Antidepressants should be prescribed in line with NICE guidance. There are 3 relevant documents from NICE and the Trust has developed local guidelines for use of antidepressants in the relevant circumstances. An audit into prescribing of all psychotropic medication prescribed by adult mental health services was undertaken. Data includes the full prescribing for 936 patients (300 inpatients and 636 outpatients).

Of the 936 patients 526 patients (56%) were prescribed antidepressants. The prescribing of antidepressants is 95% monotherapy in line with trust and NICE guidance. There is a small amount of combination therapy some of which should be investigated further.

The SSRI antidepressants are recognised first choice antidepressants on the basis of efficacy and cost and 211 (42%) of the trust prescribing was SSRIs. However paroxetine is no longer recommended in the trust for the treatment of depression and there were 33 instances of prescribing paroxetine.

Other antidepressants may be chosen second or third line except for dosulepin which is not recommended for use and phenelzine which is only recommended as third line.

288 (58%) represented other antidepressants with 26 being for dosulepin.

Treatment with antidepressants should be as monotherapy unless the patient has recognised poor response to treatment. The addition of mirtazepine or mianserin to an SSRI is recognised as the most suitable combination therapy. There are 27 instances of prescribing more than one antidepressant, 11 of these show compliance with NICE guidance.

P0038

A Randomized and double-blinded clinical trial of Venlafaxine HCL sustained release capsules for treatment in adolescents with major depression

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Background and Aims: To evaluate the efficacy and safety of venlafaxine HCL sustained release capsules in treatment of depression in adolescents.

Methods: A randomized?double blind and double dummy clinical trial enrolled 60 adolescents patients with depression, who were randomized 1:1 to administer venlafaxine HCL sustained release capsules 150 mg or fluoxetine 20 mg daily for 8 weeks?The efficacy of both treatment groups was evaluated based on the Hamilton Depression Scale and Clinical General Impression Scale pre- and post-treatment.

Results: The scores of Hamilton Depression Scale at the end of therapy were significantly reduced compared with the baseline in both groups($P<0.01$).The efficacy rate of venlafaxine HCL sustained release capsules versus fluoxetine treatment was 70.0? and 65.5?, respectively;the P value showed no statistical difference($P>0.05$).The common adverse reactions included dry mouth?insomnia?dizziness?and loss of appetite.

Conclusion: Venlafaxine HCL sustained release capsules is efective and safe agent for adolescents with major depression.

P0039

Escitalopram in the treatment of elderly patients with MDD

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Objective: To evaluate the efficacy and safety of escitalopram in an open- label, 8 weeks study.

Methods: Twenty seven (27) elderly patients suffering from MDD, according to DSMIV, were included in the study (17 female/ 10 male, average age 76.3). All patients were treated with escitalopram (dose range 10-20 mg, mean daily dose 16.48 mg). The assessment of antidepressant efficacy was performed using 17-item Hamilton Depression Rating Scale (HAMD17) and Geriatric Depression Scale (GDS). Safety measures included adverse events, vital signs and body weight. All the evaluations were performed at baseline and at week 8.

Results: Twenty five (25) patients concluded the study and two (2) patients discontinued treatment prematurely due to non-compliance. Escitalopram showed significant reduction in both HAMD-17 (-8.2) and GDS total score (-7.2). The percentage at endpoint of HAMD17 response was 44% and remission rates 24%. The most frequent adverse events were nausea in two patients (8%) and headache in four patients (16%). No significant changes were observed regarding vital signs. The mean body weight at baseline was 72.3 and at endpoint 73.1.

Conclusion: Escitalopram was well tolerated and efficacious in reducing symptoms of depression in elderly patients over the 8 week treatment period.

P0040

Does a diagnosis of depression or the prescription of an antidepressant influence hypnotic use in primary care?

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No recommendations or surveys of hypnotic use have taken into account the need to manage disturbed sleep in depression, a key symptom experienced by between 50% and 90% of patients. We investigated the impact of a diagnosis of depression/prescription of an antidepressant on hypnotic treatment in patients newly prescribed an hypnotic in primary care in the UK.

Data relating to new hypnotic prescriptions for 10 years (1996-2005) were obtained from the DIN-Link database. Patients (>18 years) were included if they received a new prescription for an hypnotic medicine and followed up for 1 year.

The proportion of patients newly prescribed an hypnotic who also received a diagnosis of depression increased from 11.1% to 17.4%. For each year of the study, a diagnosis of depression was associated with an increase in the length of treatment with hypnotics: in 2005, the average length of continuous treatment with an hypnotic in depressed patients was 80 days - 30% higher than non-depressed patients. The co-prescription of an antidepressant with hypnotic had similar results in 2005, the proportion of depressed patients prescribed an antidepressant who received an hypnotic for more than 3 months was 31% - over 10 times greater than those not prescribed an antidepressant.

