

W05-02 - DOES EARLY IMPROVEMENT IN MAJOR DEPRESSION PROTECT AGAINST TREATMENT EMERGENT SUICIDAL IDEATION?

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Objective: To investigate the association of early improvement and treatment emergent suicidal ideation in a large sample (N=705) of naturalistically treated inpatients with major depressive disorder

Method: In line with previous reports early improvement was defined as a 20% HAMD improvement within the first two weeks of antidepressant treatment. Treatment emergent suicidal ideation was defined by a sudden increase from 0 or 1 to at least 3 on HAM-D item-3 and from 0,1 to at least 4 on MADR item 10 for suicidal ideation. Early improvers were compared with non-early improvers with respect to the occurrence of treatment emergent suicidality during treatment.

Results: Early improvers were 3 (MADRS) to 3.4 (HAMD) times less likely to experience new emergence of suicidal ideation during the treatment course than non-improvers. In addition, early improvement was associated with significantly less pessimistic thoughts.

Limitations: The analysis is based on secondary analysis of prospectively collected data. No controlled study design.

Conclusion: Early improvement is associated with significantly less treatment emergent suicidal ideation for it may provide rapid symptom relief and reduce hopelessness.