with velocity (r_s = 0.78, $p < 0.01$) in depressed patients, but not in controls

Conclusions: Quantitative measures revealed impaired gait performance in depression and may indicate dysfunction of basal ganglia. Psychomotor functioning was less affected by antidepressant treatment with SSRI than with TCA. These preliminary results warrant further longitudinal and experimental studies. Kinematic analysis of gait performance represents a practicable method to quantify psychomotor alterations and basal ganglia functions in depression and other psychiatric disorders.

P01.131

TREATMENT OF DEPRESSION IN PARKINSON'S DISEASE WITH REBOXETINE

M.R. Lemke. *Department of Psychiatry, University of Kiel, Niemannsweg 147, D-24105 Kiel, Germany*

Objective: Depression occurs frequently in Parkinson's disease and appears to be associated with greater frontal lobe dysfunctions including motivational systems and dopaminergic and noradrenergic mechanisms than in non-depressed Parkinson patients. Reboxetine, a novel norepinephrine reuptake inhibitor, is effective in major depression with specific effects on negative self perception and lack of motivation towards action with little effects on psychomotor and cognitive functioning. Therefore, efficiency of reboxetine was investigated in Parkinson patients with depression.

Methods: Patients with Parkinson's disease and depression were included if prior treatment with antidepressants was ineffective or accompanied by intolerable side effects (anticholinergic, motor signs). Depressive symptoms were documented over 4 weeks by clinical ratings (HAMD, SDS, SHAPSD) and motor symptoms by UPDRS (motor scale, social functioning).

Results: Patients were 67 ± 3.5 years old and were treated with levodopa (375.8 ± 38.7 mg/d) on stable dosages. There was a significant improvement in symptoms including mood, drive, anhedonia, negative self-perception and appetite. Zolpidem was prescribed for initial problems with sleep and stopped later. Transient sweating and feelings of slight agitation disappeared after three weeks. There were no significant side effects concerning gastrointestinal functions or motor performance, no changes in blood count, EKG, or EEG.

Discussion: Prospective studies of reboxetine in Parkinson's patients with depression are warranted on the basis of our findings, assumed effects of reboxetine on motivation toward action and social functioning and noradrenergic mechanisms involving motivational systems in depressed Parkinson's patients. In the meantime, there are good theoretical and clinical reasons including pharmacological specificity of effects and low incidence of side effects to administer reboxetine for treatment of depression in Parkinson's disease in clinical practice.

P01.132

SAFETY DURING LONG-TERM EXPOSURE TO SEROQUEL® (QUETIAPINE)

A.P. Gorman*, E.K. Westhead. *AstraZeneca, Alderley Park, Macclesfield, UK*

Background: The long-term safety of quetiapine (Seroquel®) has been evaluated in the open-label extension (OLE) phases of clinical trials, with patients being treated for up to 3 years.

Methods: Patients completing the randomised treatment phase of their respective trial were eligible for entry in the OLE phase. Open-label treatment with quetiapine consisted of an initial dose-titration period, during which the dose was increased according to the patient's clinical condition. Thereafter, quetiapine dosing was flexible, up to a maximum of 800 mg/day.

Results: 455 patients with schizophrenia or schizoaffective disorder received quetiapine; mean age: 39 years (range: 18–89); mean time from first diagnosis: 10.9 years (range: 0–42). Mean daily doses during the 3-year OLE treatment averaged between 450–500 mg. Mean duration of exposure to quetiapine: 47.2 weeks (range 0–246 weeks). At 1 year, 160 patients (35%) were receiving quetiapine treatment, most of whom continued to receive treatment for two additional years. The total number of patient-years exposure to quetiapine was 413.1 years. Approximately 25% of the trial population were receiving anticholinergic medication at trial entry; after 1 years' quetiapine treatment this value had decreased by two-thirds. The adverse event profile during OLE was similar to that observed during the trials, and no new safety concerns were raised.

Conclusion: In adult patients who received long-term open-label quetiapine treatment, this antipsychotic continued to be well tolerated, with a continuation rate at 12 months similar to those observed in long-term studies with other atypical antipsychotics.

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P01.133

EFFICACY OF 'SEROQUEL' (QUETIAPINE) COMPARED WITH HALOPERIDOL AND PLACEBO IN THE SHORT-TERM TREATMENT OF ACUTE SCHIZOPHRENIA

S.C. Schulz[1], A.M. Jones[2]*. [1]*Dept. Psychiatry, University of Minnesota, Minneapolis, Minnesota, USA*
[2]*AstraZeneca, Alderley Park, Macclesfield, UK*

Background: The efficacy of quetiapine ('Seroquel') in relieving the positive and negative symptoms of schizophrenia has been demonstrated in a number of controlled and open-label extension studies.

Objectives: To compare the efficacy of quetiapine with existing treatment options, a meta-analysis was performed on data from four studies in which quetiapine was compared with haloperidol and placebo in the short-term treatment of acute schizophrenia.

Methods: Within each trial, the proportion of patients who experienced a clinically relevant response to treatment (≥40% reduction in the Brief Psychiatric Rating Scale (0–6) score from baseline to endpoint) was calculated for each treatment. The homogeneity of treatment effects was assessed across studies. The combined odds ratio (OR) and associated 95% confidence interval were calculated, with an OR > 1 indicating superiority of quetiapine over haloperidol or placebo.

Results: The response rates in the individual trials ranged from 26–43% for quetiapine, 19–47% for haloperidol, and 6–26% for placebo. There was no indication of heterogeneity of treatment effect between trials ($p = 0.183$). The combined OR for quetiapine vs placebo was 2.31 (95% CI 1.50, 3.56; $p < 0.001$), and for quetiapine vs haloperidol was 1.32 (95% CI 1.04, 1.68; $p = 0.020$).

Conclusions: In the short-term treatment of acute schizophrenia, quetiapine is significantly superior to haloperidol and placebo in terms of clinically relevant response rates. This would suggest that quetiapine is a first-choice antipsychotic.

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https://doi.org/10.1016/S0924-9338(00)94540-1 Published online by Cambridge University Press