Health Survey (SF-36) was also administered. Fatigue ratings were correlated with measures of depression severity (BDI and 17-item Hamilton Depression Rating Scale, HDRS17), anxiety (State/ Trait Anxiety Inventory, STAI) and somatization (the somatization subscale of the Symptom Checklist 90-Revised, SCL90-R).

Results: Fatigue severity, as measured with FQ and VAS correlated positively to a significant degree with state anxiety (r=0.276, p=0.04 and r=0.356, p=0.007, respectively) while vitality correlated negatively with trait anxiety (r=-0.312, p=0.02). Correlations remained significant after depression severity was controlled for. All fatigue and vitality measures correlated strongly with somatisation scores, even after controlling for depression severity, state or trait anxiety.

Conclusions: The preliminary results of this ongoing study indicate that the severity of fatigue in major depression correlates with state / trait anxiety and somatisation.

P028

Long-term treatment of severe major depression (MDD) with escitalopram or paroxetine

J.P. Boulenger [1], A.K.T. Huusom [2], E. Weiller [2], I. Florea [2]. [1] *University Department of Adult Psychiatry, CHU de Montpellier and INSERM E361, Montpellier, France* [2] *H.Lundbeck A/S, Copenhagen, Denmark*

Purpose: This randomised, double-blind fixed-dose study compared the efficacy of escitalopram and paroxetine in the long-term treatment of patients with severe MDD.

Methods: Patients with DSM-IV-defined MDD and baseline Montgomery-Åsberg Depression Rating Scale (MADRS ≥30) were randomised in a 1:1 ratio to 24 weeks of double-blind treatment with either escitalopram (20mg) or paroxetine (40mg). The primary analysis of efficacy was an analysis of covariance of change from baseline to Week 24 in MADRS total score using the last observation carried forward (LOCF) method.

Results: At endpoint (24 weeks), the mean change from baseline in total MADRS score was -25.2 for escitalopram-treated patients (n=228) and -23.1 for paroxetine-treated patients (n=223), a difference of 2.1 points (p<0.05). The difference on the MADRS (LOCF) was significantly in favour of escitalopram from Week 8 onwards. Response rates (≥50% decrease in MADRS) after 24 weeks were 82% (escitalopram) and 77% (paroxetine). Remission rates (MADRS ≤12) were 75% (escitalopram) and 67% (paroxetine) (p<0.05). These results were supported by a significantly greater difference in favour of escitalopram on all secondary efficacy analyses. For very severely depressed patients (baseline MADRS ≥35), there was a difference of 3.5 points in favour of escitalopram (p<0.05) at endpoint (24 weeks). The overall withdrawal rate for patients treated with escitalopram (19%) was significantly lower than with paroxetine (32%) (p<0.01). The withdrawal rate due to AEs was significantly lower for escitalopram (8%) compared to paroxetine (16%) (p<0.05).

Conclusion: Escitalopram was significantly more effective than paroxetine in the treatment of patients with severe MDD.

P029

Meta analysis of randomised controlled trials describing the effectiveness of venlafaxine in the treatment of major depressive disorder

N. Freemantle, P. Tharmanathan. *Department of Primary Care, University of Birmingham, Birmingham, United Kingdom*

Background: A number of different antidepressant types are available, and many randomised trials (most modest in size and statistical power) have evaluated their relative effectiveness. Venlafaxine is a well established antidepressant, and previous work has indicated that it may be superior to SSRIs in treating depression.

Methods: We conducted a meta analysis of all available trials comparing venlafaxine and SSRIs examining the outcomes of response, remission and relative tolerability. Trials were identified through searches of Medline, Embase, Cochrane Library and through accessing unpublished trials held by the manufacturer. Results based on intention to treat analyses, were pooled using theoretically exact conditional maximum likelihood methods for fixed effects, and numerical simulation for full random effects.

Results: We identified 34 trials comparing venlafaxine with an SSRI, including 6374 patients. Venlafaxine was compared with fluoxetine in 18 trials, with paroxetine in 6 trials and with sertraline in 4 trials. Other comparators were citalopram (2 trials), escilatopram (2 trials) and fluvoxamine (2 trials). Response to venlafaxine was superior to that of alternative SSRIs, odds ratio 1.17 (95% CI 1.05 to 1.30; P = 0.0052). Similarly, for remission, venlafaxine was superior to SSRIs, odds ratio 1.24 (95% CI 1.10 to 1.40; P = 0.0004). Similar results were identified for full random effects analyses. Overall drop out was similar for SSRIs and venalfaxine.

