administered at baseline, weeks 1, 2, 4, and week 8. The dose of desvenlafaxine was fixed (50mg/day) until week 4, after which it was flexible up to 100mg/day, based on response and tolerability. 

**Results:** Montgomery Asberg Depression Scale scores significantly decreased from baseline ($M=23.61, SD=5.51$) to end of treatment ($M=12.29, SD=8.41$), $p<0.001$. Severity of illness, as measured by the Clinical Global Impression scale, as well as self-reported depressive symptom scores, significantly decreased from baseline to end of treatment ($p<0.0001$). Improvement in quality of life ($p<0.0001$), levels of perceived stress ($p<0.0001$), coping styles ($p<0.0001$), and work impairment ($p<0.01$) were noted over the course of treatment. 

**Conclusions:** Overall results indicate that desvenlafaxine is effective in reducing depressive symptoms and improving functioning in patients with persistent depressive disorder. Further, results provide evidence of good safety and tolerability of desvenlafaxine in this population. These results support the further investigation of desvenlafaxine for this condition using larger, placebo controlled, randomized control trials.

### PS101

**Oral Ketamine for Treatment Resistant Major Depression – A double blind randomized controlled trial**

Yoav Domany MD, Maya Bleich-Cohen PhD, Nadav Stoppelman PhD, Talma Hendler MD PhD, Ricardo Tarrasch PhD, Shaul Schreiber MD, Rot Meidan MD and Hagai Sharon, MD 
Tel-Aviv Sourasky Medical Center, Israel

**Abstract**

**Background:** Major depression is a devastating common disorder. Current pharmacotherapy relies on the monoaminergic theory, and requires a substantial time for full therapeutic effect. Regrettably, about 40% fail to attain remission, defined as Treatment Resistant Depression (TRD). Recently, intravenous ketamine has been shown to provide rapid, short lived, amelioration of TRD. We aimed to assess the clinical efficacy and safety of oral ketamine for TRD.

**Methods:** In a double-blind, randomized, placebo-controlled trial 27 TRD outpatients received either oral ketamine or placebo for 21 days. Patients were evaluated pre-trial and after 21 days. The main outcome measure was the change in Montgomery Asberg Depression Rating Scale (MADRS) score.

**Result:** 14 subjects were randomized to the ketamine group, and 13 to the placebo group. Of these, 12 and 9 respectively completed the study. No significant differences were obtained at time zero. A significant reduction of 13.4 points of the MADRS score was obtained after 21 days in the ketamine group ($p=0.003$) while a nonsignificant reduction of 2.9 was observed in the placebo group. Four subjects (33%) attained remission (MADRS ≤10) in the ketamine group compared to none in the placebo group. No serious side effects were reported.

**Conclusion:** In this study, sub-anesthetic oral ketamine produced rapid amelioration of depressive symptoms in ambulatory TRD patients, and was well tolerated. The results of this study suggest that oral ketamine may hold significant promise in the care of TRD.

### PS102

**Apathy in elderly depression and the antidepressant response**

Takahisa Shimano, Hajime Baba 
Junendo University Koshigaya Hospital, Japan