In patients newly prescribed hypnotic medicine, a diagnosis of depression or the prescription of an antidepressant increases the length of hypnotic treatment, suggesting that disturbed sleep is an intractable feature of depressive illness, and that commonly prescribed

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antidepressants may not offer effective treatment for this aspect of the illness.

P0041

Efficacy and tolerability of fluvoxamine in outpatients with anxiety disorders

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Prospective, three months study of efficacy and tolerability of fluvoxamine in outpatients with Anxiety disorders. The subjects were the patients older than 18 years of age, previously without therapy or treated with other psychopharmacological treatment, with diagnosis of Anxiety disorder (F40 to F49 according to ICD-10 Classification of Mental Disorder). Clinical efficacy was evaluated with Hamilton Anxiety Rating Scale HAM-A and Clinical Global Impression scales at baseline visit, after one month and after three months of fluvoxamine therapy. Side effects were recorded during the therapy.

Aim of the study: Evaluation of efficacy and tolerability of fluvoxamine in outpatients with Anxiety disorders (F40 to F49 according to ICD-10 Classification of Mental Disorder).

Inclusion criteria: Female and male outpatients older than 18 years of age treated in Psychiatry Clinic Clinical Hospital Center Split, previously without therapy or treated with other psychopharmacological treatment, to which one of the following Anxiety disorders (F40 to F49 according to ICD-10 Classification of Mental Disorder) was diagnosed.

Exclusion criteria

- Hypersensitivity to fluvoxamine
- Pregnancy and lactation
- Hepatic or kidney insufficiently
- Unstable epilepsy
- Discontinuation of the treatment with irreversible monoamine oxidize inhibitors less than 14 days prior to introduction of fluvoxamine therapy
- Discontinuation of moclobemide therapy less than one day prior to introduction of fluvoxamine therapy.

Statistical Methods: Descriptive statistics was used for the analysis of demographic data and incidence of adverse events.

Repeated Measures Analysis of Variance was used for data analysis (Statistical software SPSS).

Statistical significance was defined as $p \leq 0{,}05$.

P0042

Milnacipran in the treatment of depressive patients older 60 years

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Milnacipran in the treatment of depressive patients older 60 years

Background: Treatment of old - age patients requires antidepressants with high efficacy, but safety from view of pharmacokinetics and pharmacodynamics.

Milnacipran is a specific serotonin and noradrenaline reuptake inhibitor antidepressant, which is devoid of antagonist activity at muscarinic, histamine and adrenergic receptors, resulting in a benign side-effect profile.

Aim: evaluate efficacy and tolerability of milnacipran over a 8 - week treatment period in patients older 60 years suffering from reccurent or single episode of major depression.

Methods: 24 patients with mild or moderate major depression were included in the study. Patients had been suffering from depression from 2 to 20 years and had had one or two depressive episodes in the last two years. The study was open label. Milnacipran was administered as a single daily dose of 50 mg and subsequently as 50 mg bid (100 mg/day).

Results: After six weeks all patients had a reduction of the Hamilton score of at least 40% with a mean reduction of 54.6%. After eight weeks, the mean Hamilton rating score was 8.1 with most patients in remission with a score of 8 or less. Adverse events were reported infrequently. Constipation and excessive sweating occurred in four patients and headache in one patient. These adverse events occurred early in the treatment and lasted less than 14 days.

Conclusion: Good efficacy and good tolerance suggests that milnacipran is a suitable candidate for first line treatment of mild to moderate major depression.

P0043

Sertraline in treatment of depression, panic disorder, OCD and PTSD at dailly hospital, psychiatric clinic Sarajevo university

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Background and Aims: Sertraline is an antidepressant of the SSRI class, and shared common side effects and contraindications with other members of SSRI class.

Aim of this study is to show how Sertraline is effective in treatment of distinguish psychiatric disorders, observing side effects as well.

Methods: This prospective study covered 30 patients, randomly selected at Psychiatric Clinic University of Sarajevo.

SCID-I and CGI was used as instruments. Dose vary related to clinical state (25-150 mg/day)

Results: Out of total number of patients (30); 22 (73.3%) are female and 8 (267%) males with disorders as follows: Depression (667%),Panic Disorder and PTSD (33% each) and OCD (6,7%).

Starting Sertraline dose was 25 mg/day, which is increased in 90% of cases to 50mg/day, and 100 mg/day (6.7%) after one week of treatment resulting with average dose of 52.5 mg/day (average change 27.5). During second follow up there is a further increase of dose to the average of 76.67 mg/day ranging from 25 to 150 mg/day (average 25). Duration of follow up was 3-6 months. 43.3% of patients in our sample were taking concomitant pharmacotherapy in form of anxiolitic and antidepressants.

Conclusion: Sertraline is significantly effective as therapy for Depression, Panic disorder, OCD. None of the patients reported some side effects from the Sertraline therapy. In 90.0% of cases final evaluation of response was excellent with 10% of very good response to treatment

P0044

Manic-Like episode associated with Venlafaxine-Mirtazapine combination in resistant major depression: Case report

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