

according to the clinical data, citalopram in contrast to amitriptyline does not become proarrhythmic even under hypoxic conditions of cardiac tissue. However, there are very promising but still little clinical and therapeutical data evaluating the safety and a contingent antiarrhythmic effect of citalopram in patients with serious heart disease including post-myocardial infarction.

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ANTIDEPRESSANT THERAPY AND HEART ELECTRIC FIELD: QUANTITATIVE ASPECTS

I. Paclt*, J. Slaviček, A. Dohnalová, O. Kittnar, K. Pišvejcová, E. Kitzlerová. *Psychiatric Clinic, Prague 2, 128 08, Czech Republic*

Some antidepressant drugs influence the ECG parameters, especially the tricyclic (TCA) ones (prolongation of intraventricular conduction - Quinidine-like effect). The aim of this work was to compare the effect of TCA (Amitriptylin, Dosulepin), the inhibitors of SSRI (specific serotonin re-uptake inhibitors - Citalopram) and Lithium on the heart electrical field parameters in ambulatory patients with depression in remission (HAMD less than 10). The electrocardiologic parameters (ECG, VCG, Body surface mapping - BSM) have been measured by diagnostic system Cardiac 128.1. Twenty nine parameters were measured and statistically evaluated. The duration of therapy was 4–7 weeks (TCA, Citalopram) and 1–22 years in lithium patients (depression prophylaxis). Daily doses (mg): TCA 50–250, Citalopram 20–80, Li serum levels 0.66 + 0.08 meq/l. In the group of patients on TCA the tachycardia and the decrease of depolarization rate was observed. Citalopram did not provoke tachycardia but the rate of repolarization was slightly decreased. The effect of Lithium was similar as in Citalopram patients. We conclude that TCA provoked tachycardia in all patients (anticholinergic and alfa-adrenergic effect), while both in Citalopram and in Lithium patients this effect was absent except of small quinidine-like effect.

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EFFICACY AND TOLERABILITY OF REBOXETINE USED BY ELDERLY DEPRESSED PATIENTS

J. de la Gándara, P. Such*. *Hospital Divino Valles, Burgos; Pharmacia & Upjohn, Spain*

Objectives: To assess clinical efficacy and tolerability of reboxetine, a unique selective noradrenaline reuptake inhibitor, in the treatment of depressed patients in an open-label, non-comparative naturalistic study in depressed elderly patients in the psychiatric setting in Spain.

Design and Methods: Outpatients older than 65 years with a diagnosis of major depression according to DSM-IV were included in this open-label, non comparative study. Patients received an average daily dose of 7.4 mg of reboxetine divided in two doses. Clinical efficacy was assessed after 1, 2, 4, 6 and 8 weeks of treatment by the HAMD17 and CGI (severity, improvement and therapeutic index) scales. Tolerability was assessed by registering treatment-emergent adverse events.

Results: A total of 280 patients were included in the study. The age interval was 65 to 86 years. Sixty five percent of the patients were women. At inclusion, 25.5% of the patients had a diagnosis of major depressive disorder, single episode, while 74.5% had a recurrent episode. The mean HAMD17 score was 24.5. Forty percent of the patients had a total HAMD17 at inclusion higher than 26. The mean HAMD17 (LOCF) at week 8 was 7.04. Based on the HAMD17, 78.5% of the patients were in remission (HAMD <

10) after 8 weeks. Reboxetine was well tolerated. Any treatment-emergent adverse event were reported by 29.5% of the patients at week 1, and after 2 months of treatment, the incidence decreased to 10.8%. The most common adverse events (all reported with an incidence lower than 5%) were dry mouth, constipation and somnolence.

Conclusion: Despite the methodological limitations, the results of this naturalistic study are consistent with the results of randomized, double blind studies of reboxetine, where it proves to be a safe and effective antidepressant in an elderly population.

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WHY IS LENGTH OF STAY IN PSYCHIATRIC CLINICS EXPONENTIALLY DISTRIBUTED? AN ANALYSIS OF CONTRIBUTING FACTORS

A. Stevens*, K. Hammer, G. Buchkremer. *Dept. of Psychiatry, University of Tübingen, Germany*

Objectives: Direct illness costs in psychiatry are strongly related to the length of inpatient stay (LOS). Prior studies have shown that LOS depends upon many factors, however there is no systematic work on their interrelation and relative contribution.

Methods: A detailed statistical analysis of the factors explaining LOS for n = 4706 consecutive admissions to the Psychiatric Hospital of the University of Tübingen is presented.

Results: The distribution of LOS follows an exponential decay function, rather than a normal distribution, suggesting an essentially risk-based process. Cox Regression indicates that the probability of discharge and hence LOS is modulated by a number of illness-related and other factors, and their relationship is explored.

Conclusion: In contrast to a widely held belief, LOS data are not normally distributed and may not be described by mean values, such as used by German Public Health for reimbursement and for comparison of services. LOS in psychiatry seems actually governed by a risk-based process. Many factors contribute to it, many of them have non-trivial effects and are interrelated with other measures.

As a tool in quality management, LOS data for psychiatric hospitals might be routinely analyzed and the effects of non-illness-related factors minimized.

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UNIMPAIRED PERCEPTION, BUT IMPAIRED WORKING MEMORY AND MOTOR RETARDATION IN BORDERLINE PATIENTS

A. Stevens*, M. Nickola, M. Burkhardt, N. Rosellen. *Dept. of Psychiatry, University of Tübingen, Germany*

Objectives: Deviant behavior in borderline patients may be due to a disturbance of processes occurring before action, such as impaired perception or inability to maintain relevant information in the working memory. The present study was aimed to assess stimulus perception, working memory and initiation of reaction in 22 borderline patients compared to 25 age- and education-matched controls.

Methods: A visual backward masking paradigm was used to test perceptual speed and accuracy, and a series of visual and auditory delayed-matching to sample (DMS) tasks of graded difficulty to test working memory. Detailed psychometric scores were acquired and correlated with the results.

Results: In the backward masking experiment, patients required equal SOAs as controls to perceive the target, but were significantly slower to react. In the DMS experiment, the patients under all conditions produced more errors than controls, mainly false alarms