

P0057

Non-persistence with antidepressants therapy in the Quebec youth

M. Tournier^{1,2,3}, Y. Moride^{1,2,4}, G. Galbaud du Fort^{1,2}, B. Greenfield⁵, T. Ducruet⁴. ¹Center for Clinical Epidemiology and Community Studies, SMBD Jewish General Hospital, Montreal, QU, Canada ²Department of Epidemiology and Biostatistics, McGill University, Montreal, QU, Canada ³Unité INSERM U657; Université Victor Segalen Bordeaux 2, Bordeaux, France ⁴Faculty of Pharmacy, Université de Montréal, Montreal, QU, Canada ⁵Montreal Children Hospital, Montreal, QU, Canada

Background and Aims: Non-persistence with antidepressants results in poor benefit-risk trade-off. Although antidepressant use in youth is has increased markedly, few utilization studies have been conducted in this population. The objectives were to determine non-persistence with antidepressant treatment in the Quebec youth and identify factors associated with non-persistence.

Methods: A retrospective cohort study was conducted using the Quebec health databases (RAMQ). All children (2-14 year-old) and adolescents (15-19 year-old) who were new users of antidepressants between 1997 and 2005 were followed for up to 12 months after treatment initiation. Non-persistence was defined as treatment duration with any antidepressant of less than 6 months. Independent variables included i) treatment characteristics; ii) patient characteristics.

Results: 53% of children and 29% of adolescents who were dispensed antidepressants were males. Only 60% of children and 75% of adolescents had received a psychiatric diagnosis that may require antidepressants. SSRIs were less prescribed in children than in adolescents (33% vs. 59%) unlike tricyclics (51 % vs 20%). General practitioners were the main prescribers in adolescents but not in children. Overall, 58% of patients were non-persistent. Non-persistence was associated with low maintenance dosages, absence of medical follow-up and being prescribed tricyclics as opposed to SSRIs. [respectively, OR 1.2 (95%CI 1.1-1.3), OR 1.6 (95%CI 1.4-1.7), and OR 2.3 (95%CI 2-2.4)].

Conclusions: Children and adolescents appear to be two distinct sub-populations with respect to antidepressant use; adolescents being very similar to adults. However, factors associated with non-persistence are similar for both age groups.

P0058

Mirtazapine in the treatment of anxiety associated with depression

L. Trikos¹, M. Stankovic². ¹Center of Psychiatry, University Clinical Center, Belgrade, Serbia and Montenegro ²Department of Alcoholism, Institute of Addictions, Belgrade, Serbia and Montenegro

Objective: Most patients with depression have symptoms of anxiety. Aim of our study was to investigate the efficacy of Mirtazapine on symptoms of anxiety in patients with depression. Mirtazapine is a noradrenergic and specific serotonergic antidepressant (NaSSA). Sedation may be a useful side-effect in the treatment of depressed patients with insomnia and severe anxiety.

Methods: Total of 40 patients, with diagnosis F 32.0-F 32.2 or F 33.0-F 33.2 (according to ICD-10), with a high degree of anxiety, were enrolled. Anxiety was assessed using the Inner Tension item (item 3) of the Montgomery-Asberg Depression Rating Scale (MADRS). Patients received Mirtazapine 30mg/day 6 weeks, without concomitant medication. The visits were organized at the beginning of treatment, after 2,4 and 6 weeks of treatment. Gathered data were statistically processed.

Results: There was a significant improvement for Mirtazapine-treated patients in the Item 3 of the MADRS at weeks 2,4 and 6 versus baseline.

Conclusion: Mirtazapine showed a significant beneficial effect in reducing symptoms of anxiety in depressive patients with high degree of anxiety, with early onset of action.

