Tues-P98

CITALOPRAM IS AS EFFECTIVE AS CLOMIPRAMINE FOR TREATING PANIC DISORDER, AND IS BETTER TOLERATED

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Panic disorder is a disabling disease that can seriously reduce a patient's ability to lead a normal life. The established superior efficacy of the non-selective serotonin re-uptake inhibitor clomipramine over imipramine indicates the involvement of a serotoninergic mechanism in the disorder. Indeed, more recently, selective serotonin re-uptake inhibitors (SSRIs) have also proven effective. This double-blind, parallel-group, multicentre trial was designed to determine the optimal dose range of citalopram, the most selective SSRI, in the acute treatment of panic disorder. In total, 475 patients (mean age 38 years) were randomised to one of five treatment groups: placebo (n = 96); citalopram 10–15 mg/day (n = 97); citalopram 20–30 mg/day (n = 95); citalopram 40–60 mg/day (n = 89); and clomipramine 60–90 mg/day (n = 98). Study treatment was administered for 8 weeks, with an optional extension to 12 months. All treatments were generally well tolerated, with dizziness, tremor, dry mouth, constipation and insomnia occurring more frequently in the clomipramine group than in the citalopram groups (tremor and dry mouth also significant during the continuation phase). Compared with placebo, the proportion of responders at Week 8 (those scoring 0 or 1 on the panic attack item of the Clinical Anxiety Scale) was significantly greater in the citalopram 20–30 mg (60%; $p < 0.01$) and 40–60 mg (50%; $p < 0.05$) groups, and in the clomipramine 60–90 mg group (50%; $p < 0.05$). A significant difference between citalopram and placebo was first observed at Week 4, suggesting a quicker onset of effect than previously reported for paroxetine and fluvoxamine. Patients' and physicians' global improvement scales also revealed a trend for greater efficacy with citalopram 20–30 mg/day than with the higher dosage of citalopram or with clomipramine. The continuation phase showed that maximum efficacy was achieved after about 3 months of treatment, and supported evidence obtained in the acute phase that 20–30 mg is the optimal dose of citalopram for the treatment of panic disorder, and is as effective as, and better tolerated than, clomipramine.

Tues-P99

LONG-TERM TREATMENT IN PANIC DISORDER: RANDOMIZATION OF ACUTE FLUOXETINE RESPONDERS TO CONTINUED TREATMENT WITH FLUOXETINE OR PLACEBO

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Objective: Assess whether continued fluoxetine treatment following successful acute therapy is associated with continued improvement and prevention of relapse.

Method: Patients with panic disorder were treated for 10 weeks with fluoxetine 10 or 20 mg/day, or placebo. Fluoxetine responders were randomized to 24 additional weeks of fluoxetine or placebo. Relapse was measured using stringent criteria (CGI 4 for 2 visits) and sensitive criteria (CGI 3 for 2 visits, or CGI 3 and panic frequency increase 50%). We also assessed change in panic attack frequency, phobic avoidance, HAMD-21, HAMA, and SCL-90-R. Endpoint measures included clinician/patient-rated CGI items.

Results: Fluoxetine responders randomized to continued fluoxetine experienced statistically significant improvement in panic attack frequency and phobia rating scale score from randomization to Week 24, while those switched to placebo experienced statistically significant worsening in HAMA, HAMD, and SCL-90-R rating scores. Using stringent relapse criteria, 4 (8%) placebo-treated and 1 (3%) fluoxetine-treated patient relapsed (NS). Using sensitive criteria, 11 (22%) placebo-treated and 4 (11%) fluoxetine-treated patients relapsed (NS). In an observed-case visit-wise analysis fluoxetine was superior to placebo on multiple measures. Placebo was not superior to fluoxetine on any measure.

Conclusions: These data provide evidence for the efficacy of fluoxetine in improving clinical outcomes over a 6 month period following response to acute treatment.

Tues-P100

FLUOXETINE TREATMENT OF PANIC DISORDER: A RANDOMIZED, PLACEBO-CONTROLLED, MULTI-CENTER TRIAL

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Objective: Assess outcome measures in panic disorder.

Method: Patients (n = 243) with panic disorder were randomized to fluoxetine or placebo treatment. Primary outcome measures were change in total panic attack frequency and CGI-Improvement. Other assessments included clinician and patient-rated panic and phobic disorder change, phobia rating scale, HAMA, HAMD-21, and Sheehan Disability scale. Correlations between outcomes in individual symptom domains and overall clinical outcome were determined, as were patterns of response.

Results: Total panic attack reduction and CGI-improvement was significantly greater in fluoxetine-treated compared with placebo-treated patients ($p = .015$ and $p = .040$, respectively). Fluoxetine was also superior to placebo in reducing illness-associated anxiety ($p = .004$), depression ($p = .008$), phobic symptoms ($p = .002$), and improved functional outcomes, as assessed by the Sheehan Disability Scale ($p = .025$). Global improvement correlated most highly with reductions in overall anxiety and phobic symptoms, and least with reduction in panic attacks. Among patients with a CGI-Improvement score of 1 or 2 at Visit 8, fluoxetine 20 mg was associated with statistically significantly greater reduction in panic attacks compared with placebo.

Conclusions: These data support the efficacy and safety of fluoxetine treatment in reducing panic attacks and associated symptoms in patients with panic disorder. Reductions in panic attack frequency were less closely related to overall clinical improvement than other symptom domains.

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