P02.200

SOCIAL ANHEDONIA AND PSYCHOPATHOLOGY: A STUDY IN A POPULATION OF SCHIZOPHRENIC PATIENTS

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Backgroupd: The goal of our study is to evaluate the relationship between social anhedonia and clinical symptomatology in a population of acute schizophrenic inpatients. That relationship is of interest, since the relationship of anhedonia with the clinical symptomatology of schizophrenia remains an issue of contradiction.

Material-Methods: The study group consisted of 81 schizophrenic in-patients (50 male, 31 female), consecutively admitted to Eginition Hospital, Department of Psychiatry, during one year period (February 1997–March 1998). All patients were assessed using the Revised Social Anhedonia Scale (rSAS) and the Positive and Negative Syndrome Scale (PANSS). Information from the patient's history, concerning sociodemographic and clinical parameters were also recorded in pre-coded interview form. For the statistical analysis simple cross tabulations were initially used. Subsequently, multivariate methods were employed, using predictor core model variables and alternative introduced the positive and negative symptoms score as clinical standard variables to the core model.

Results: The patients' score on the PANSS-positive symptoms subscale predicted the patients' social anhedonia ($b = 3.04$, $p < 0.05$).

Conclusion: Our findings indicate that the degree of social anhedonia in acute schizophrenic in-patients depends from the severity of their positive symptoms.

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AD EARLY RESPONSE AND REMISSION OF VENLAFAXINE (VEN: EFFEXOR®) AND FLUOXETINE (FLU: PROZAC®) IN GERIATRIC OUTPATIENTS

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Objective: Evaluate efficacy (response and remission) and tol of ven and flu in geriatric outpts with MD.

Method: 300 patients enrolled in 8-wk, DB, pbo-controlled study; efficacy data on 288 pts (93 ven, 99 flu, 96 pbo). Ven dose 75–225 mg QD; flu dose 20–60 mg QD. Response outcome measured by 50% ↓ from BL HAM-D or MADRS scores, or 1 or 2 on CGI-Global Improvement (CGI-I) scale; remission measured by HAM-D total score ≤ 8. Safety assessed by AEs.

Results: Statistically significant differences not seen at end point; noted for response on MADRS total and CGI-I scores, but not on HAM-D. By wk 4, ven statistically significantly ($P < 0.05$) superior to flu and pbo in reducing HAM-D depressed mood item. At wk 4, a trend toward ven superiority in reducing the HAM-D psychic anxiety item observed ($P = 0.059$). By wk 6, MADRS response freq was 55%, 36%, and 36% for ven, flu, and pbo, respectively ($P < 0.05$ ven vs pbo; $P < 0.05$ ven vs flu). By wk 3, CGI-I response freq was 50%, 41%, and 35% for ven, flu, and pbo, respectively ($P < 0.05$ ven vs pbo; $P < 0.05$ ven vs flu). MADRS data analysis suggests superior efficacy of ven over flu or pbo increases in direct proportion to BL score. Ven produced higher remission rate than flu and pbo (42%, 29%, and 38%, respectively), a nonsignificant trend. Although individual AE incidence modestly higher in ven group, both ven and flu well tolerated.

Conclusion: Although no significant differences in overall effects at wk 8, ven showed increased response on CGI-I by wk 3, depressed mood and psychic anxiety by wk 4, and MADRS at wk 6. This suggests ven had more rapid onset of action, demonstrating a significantly > response than flu as early as wk 3. No significant safety concerns observed with either study drug.

P02.202

REMISSION RATES WITH DIFFERENT DOSAGES OF VEN (VEN) VERSUS SSRIs AND PBO (PBO) IN MAJOR DEPRESSIVE DISORDER

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Objective: To investigate association between ven and remission, absence of depressed mood (ADM), and response to tx of MDD, compared with SSRIs and pbo.