Conclusion: Venlafaxine is more effective then SSRIs in achieving response and remission, and appears similarly tolerated.

P030

Alexithymia and winter seasonal affective disorder: Prevalence, sociodemographic and clinical correlates

S. Friedman, M. Oumaya, C. Even, J. Thuile, J.D. Guelfi, F. Rouillon. *CMME, CH Sainte-Anne, Université Paris, Paris, France*

Background: Alexithymia refers to a cluster of cognitive-affective deficit in emotion-processing characterized by difficulties in experiencing and expression emotions. Seasonal Affective Disorder (SAD) is a form of recurrent depressive or bipolar disorder highlighting somatic symptoms (hyperphagia and snacking for carbohydrate/ high fat food, hypersomnia). Alexithymic characteristics could explained why some patients suffering from winter depression are likely to selectively focus on somatic symptoms.

Aims: We report the first study assessing the prevalence, sociodemographic and clinical correlates of Alexithymia in patients suffering from Winter Seasonal Affective Disorder (SAD).

Methods: In a sample of 59 consecutive depressed outpatients with winter seasonal features (DSM-IV criteria), alexithymia was assessed with the Toronto Alexithymia Scale -20 (TAS-20), severity of depression was assessed with the Hamilton Depression Rating Scale and Sigh-SAD version -25, depressive and anxious symptoms were evaluated with the depression and anxiety subscales of the Hospital Depression scale (HAD).

Results: The prevalence of alexithymia was 35.6%. Total TAS-20 scores were significantly correlated with: age (r= 0.27), duration of the illness (r= 0.31), depression and anxiety HAD scores, respectively r = 0.34 and r= 0.37. Alexithymia was not related to other sociodemographic and clinical variables (hyperphagia, snacking for carbohydrate food and hypersomnia).

Conclusions: Alexithymia is frequent in patients suffering from Winter Seasonal Affective Disorder. Nevertheless, this study does not provide support to a relationship between alexithymia and

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somatic symptoms. Larger prospective studies are required to define whether alexithymia is a stable personality trait or a state-dependent phenomenon in patients suffering from winter SAD.

P031

Antidepressant treatment during pregnancy: Pros and cons

L. Garcia-Esteve [1], F. Botet [2], J. Pérez [2], C. Soler [2], J. Figueras [2], P. Navarro [1], R. Martín-Santos [3], E. Gelabert [1,3], M.L. Imaz [1,3]. [1] *Programme of Perinatal Psychiatry, Hospital CLINIC Universitari, Barcelona, Spain* [2] *Unit of Neonatology, Hospital CLINIC Universitari de Barcelona, Barcelona, Spain* [3] *Pharmacology Research Unit, Institut Municipal Investigació Municipal (IMIM), Barcelona, Spain*

Background: The prevalence of mood disorders (anxiety and depression) during pregnancy seems to be similar to the women of the same group without pregnancy. Women with recurrent depression and euthimic women who discontinued antidepressants medication during pregnancy are particularly at high risk for depressive illness. Data about perinatal effects of SSRI antidepressants are gradually accumulating and are controversial. Two meta-analyses and some controlled studies don't find increased risk for major malformations in SSRI-exposed newborn. However, other studies find an increased risk of congenital malformations, poor birth outcomes and neonatal complications.

Neonatal morbidity in infant newborn of women treated with antidepressant drugs. We examine the relation between the pharmacological treatment of the maternal anxiety/depression during the pregnancy and acute morbidity in infant newborns.

Material and Methods: Study group of 66 infant newborn of pregnant women with a diagnoses of major depressive episode or defined anxiety disorders according to DSM-IV, who were in treatment with antidepressant drugs during pregnancy. Control group: 120 newborn of healthy pregnant women, who did not receive any treatment, and were contemporary of the same gestational age and sex. Criteria of exclusion: demonstrated toxic consumption (alcohol, cocaine, cannabis, opiates, drug of synthesis). Studied variables: Type of childbirth and analgesia; Weight and age of gestation; pH of umbilical artery and Apgar test; Presence of malformations; Morbidity; Feeding; Withdrawal syndrome.

