxetine (20 mg/d to 60 mg/d). Responders (HAM-D17 ≤12 and ≥50% decrease from baseline) entered a 6-month, double-blind, continuation phase on the same medication. Continuation phase responders enrolled into maintenance treatment consisting of 2 consecutive 12-month phases. At the start of each maintenance phase, venlafaxine XR responders were randomized to double-blind treatment with venlafaxine XR or placebo; fluoxetine responders continued on fluoxetine. Time to recurrence (HAM-D17 >12 and <50% reduction from acute phase baseline at 2 consecutive visits or the last valid visit prior to discontinuation) was evaluated using Kaplan-Meier methods and compared between groups using log-rank tests.

Results: In the second maintenance phase, the cumulative probabilities of recurrence through 12 months in the venlafaxine XR (n=43) and placebo (n=40) groups were 8.0% (95% CI: 0.0, 16.8) and 44.8% (95% CI: 27.6, 62.0), respectively (P<0.001). The probabilities of recurrence over 24 months for patients assigned to venlafaxine XR (n=129) or placebo (n=129) for the first maintenance phase were 28.5% (95% CI 18.3, 37.8) and 47.3% (95% CI 36.4, 58.2), respectively (P=0.005).

Conclusions: An additional 12 months of venlafaxine XR maintenance therapy was effective in preventing recurrence in depressed patients who had responded to venlafaxine XR after acute, continuation, and 12 months' initial maintenance therapy.

P069

Treatment of depressive syndrome in patients with psychosomatic disorders

B.V. Mykhaylov. *Kharkov Medical Academy of Postgraduate Education, Kharkov, Ukraine*

We analyzed a comparative evaluation of the effectiveness of the use of the antidepressant ''Zoloft'' in the complex treatment of depressive syndrome in 112 patients with psychosomatic disorders. Such patients lose interest in treatment, at the same time steadfast attention to their internal condition is noticed. Very frequently in these patients under the background of low mood, great anxiety, fear concerning the condition of their health is noticed.

Taking into account the above symptoms, we included ''Zoloft'' in the complex pharmacotherapeutic treatment. This choice was made because ''Zoloft's'' possibility of taking it once in a day, high safety, lack of dependence, insignificant side effects. The average therapeutic dosage was consisted of 50 mg/day duration of use – up to 4 months.

As the results, we found the regression of depressive symptoms in 89% of patients in this group was noticed at the end of the first week from the beginning of taking the drug. At the beginning this concerned anxieties and fears; mood was raised, active desire for prolonging the treatment was noticed. Sleep at night was better, psychotherapeutic correction was adequately effective. Fast regress of somatic complains were also noticed.

Thus, the results testify to a high efficiency of the Zoloft and good compatibility with psychocorrective work. Catamnestical data of from 2 to 4 years allow us to believe in the excellence (reliability) of our results.

P070

Use of antiepileptic drugs in psychiatry

C. Silveira, R. Curral, A. Norton, I. Domingues, A. Palha. *Department of Psychiatry, Hospital of São João, Porto, Portugal*

Introduction: Antiepileptic drugs have been more and more used by psychiatrists in treatment of disorders not related to epilepsy. Valproate and carbamazepine are approved in the treatment of Bipolar Disorder, as mood stabilizers. Lamotrigine also showed efficacy in bipolar depression, and gabapentine is a promising drug in treatment of anxiety disorders. This drugs are also being studied in other psychiatry disorders, as borderline personality, Schizophrenia, and agitation related to dementia.

https://doi.org/10.1016/j.eurpsy.2007.01.805 Published online by Cambridge University Press