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ANTIDEPRESSANTS IN UNIPOLAR AND BIPOLAR DEPRESSION AND INCREASED SUICIDAL RISK: IS THERE SCIENTIFIC EVIDENCE?

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Introduction: Suicidal behavior represents a major public health issue. There has been a controversy concerning the possible increased risk of suicidal behaviour in some depressed patients treated with antidepressants and whether antidepressants affect the risk of suicidality among patients with major affective disorders is still matter of debate.

Objectives: To investigate the real impact of SNRIs in treating patients with unipolar and bipolar disorder.

Aims: Recently we aimed to evaluate the efficacy of duloxetine versus venlafaxine in the acute treatment of unipolar and bipolar depression.

Methods: In a non randomized controlled trial, we recruited 62 participants as consecutive outpatients (41 men; 21 women) affected by unipolar and bipolar depression treated either with duloxetine and venlafaxine.

Results: More patients treated with duloxetine had a positive response to treatment and remission both for depression (HAM-D17 response: 90.3% vs 0.0%; $p < .001$; HAM-D17 remission: 48.4% vs 0.0%; $p < .001$), and anxiety (HAM-A response: 90.3% vs 6.5%; $p < .001$; HAM-A remission: 71.0% vs 6.5%; $p < .001$) than controls. Patients treated with duloxetine were also more likely to show a decrease in HAM-D17 suicidality (100% vs 45.2%; $< .001$) and an increase in the quality of life (SF-36 percentage of improvement: 6.35 [SD=9.66 vs -2.58 [9.98]; $p < .001$) than controls.

Conclusions: Among SNRIs, based on our results, duloxetine is more effective in reducing anxiety and suicidal ideation. Both duloxetine and venlafaxine were safe and tolerated, and both may be successfully used in unipolar and bipolar depression.