Tues-P46

PECULIARITIES OF DEPRESSIVE DISORDERS IN PATIENTS WITH CHRONIC HEPATITIS OF DIFFERENT AETIOLOGY

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The aim of work has been working-out of the complex program of treatment and rehabilitation of patients with chronic hepatitis. The tasks were investigation of the clinic and dynamics of depressive disorders, revealing of the correlation between the severity of the chronic hepatitis and depressive manifesting. In participation with hepatologists has been investigated 51 patients. Besides clinic-psychopathological method for diagnosis of the depressive disorders the set of questionnaires has been used which included the scales HAM-24 anxiety and depression, questionnaire of Beck's depression and the scale of self-esteem by Spilberger. The patients investigated suffered from chronic hepatitis virus (HBV and HCV) and non-virus (toxic, autoimmune and drug-induced) aetiology. Only in 28% of the patients disorders were limited asthenic symptoms. In other cases depressive syndrome was diagnosed. Peculiarities of disorders were nonpsychotic level and four different kinds of depressive syndrome. There were astheno-depressive (23%), anxious-depressive (33%), hypochondic-depressive (10%) and hystero-depressive (6%) kinds. To use of psychopharmacological means was combined with great care, minimal doses of the drugs, having in mind the impaired metabolism and compatibility with the basic treatment.

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DOPAMINE AGONIST TREATMENT OF CHRONIC DEPRESSION

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The objective of the study was to specify the efficacy of dopamine agonist therapy (DAT) and to determine its clinical and biochemical predictors in tricyclic-resistant depressive patients. 29 patients with bipolar affective disorder (N = 17) and recurrent depressive disorder (N = 12) with duration of depression symptoms more than 6 months were observed. Included patients showed no response to at least 3 courses of different antidepressants. As DAT we used NACOM (levo-dopa+carbi-dopa) in mean daily dosage 1175 mg. Daily urine concentration of Dofa (D), Dopamine (DA), Noradrenaline (NA) and Adrenaline (A) were determined. High efficacy was observed in 14 patients (48%). Therapeutic response correlated positively with prevalence of psychomotor inhibition (87.5%), higher DA urine concentration at the base-line (73%), subclinical Parkinson-like symptoms (73%), bipolar course (64%) and sleep-awakens cycle disturbances (64.2%). The obtained data confirms the possibility of existence of so called "dopamine-dependence" depression subtype, resistant to thymoleptic therapy.

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VENLAFAXINE: A USEFUL ADDITION IN RATIONAL ANTIDEPRESSIVE TREATMENT

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Objective: We summarise our experience with venlafaxine treatment in 116 subjects admitted to our hospital between May 1996 and March 1997.

Methods: We prospectively sampled basic (e.g. diagnosis, symptoms, previously applied antidepressants, concomitant medication and diseases) and clinical data (e.g. side effects, blood pressure, heart rate, serial ECG recordings) in all cases. Response to venlafaxine was assessed by means of the Clinical-Global-Impression Scale (CGI).

Results: Thirty-eight male and 78 female subjects (mean age 49.8 ± 14.3 y) were included. Twenty-five of them were at least 60 years of age; 19 patients had concomitant cardiovascular diseases. Overall, venlafaxine was well tolerated in all cases and no drug related serious adverse event occured during treatment. Common side effects included temporary nausea (n = 39), dry mouth (n = 31), dizziness (n = 21), restlessness (n = 14), sleep disturbances (n = 9), sweating (n = 8), reduced urine flow (n = 5) and sexual dysfunction (n = 4). Serial blood pressure (BP) recordings did not show a significant increase of the mean systolic or diastolic BP. In many cases venlafaxine lead to a marked improvement of depressive symptoms within the first week of treatment. In 34 cases venlafaxine was stopped because of insufficient response or persistent side effects. The rate of discontinuation was similar in patients with concomitant cardiovascular diseases and those without concomitant medical illness (31.6 vs. 28.9%; Chi-square n.s.).

Conclusion: In most of our patients Venlafaxine treatment resulted in a substantial improvement of depressive symptoms. The drug is well tolerated, even in medically ill patients of old age. In most cases temporary nausea can be avoided, if Venlafaxine will be started at a dosage of 37.5 mg/d. Because of the risk of withdrawal symptoms abrupt discontinuation of Venlafaxine should be avoided (1). Finally, because of a potential risk of cardiac arrhythmia utmost caution should prevail concerning the combined use of high dose Venlafaxine and electroconvulsive therapy (one recently observed case; data not published).

(1) Agelink MW et al. Withdrawal syndrome after discontinuation of Venlafaxine (letter). Am J Psychiatry 1997; 154: 1473–1474.

Tues-P49

EFFECTS OF ONCE-DAILY EXTENDED RELEASE (XR) VENLAFAXINE ON ANXIETY IN PATIENTS WITH MAJOR DEPRESSION

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The objective was to evaluate the effects of once-daily venlafaxine extended release (XR) and venlafaxine on symptoms of anxiety in patients with depression and associated anxiety. Study 1 was a 12-week, randomized, double-blind, placebo-controlled trial of venlafaxine 37.5–75 mg twice daily or venlafaxine XR 75–150 mg once daily. Study 2 was an 8-week, randomized, double-blind, placebo-controlled trial of venlafaxine XR 75 to 225 mg once daily. Moderate or greater anxiety was defined as a HAM-D anxiety-psychic item score ≥ 2 and severe anxiety was defined as a score ≥ 3. In study 1, patients with moderate or greater anxiety (n = 252) or severe anxiety (n = 96) at baseline had a significant reduction ($p \leq 0.05$ to ≤ 0.001) in the HAM-D anxiety-psychic item scores with venlafaxine XR compared with placebo from weeks 4 through 12. A similar response was observed with venlafaxine. In study 2, patients with moderate or greater anxiety (n = 161) or severe anxiety (n = 60) at baseline had a significant reduction ($p \leq 0.05$ to ≤ 0.001) in HAM-D anxiety-psychic item scores with venlafaxine XR compared with placebo from weeks 1 through 8. Venlafaxine and venlafaxine XR are effective for the reduction of symptoms

https://doi.org/10.1016/S0924-9338(99)80497-0 Published online by Cambridge University Press