Background and Aims: There are no obvious data to sustain that the association of venlafaxine and mirtazapine would produce for the resistant depression patients the conversion to a manic-like episode.

DSM-IV TR describes the manic-like episodes produced after the anti-depressive treatment.

The case occurrence is not strong, but the clinical implications are important.

Methods: Case Report: 63 years old patient, with repeated hospitalization for severe depression episodes from 2000; he never had manic episodes; the precedent episodes were treated with venlafaxine or mirtazapine (not in combination) producing partial remissions.

This case report brings additional information about venlafaxine and mirtazapine association in treating a depressive resistant episode. The patient has been hospitalized before and treated with two different clases of antidepressants without therapeutic response When admitted the patient had severe depressive episode with strong psychomotor retard .

Results: The treatment with venlafaxine 300mg associated with mirtazapine 30 mg was initiated; the clinical evolution turned rapidly to a maniacal clinical appearance, after 20 days; there were no adverse reactions .

The antidepressant treatment discontinuation was necessary as it was also the beginning of the manic-like episode treatment.

Conclusions: For a MDD severe episode, treatment resistant, venlafaxine associated with mirtazapine had the power to induce a manic-like episode in a nonbipolar patient

P0045

Subfebrile state and depression: The effect of Sertraline

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Abstract

Objective: Prolonged subfebrile state is a state of high body temperature between 37.1 and 37.5 C which can last from 3 months to a few years. Besides high body temperature more than 50% of patients complain of fatigue, perspiration, headache, exhaustion, painful joints and muscles.

The aim of this study is to evaluate the efficacy of sertraline in the treatment of symptoms of depression in subfebrile patients.

Methods: Thirty patients in all, aged 18 to 50, diagnosed with prolonged subfebrile state of unknown etiology, were included in this study.

All the patients were tested using the MADRS scale for depression evaluation and the HAM-A scale for anxiety evaluation. Visits for these patients were organized at the beginning of the treatment, six weeks later, and twelve weeks later.

The patients were treated with sertraline - 50 mg daily, 12 weeks, without the concomitant therapy.

The minimum score on the MADRS scale on the initial visit was 20.

The minimum score on the HAM-A scale on the initial visit was 18.

Results: There is a significant improvement in the depression level on the MADRS scale, and the anxiety level on the HAM-A scale in patients treated with sertraline after a 6th and 12th week of application of the medicine, compared with the initial visit.

20 % of the total number of patients diagnosed with prolonged subfebrile state, became afebrile.

Conclusion: In patients with febrile state, the use of sertraline shows significant improvement in the reduction of symptoms of depression and anxiety.

P0046

Resolution of sleepiness and fatigue: A comparison of bupropion and ssris in Patients achieving remission in MDD

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Background: This post-hoc study examined the effectiveness of the noradrenaline and dopamine reuptake inhibitor (NDRI) bupropion (at European-approved dose levels up to 300mg per day) versus selective serotonin reuptake inhibitors (SSRIs) in the resolution of sleepiness and fatigue in patients with Major Depressive Disorder (MDD).

Methods: Data were pooled from six double-blind, randomised MDD trials comparing bupropion (n=662) with an SSRI (n=655). 343 patients dosed with bupropion at 300mg per day or less, were compared with all SSRI-treated patients. Hypersomnia score was defined as the sum of scores of the Hamilton Depression Rating Scale (HDRS) items 22, 23 and 24. Fatigue score was defined as item 13 score of the HDRS.

Results: A similar proportion of bupropion- and SSRI-treated patients achieved remission at study endpoint (49.3% for bupropion and 49.4% for SSRIs, LOCF, p=0.45, OR = 0.9, 95% CI: 0.69 - 1.18). A smaller proportion of bupropion-remitters had residual symptoms of sleepiness (18.9% vs. 32.1%; $p<0.01$) and fatigue (19.5% vs. 30.2%; $p<0.05$) compared to SSRI-remitters. There was greater improvement (mean change from baseline) in sleepiness ($p<0.05$) and fatigue scores ($p<0.01$) among bupropion-remitters at endpoint, compared to SSRI-remitters and these benefits were evident from week 2 for sleepiness ($p<0.01$) and from week 4 for fatigue ($p<0.01$).

Conclusion: This analysis indicates bupropion treatment ($\leq$300mg per day) offers advantages over SSRIs in the resolution of sleepiness and fatigue in patients who have achieved remission from MDD. These findings support a selective advantage offered by a dual acting dopaminergic/noradrenergic agent over serotonergic based treatment.

P0047

Antidepressant-induced Hyponatremia. A case report in a late onset mood disorder patient

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Background And Aim: The incidence of SSRÍs induced hyponatremia may occur in about 0, 5% to 32%.Recent results identified newer agents like duloxetine as a cause for hyponatremia. The risk factors for SSRÍS induced hyponatremia are: age, female sex, low body mass, using diuretics, and low levels of serum sodium.

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