Methods: In the primary multicenter, double-blind trial, outpatients with recurrent MDD (N=1096) were randomized to receive 10-week acute-phase treatment with venlafaxine XR (75 mg/d to 300 mg/d) or fluoxetine (20 mg/d to 60 mg/d), followed by a 6-month continuation phase. Subsequently, at the start of 2 consecutive, double-blind, 12-month maintenance phases, venlafaxine XR responders were randomized to receive venlafaxine XR or placebo. Data from the 24 months of maintenance treatment were analyzed for the combined end point of maintenance of response (ie, no recurrence of depression and no dose increase above 225 mg/d), and each component individually. Time to each outcome was evaluated with Kaplan-Meier methods using log-rank tests for venlafaxine XR-placebo comparisons.

Results: The analysis population included 114 patients who had received venlafaxine XR doses less than or equal to 225 mg/d prior to maintenance phase baseline (venlafaxine XR: n=55; placebo: n=59). Probability estimates for maintaining response were 70% for venlafaxine XR and 38% for placebo (P=0.007), for no dose increase were 76% and 58%, respectively (P=0.019), and for no recurrence were 87% vs 65%, respectively (P=.099).

Conclusions: These data confirm venlafaxine XR is effective maintaining response at doses ≤225 mg/d for up to 2.5 years in patients with MDD.

P065

Predictors of clinical outcome in panic disorder: Analysis of venlafaxine XR short-term treatment studies

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Objective: This pooled analysis evaluated the predictors of clinical outcome in the short-term treatment of panic disorder.

Methods: Data were pooled from 4 randomized, placebo-controlled studies of venlafaxine XR in adult outpatients with Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) panic disorder with or without agoraphobia (n=1595). Patients were randomly assigned to 10 to 12 weeks' treatment with either placebo or venlafaxine (fixed or flexible dosing, range from 75 mg/d to 225 mg/d). The primary efficacy measure was the proportion of patients free of full-symptom panic attacks at end point. Predictors included panic severity (<8 or ≥8 full-symptom panic attacks during each 2 week period in the 4 weeks prior to baseline) and gender. Other predictors included panic disorder, clinical global impressions, anxiety, somatic and psychic anxiety, depression, mood, phobias, fear, and avoidance.

Results: In both the active treatment and placebo groups, males (65% and 50%, respectively) and those with low symptom severity (69% and 53%, respectively) were significantly (P<0.05) more likely to be panic-free at end point. For nearly all baseline ratings on clinical measures, greater symptom severity was associated with lower proportions of patients who were free from full-symptom panic attacks at end point. Change scores showing improvement in symptom severity following treatment were associated with higher proportions of patients who were free from full-symptom panic attacks at end point.

Conclusions: Panic-free status at end point was predicted by gender, panic disorder severity, and most baseline and change scores of clinical ratings scales.

P066

Efficacy of venlafaxine XR and placebo in social anxiety disorder: Effects of gender and physical symptoms

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Objective: This pooled analysis compared the efficacy of venlafaxine extended-release (XR) versus placebo in the treatment of social anxiety disorder (SAD).

Methods: Data were pooled from 5 randomized studies of patients with Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) SAD (N=1459) who were treated with venlafaxine XR 75 mg/d to 225 mg/d or placebo for 12 weeks (4 studies) or 28 weeks (1 study). Response and remission rates were calculated for the overall sample, as well as stratified by gender and level of physical symptom severity at baseline. Response was defined as a score of 1 or 2 on the Clinical Global Impressions–Improvement (CGI-I) scale. Remission was defined as a total score of <30 on the Leibowitz Social Anxiety Scale (LSAS).

Results: At baseline the mean LSAS score was 88.1 and 86.6 for the venlafaxine and placebo arms, respectively. Overall response rates at week 12 were 55% for venlafaxine XR and 33% for placebo (P<0.0001); remission rates were 25% and 12%, respectively (P<0.0001). Among patients with less severe physical symptoms, response rates were 52% and 32% for venlafaxine XR and placebo, respectively (P<0.0001); remission rates were 27% and 14%, respectively (P<0.0001). Response rates among patients with more severe physical symptoms were 56% for venlafaxine XR and 33% for placebo (P<0.0001); remission rates were 24% and 11%, respectively (P<0.0001).

Conclusions: Venlafaxine XR is effective in the treatment of SAD, regardless of gender or severity of physical symptoms.

P067

Recurrence prevention in patients with recurrent major depression receiving 12 months of treatment with venlafaxine XR

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Introduction: We report the results from the first 12 months of a 2-year maintenance phase of a study evaluating long-term efficacy and

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