Methods: Data from >2000 pts who met criteria for mod-to-severe MDD in 8 clinical studies pooled for analysis. Pts had been allocated randomly to tx with ven, an SSRI (flu, par, or fluv), or pbo for ≤8 wks. Ven-treated pts categorized: ≤75 mg, 76–150 mg, 151–225 mg, and >225 mg. Average daily dosages were 71, 125, 178, and 278 mg, respectively. Depression assessed with HAM-D. Remission defined as HAM-D_{17} total score ≤ 7, ADM defined as HAM-D Item 1 score of 0, and response defined as ≤50% ↓ from BL score on 21-item HAM-D. Between-group differences in outcome measures compared with Fisher's exact test.

Results: Remission rates for 4 ven dosage levels were 43%–45%, with no significant dosage-related differences; rates significantly higher than with SSRIs (35%; $P < 0.001$) or pbo (25%; $P < 0.001$). Rates of ADM at wk 8 were 33%–43% for ven, compared with 31% for SSRIs and 20% for pbo; the low dosage (≤75 mg) of ven significantly better than SSRIs, and all ven dosages significantly better than pbo ($P < 0.001$). Response rate at wk 8 was 61%–66% for ven, compared with 57% for SSRIs and 42% for pbo; high dosage of ven (66% response rate) significantly better than pbo ($P < 0.05$).

Conclusions: Remission rates at 8 wks of tx for MDD better for 3/4 ven dosages than for SSRIs and were uniformly better for ven than for pbo. At wk 8, although all ven dosages demonstrated significantly higher ADM rates than pbo, significance observed with lowest ven dosage in comparison with SSRIs. Response differences between ven and SSRIs were more modest, with a significantly higher rate noted at highest ven dosage.

P02.203

RESPONSE AND REMISSION WITH VENLAFAXINE, SSRIs, OR PLACEBO IN DIFFERENT SUBPOPULATIONS WITH MAJOR DEPRESSION

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Objective: To determine whether gender and age influence response and remission following treatment of major depression.

Method: A pooled analysis of a multicenter, double-blind, placebo-controlled study in which subjects (n = 2045) aged 18–80 years and meeting DSM-III-R or DSM-IV criteria for moderate to severe depression were randomized to receive venlafaxine, a selective serotonin reuptake inhibitor (SSRI) such as fluoxetine, paroxetine, or fluvoxamine, or placebo for 8 weeks. Depression was

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assessed using the Hamilton Rating Scale for Depression (HAM-D). Response equaled at least a 50% decrease in the baseline HAM-D 21-item score. Remission equaled a HAM-D 17-item score of 7 or less. Differences between venlafaxine, SSRIs, and placebo for gender and age subpopulations were determined using Fisher's exact test.

Results: Outcomes with each treatment were similar for all subpopulations. In both genders, venlafaxine and SSRI remission rates were superior to placebo at week 8 (all $P < 0.05$); additionally, venlafaxine had a higher remission rate than SSRIs in these subpopulations. With venlafaxine, response was more rapid (week 2 vs placebo, $P < 0.02$); by week 8, response rates were higher (61% to 79%) than with SSRIs (51% to 62%) [$P < 0.01$].

Conclusions: These data may suggest that depressed patients of both genders and ages respond similarly to available pharmacotherapies. Moreover, a more rapid response and remission are likely with venlafaxine.

P02.204

VENLAFAXINE DEMONSTRATES SUPERIOR SUSTAINED REMISSION COMPARED WITH SSRIs OR PLACEBO

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Objective: While remission is the primary goal of antidepressant therapy, maintaining remission is the ultimate measure of antidepressant success. The maintenance of remission was assessed a pooled analysis of clinical data evaluating venlafaxine, selective serotonin reuptake inhibitors (SSRIs), and placebo.

Methods: To investigate sustained remission with venlafaxine and SSRIs, eight comparative clinical studies with or without placebo were pooled. Data on 851 venlafaxine (75–375 mg/day)-treated patients, 749 SSRI treated patients, and 446 placebo-treated patients were pooled. The active controls in the SSRI group were fluoxetine (20–80 mg/day), paroxetine (20–60 mg/day), and fluvoxamine (100–200 mg/day). Remission was defined by total Hamilton Rating Scale for Depressio scores of <8 at week 4; sustained remission was measured by the maintenance of remission through week 8 of treatment.

