alteration. It might be that the depression observed in PTSD is phenomenologically similar to that observed in MD, but has a distinctly different biological underpinning. The beneficial effect of phenelzine reported by several investigators seems to be unrelated to modulatory effect on the expression of the membranal serotonin transporter.

DEVELOPMENTS IN THE DRUG TREATMENT OF PANIC DISORDER

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Panic disorder is a chronic, debilitating but treatable psychiatric condition. Drug treatment options shown to be beneficial in this condition include the high-potency benzodiazepines, the tricyclic antidepressants (TCAs), the monoamine oxidase inhibitors (MAOIs), and the selective serotonin reuptake inhibitors (SSRIs). Alprazolam is widely used in the treatment of panic disorder, especially in the US, however, it is associated with a risk of dependence and difficulties in discontinuation from treatment. Depression frequently occurs as a comorbid condition with panic disorder and therefore the use of an antidepressant is a logical choice. The MAOIs, particularly the irreversible and nonselective ones, are mainly reserved for second-line treatment, because of their potential for precipitating hypertensive crises if ingested with tyramine-containing food. Among the TCAs, imipramine and clomipramine are widely used and effective in the treatment of panic disorder. Nonetheless, they are associated with an initial activation or 'jitteriness', have a slow onset of action and can produce troublesome side effects. Accumulating clinical evidence now supports the view that the SSRIs are as effective as the TCAs in the treatment of panic disorder and have a superior safety profile. The SSRI paroxetine has recently been compared with clomipramine in 367 patients with DSM-III-R panic disorder and demonstrated similar efficacy, however, it appeared to have a more rapid onset of action [1]. Furthermore, long-term treatment with paroxetine has demonstrated that patients continue to improve during maintenance therapy and that paroxetine is effective against relapse. Unlike TCAs and other SSRIs, it did not induce an initial exacerbation of symptoms. Paroxetine is the only SSRI which has been licensed for use in panic disorder in any country.

[1] Judge R, Dunbar G. Eur Neuropsychopharmacol 1995; 5: 361

DRAMATHERAPY IN DEMENTIA: A PILOT STUDY

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The gradual progression of memory and other cognitive problems in dementia can lead to communication difficulties and social interaction problems. This may lead to loss of self esteem, a cycle of discouragement and failure and an eroding of the sense of self.

Whilst much research has focused on the pathological and cognitive components of the disease it is also important to understand the subjective experience of the dementia sufferer. Dramatherapy is one way of accessing this. The aim of this study was to investigate the effects of dramatherapy in elderly dementia sufferers using quantitative and qualitative data. This pilot study evaluated the effects of a 12 week dramatherapy programme in 9 elderly patients with dementia in comparison with a control group of 6 elderly dementia patients. Both groups were from the same day hospital and attended on the same weekday. Overall, the control group tended to be more cognitively impaired and more dependent than the dramatherapy group and this reflects the selection procedure. Dramatherapy showed no obvious benefits on any of the various quantitative measures used. Nevertheless, qualitative data and individual reports suggested that dramatherapy was enjoyable and improved self esteem. The declining functional abilities of dementia sufferers can lead to feelings of disempowerment and loss of self esteem. Although, deterioration in dementia is expected, stimulating and maintaining social skills, independence, self-esteem and self-belief through dramatherapy may improve quality of life.

ANXIOLYTIC EFFECTS OF ZIPRASIDONE COMPARED WITH DIAZEPAM AND PLACEBO PRIOR TO DENTAL SURGERY

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Ziprasidone is a combined $5HT_{2A}/D_2$ antagonist undergoing evaluation as a new treatment for schizophrenia. In addition to its $5HT_{2A}$ antagonist activity, ziprasidone has high affinity for $5HT_{1A}$ receptors. Since anxiolytic activity is reputed to result from $5HT_{1A}$ stimulation, ziprasidone was evaluated in a double-blind, placebo-controlled study in subjects about to undergo minor dental surgery. Diazepam was included as a positive control. A total of 90 subjects were equally divided to receive a single oral dose, 3 hours prior to surgery, of one of the following treatments: 20 mg ziprasidone, 10 mg diazepam, or placebo. Scales evaluating the degree of anxiety and sedation were completed by the investigator and subjects at various time points up to 3 hours post dose. The data indicated that ziprasidone and diazepam were associated with similar anxiolytic activity, with approximately 55% decrease from baseline (prior to dosing) in the subject self-evaluation of anxiety. Similar results were observed with the investigator rating. Less sedation was observed in the ziprasidone group than in the diazepam group (63% vs. 90% increase from baseline). These results show that ziprasidone given prior to dental surgery has anxiolytic effects comparable with diazepam, but with less potential for sedation.

DEPRESSION IN OLD AGE: METHODOLOGICAL ISSUES CONCERNING LONG TERM OUTCOME STUDIES

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Objectives: To determine if source of recruitment of subjects into maintenance studies influence the outcome of studies.

Methods: Community subjects over the age of 65 were entered into the therapeutic and continuation phases of a long term study of the efficacy of Sertraline in the prevention of relapse and recurrence of depression in old age. Four sources of recruitment provided a sample frame of over 700 subjects. Two hundred and sixty subjects fulfilled entry criteria, diagnosed as suffering from DSM IIIR criteria for major depressive disorder, had an AGECAT level of D3 and above and Hamilton Depression Rating Scale score of 18 or more. One hundred and twenty four patients completed the therapeutic and continuation phases and were entered into the maintenance phase of the study. Socio-demographic and clinical characteristics of the subjects from 4 recruitment sources were considered in terms of predicting entry into the maintenance phase of the study.

Results: Preliminary analysis suggest that recruitment source may determine likelihood of entry into maintenance phase of the study. The implications of this finding are discussed in the context of other long term outcome studies in this age group.

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