Results: Infant newborn of mothers exposed to the antidepressant treatment suffered from more pathology than those of the control group (16/66 vs. 14/114; 24.2% vs.12.3%; p=0.038). Two smaller malformations in the study group were observed, a preauricular appendix (group A) and one moderate pielocilicilar ectasy (group C), both in mothers who received paroxetine (2/60; 3.3% vs. 0/114; 0%, p=0.05, Fisher p=0.118, NS). Only one infant newborn displayed compatible clinical signs with moderate withdrawal syndrome (irritability, vomits) from a mother treated with venlafaxine. No case of convulsions was observed. Breast feeding was less frequent in the group of antidepressant treated mothers (38/66, 57.6% vs. 86/116, 74,1%, p=0.032).

Conclusions: The treatment with antidepressant drugs during pregnancy is necessary for some women. The clinician must weigh the relative risks of various treatment options and take into account individual patient wishes. Although the antidepressant drugs suppose an increased risk for the newborn, it could be assumable for the benefit that represents maintain the mother in an euthimic situation. We propose to discuss the clinical management, as well as, the accuracy of the psychiatric and obstetric controls to minimize the neonatal complications.

P032

Escitalopram in clinical practice: The Greek experience- efficacy and tolerability

A. Liakouras [1], T. Hamogeorgakis [2], A. Zouganelli [3], D. Giailoglou [4], I.A. Parashos [4]. [1] *General Hospital of Korinthos, Korinthos, Greece* [2] *Dromokaiteion Hospital, Athens, Greece* [3] *Agia Barbara' Hospital, Athens, Greece* [4] *Lundbeck Hellas SA, Athens, Greece*

Objective: To evaluate the efficacy and tolerability of escitalopram in adult outpatients suffering from major depressive disorder, with or without comorbid anxiety in naturalistic settings.

Introduction: Escitalopram has shown significant antidepressant and anxiolytic effects in placebo-controlled clinical trials of major depressive disorder and anxiety disorders.

Method: A large, observational study was conducted in 106 investigative sites in Greece, including outpatient clinics of psychiatric hospitals participated in this 3-month, open-label, surveillance study. Efficacy assessments included the Clinical Global Impressions - Improvement scale (CGI-I) and - Severity of Illness scale (CGI-S). Tolerability assessment was based on spontaneous reported adverse events and treatment discontinuation rates.

Results: 5153 patients were enrolled (66% women) with a mean age of 46.6±11.6 years. At baseline, the mean score on the CGI-S scale was 4.4±0.9. At the end of treatment, the mean CGI-S score was 2.3±1.1 (LOCF), with 61% of patients rated as 'normal' (CGI-S=1) or 'borderline ill' (CGI-S=2). 5.1% of patients discontinued due to adverse events. The most common adverse events were gastrointestinal symptoms (5.6% of patients), anxiety (2.3%), sleep disturbance (2%), and dizziness (2%).

Conclusions: Escitalopram was effective for the treatment of major depressive disorder in real life clinical practice with a good tolerability profile.

P033

The spinal cord injuries and depression symptoms relation

V. Grigaliuniene, A. Stolygaite, B. Burba, O. Jankuviene. *Department of Psychiatry, Kaunas University of Medicine, Kaunas, Lithuania*

Goal: The goal of this work is to research the relation between the spinal cord injuries and depression symptoms.

Methods: The researched group is made up of 26 patients in early period of trauma treated in KMU Neurorehabilitation department. They were recovering after different level spinal cord injuries. There were 10 women and 16 men, 25-40 years old. All researched patient were given the HAD questionnaire that helped to observe the symptoms of depression.

Results: Research results shows that more than a half of patients (56.25 percent) suffer of depression in early period after trauma. The difference in gender groups is very small: 60 percent of women and 56.25 percent of men after the results of research had depression.

Conclusion: The spinal cord injury makes an influence on patient's emotional state and very often may cause the depression symptoms.

P034

Escitalopram in patients with recurrent unipolar major depression: 6-month clinical follow-up

M. Grigoroiu-Serbanescu, R. Mihailescu, M. Gherlghel. *Alexandru Obregia Psychiatric Hospital, Bucharest, Romania*

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