Results: Of the 213 patients on venlafaxine who attained remission at week 4, 18 (86.4%) sustained their remission through week 8. Of the 145 patien on SSRIs who attained remission at week 4, sustained remission was observed in 103 (71%) patients at week 8 of treatment. A total of 42 the 60 (70%) patients attaining remission while on placebo had a sustained remission. Significant differences were observed between venlafaxine and SSRIs ($P < 0.001$) and between venlafaxine and placebo ($P < 0.001$).

Conclusion: These data indicate that treatment with venlafaxine was associated with a significantly higher rate of sustained remission of depression as compared with the SSRIs or placebo. The ability of venlafaxine to maintain remission longer than the SSRIs is perhaps attributed to its dual serotonin and norepinephri reuptake inhibition versus the selective serotonin reuptake inhibitory mechanism of the SSRIs.

P02.205

FROM CLASSICAL NEUROLOGY TO NEUROLOGY OF SELF. THE RECEPTION OF HISTORY OF NEUROLOGY AND ITS SYSTEMATIC POSITION IN THE WORK OF O.W. SACKS

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The anglo-american neurologist, neuropsychologist and neuropsychiatrist Oliver Sacks has presented an extensive literary work based on 'clinical tales', which an intensive reception and interpretation of the history of neurology is inherent. Starting from Jackson and Head and exceeding Goldstein and Luria he is developing the outlines of a 'neurology of self' or a 'clinical ontology', which claims to proceed the change from a static to a dynamic neurology. The own clinical experiences are getting at last an adequate new theoretical interpretation by the neuroscientific work of G.M. Edelman within the 'theory of neuronal group selection'.

This considerations want to present a reconstruction of the basic lines in the work of O.W. Sacks and to stimulate the discussion about his work in respect to neuropsychiatry.

P02.206

ELECTROPHYSIOLOGICAL CORRELATES OF CHANGED COGNITION IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER

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Event-related potentials (ERPs) offer the possibility to investigate functional aspects of cognitive and emotional processes. To investigate memory in patients with obsessive-compulsive disorder (OCD) we chose a continuous word recognition ERP-paradigm. In these experiments brain responses to repeated items ("old" words) are characterized by more positive ERPs compared to the ERPs for the "new" words (first presentation). This recognition-effect has been referred to as the "old/new effect" and has been shown to be sensitive to memory processes.

In the present experiment we investigated non-medicated OCD-patients (n = 12) and normal controls (n = 12). ERPs for the correctly detected repeated words showed an increased positivity beginning approximately 250 ms poststimulus for the normal controls and a group of OCD patients with predominantly washing compulsions (n = 6). In contrast, the old/new effect was much smaller in a group of OCD patients with pronounced obsessive thinking (n = 6). In these patients the reduced old/new effect is suggested to be related to an impaired working memory capacity and context integration processes. There is need to distinguish the different clinical subgroups of OCD in memory experiments.

P02.207

BONE MINERAL DENSITY IN ADULT WITH HISTORY OF TREATMENT OF ANOREXIA NERVOSA

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Total body and lumbar bone mineral density (T-BMD, L-BMD), were measured in 34 women and 3 men with history of treatment of anorexia nervosa (a.n.) in adolescence by dual-energy X-ray absorptiometry. Mean age 21.1 ± 3.9 yr. (18–34.75 yr.), the mean follow-up period 7.0 ± 4.3 yr. (3–19.6 yr.). The values of BMD were expressed as Z-score. T-BMD was decreased (Z-score ≤ 1 SD) in 36.1% and L-BMD in 50% of patients. Resumption of menses and actual nutritional status were related to BMD. There was no difference in BMD in groups with primary and secondary amenorrhea at the start of treatment.

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