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Purpose of the study: Cancer patients treating in the specialized Oncological hospital, and psychotherapy in any specialized form almost unavailable (no psychotherapist in the staff), and mental health care is possible through counseling, in the form of a transfer to a psychiatric hospital. A study was designed to assess the effectiveness of 20 mg fluoxetine monotherapy and in combination with psychotherapy.

Methods used: 27 patients with cancer of the urinary system were included. 10 patients were randomized to a fluoxetine-monotherapy treatment group (FT), 10 patients to a fluoxetine prescribing combined with psychotherapeutic intervention treatment group (FPT) and 7 patients to a psychotherapeutic treatment group (PT). The Montgomery and Asberg Depression Scale (MADRS), the Hamilton Anxiety Scale (HAS), the Hamilton Depression Scale (HDS), the Hospital Anxiety and Depression Scale (HADS), were used to assess the efficacy of fluoxetine.

Results: The response rate, defined by HADS lower than 8 after 4 weeks of treatment, was not significantly higher in the FT group (10%) compared to the PT group (8%), but lower than in the FPT group (13%). Patients in the FT and FTP groups showed a significantly greater decrease in HADS mean score after 4 weeks. No difference between the three groups was found in observer-reported assessments (MADRS, HAS and HDS).

Conclusions: Use monotherapy Fluoxetine 20 mg justified out the most acute affective reactions as a maintenance therapy. The most effective use of combination therapy (Fluoxetine + psychotherapy session).