P0059

Correlations between adolescent suicide & antidepressant prescriptions in Quebec, 2004-2005

V. Trottier-Hebert, P.W. Gagne, M.C. Cote. *Department of Psychiatry, University of Sherbrooke, Sherbrooke, QU, Canada*

Background and Aims: The province of Quebec holds one of the highest rates of adolescent suicide in the world. Moreover, it appears that the vast majority of its teenage suicide completers are Canadians of French origin, although the highest incidence is being found in the Native Canadians communities. Adolescent suicide risk factors already recognized in the literature include mood disorders, older age, male gender, poor parent-child communication and substance abuse. Recent studies have been showing that adolescent suicide rates and antidepressant prescriptions appears to be negatively correlated. The main goals of this retrospective study were 1) to study the correlations between Quebec regional adolescent suicide rates and regional 2nd-generation prescriptions in 2004-2005 and 2) to study the consequences on teenage suicide rates of the 2004 U.S. FDA black-box suicidality warning made for adolescents taking antidepressant medication.

Methods: All (n = 533) files on suicides committed by individuals 19 years and younger in a seven-year period (1999-2005) were reviewed at the Quebec Coroner Office. Socio-demographical, clinical and psychosocial variables were used to compare suicide completers according to their region. Antidepressant prescriptions data for 2004 and 2005 was obtained from IMS Health Canada.

Results: The negative correlation established between regional suicide rates and regional antidepressant prescriptions was not statistically significant in 2004 but became statistically significant in 2005 (p = 0.018).

Conclusions: The results are so far concordant with current literature findings. This ongoing study (until 2009) will hopefully result in recommendations on the use of antidepressants in the pediatric population.

P0060

Long-term treatment of depression, when is monotherapy used?

L. Vavrusova. *Department of Psychiatry, University Hospital, Bratislava, Slovak Republic*

Unipolar depression is mostly recurrent disorder, frequency of depressive episodes increases with subsequent episodes, duration of fourth episode is half of the second episode. There are several reasons for long-term treatment of depression. To avoid recurrence, to decrease severity of subsequent episode, to avoid resistance, to decrease possibility of suicide, to maintain functional and social functioning of patients with depression.

We prospectively examined patients with diagnosis of recurrent depression in naturalistic settings. Patients we treated according the severity of the disorder and according to previous number of episodes.

Two groups of patients were compared, those treated for MDD in 2000 and those treated for MDD in 2006.

Total number of patients was (2000 n = 85 2006 n = 100). We did not find any significant difference between patient who have been on monotherapy vs combinations according to age, gender, psychiatric comorbidity. The only significant difference ($p < 0.01$) was in the duration of MDD. The longer duration of the disorder had been a predisposing factor for the significantly higher combinations in the treatment of MDD. Monotherapy is preferentially used in patients with shorter duration of the disorder.

P0061

Clinical outcome and tolerability of Duloxetine in the treatment of major depressive disorder: A 12-week study with plasma levels

L.S. Volonteri¹, G. Cerveri¹, A. Colasanti², I. De Gaspari², M.C. Mauri², C. Mencacci¹. ¹ Department of Clinical Psychiatry, Ospedale Fatebenefratelli E Oftalmico, Milan, Italy ² Clinical Neuropsychopharmacology Unit, Department of Clinical Psychiatry, University of Milan, Foundation IRCCS Ospedale Maggiore, Milan, Italy

Background and Aims: Duloxetine (DLX) is approved for treatment of Major Depressive Disorder (MDD).

Aims of this study were to assess the clinical outcome of DLX in the treatment of MDD, with efficacy measures based on clinician and patient assessment, and to evaluate the predictive value of DLX plasma levels on clinical response.

Methods: 45 out-patients affected by MDD were included in the study and prescribed 30-120 mg/day of DLX for 12 weeks.

Patients were evaluated at T0, after 2 (T1), 4 (T2), and 12 weeks (T3), by using HAMD21, HAMA, CGI-S, and the self-rating scales BDI and VAS. Plasma samples were collected at T2.

Results: Responders (50% reduction in HAMD21) were 60% and remitters (HAMD21 ≤ 7) were 56%. HAMD21 showed a significant improvement at T1, T2, T3 vs T0. HAMA and CGI-S showed a significant improvement at T2, T3 vs T0.

15 (33%) patients discontinued the treatment.

Blood pressure, heart rate, and body weight did not show relevant changes.

DLX plasma levels ranged from 5 ng/ml to 135 ng/ml (mean 53.56 ± 39.45 SD). The incidence of side effects irritability and anxiety was found to be significantly correlated with the highest DLX level/dose (mean 1.6 ng/ml/mg ± 0.29 SD) ($p = 0.02$).

We observed a curvilinear relationship between HAMD21 percentage of amelioration at T2 and DLX plasma levels/dose (mg/kg) ($y = 22.74 + 0.78x - 0.0038x^2$, $R^2 = 0.134$; $p = 0.23$).

Conclusion: Good medium-term clinical response, but plasma levels showed an increased of adverse events at higher values, reducing the advantages of dose escalation.

psychiatry. The labelling of the patients is known not only in the laic, common population, but unfortunately also in the psychiatric community. The people with neurotic symptoms are mostly affected with autostereotypes, what means they are afraid of psychiatric labelling. This leads to denying of psychic problems and symptoms, searching for somatic explain and to inadequate or late treatment. Sometimes even the fact of "psychiatric disorder" is understood as a synonym to be "a fool" so the patients tend to see a somatic specialist or are waiting till they get over the symptoms. Also the relatives are afraid of stigmatization for the whole family and minimize or neglect the symptoms. A somatic explanation is better tolerated and triggers sympathy and protection.. Only a small part of patients with panic disorder gets to a specialist.

We have studied the documentation of patients in Psychiatric centre Prague with panic disorder and agoraphobia. By using the linear regression we have found, that the education of the patients can have an influence on the start of adequate treatment - the higher the education was, the later the treatment starts. We also searched the severity of the symptoms before and after the treatment, to find out the influence of the lag and stigmatization on the treatment efficacy.

P0063

Anxiety and the patients with aorto-coronary by pass

L. Aleksovska¹, V. Vujovic², S. Arsova-Hadziangelkovska², V. Pejovska-Gerazova², G. Hadziandelkovski³, Z. Mitrev⁴, T. Ristovska-Dimova⁴, I. Dojcinovski⁴. ¹JPAU MACEDONIA Skopje, Medical Care Unit of The Airport, Skopje, Macedonia ²Psichiatric Clinic, Skopje, Macedonia ³Psichiatric Hospital, Skopje, Macedonia ⁴Cardiosurgery Hospital Filip II, Skopje, Macedonia

The cardiovascular deasises is rapidly increased. The therapy of these deseases have the multidisciplinary approach with the cardiologist, cardiosurgery, psychiatrist and psychologist. The pations with cardio-surgery intervention(aorto-corony by pass) always manifested anxiety.

Materials and Methods: This study will be done at the PZO Filip II-Skopje and are included 30 hospitalised patients with aorto-coronary by pass, age from 20 to 60 yaer old, male and female. These patient will be treated with the clinical psychiatry interview and HAMA-14.

Results and Conclusions: All the pations manifested increased level on HAMA results. The anxiety is the chalenge for the psychology-psychiatrist team to work with the cardiovascular patian at the cardio-surgery unit.

P0064

Assessment of social support in the course of manifestation of panic disorder with agoraphobia

B. Batinic¹, G. Trajkovic². ¹ Institute of Psychiatry, Clinical Center of Serbia, Belgrade, Serbia and Montenegro ² School of Medicine, Prishtina, Serbia and Montenegro

Background and Objectives: Social support has its role in maintaining of mental health and modification of the effects of aversive life events. It can be defined with respect to numerous variables: 1) The level of social integration, 2) Subjective experience of the quality of interpersonal relationships, 3) Help and support by other persons, 4) Supportive behavior actually taking place. The objective of our

Poster Session II: Anxiety Disorders

P0062

Stigmatization in anxiety disorders

K. Adamcova, J. Koprivova, M. Raszka, J.P. Prasko. *Psychiatric Centre Prague, Prague, Czech Republic*

Stigmatization, as a fear of something unknown, of diferences from the majority, is nowadays an important theme to discussion in the