Abstract

Objectives: To compare the risk for subsequent development of mania or hypomania between venlafaxine monotherapy group and olanzapine augmentation group, the authors conducted a preliminary retrospective medical record review for patients originally diagnosed as unipolar major depression during 7-year follow-up period.

Methods: We selected samples from the patients who visited psychiatric outpatient clinic of Bongseng memorial hospital from August 1st 2006 to August 31st 2008. All patients were diagnosed as originally unipolar depressive disorder and prescribed venlafaxine alone (VLF) or olanzapine augmentation (OLZ+) from the first visit according to clinician’s decision. We included consecutively 35 patients in each group and reviewed the development of mania or hypomania according to the DSM-IV-TR diagnostic criteria for 7-year follow up (F/U) period.

Results: In VLF group, symptom severity (CGI-S 3.9 ± 0.7 vs 4.5 ± 0.6) was lower, F/U duration (36.0 ± 33.8 vs 62.6 ± 41.0 months) was shorter and age at first visit (45.0 ± 16.7 vs 57.2 ± 12.4 years) was younger (p < 0.01) than OZP+ group. In VLF group, manic (2.9 vs 0.0 %) and hypomanic (8.6 vs 2.9 %) switch rate were higher than OZP+ group, but those were not statistically significant. Almost all cases were switched to manic or hypomanic in the early phase of F/U period (3 cases within 1 month and 1 case within 3 months) and revealed previous early onset or multiple non-treated brief mood episodes according to post-hoc meticulous history taking.

Conclusion: OLZ augmentation could be preventive option for manic or hypomanic switching in treatment of depressive disorder. We should be careful to detect manic or hypomanic switch in the early treatment phase of younger and non-treatment history patients with uncovered early onset or multiple brief mood episodes. Limitations of our study were small sample size, shorter duration of F/U period, no active periodic F/U check, older age of sample and unstructured design.

Key Words: manic switching, hypomanic switching, olanzapine augmentation, venlafaxine, unipolar depressive disorder.

PS85

Efficacy and Safety of Generic Escitalopram (Lexacure) in Patients with Major Depressive Disorder: A 6-week, Multi-center, Randomized, Rater-blinded, Escitalopram-comparative, Non-inferiority Study

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Abstract

Objectives: The primary aim of this non-inferiority study was to investigate the clinical effectiveness and safety of generic escitalopram (Lexacure) versus branded escitalopram (Lexapro) for patients with major depressive disorder (MDD).

Methods: The present study included 158 patients who were randomized (1:1) to receive a flexible dose of generic escitalopram (n = 79) or branded escitalopram (n = 80) over a 6-week single-blind treatment period. The clinical benefits in the two groups were evaluated using the MADRS, the 17-item HDRS, the CGI-S, and the CGI-I at baseline, Week 1, Week 2, Week 4, and Week 6. The frequency of adverse events (AEs) was also assessed to determine safety at each follow-up visit.

Results: The MADRS, HDRS, CGI-S, and CGI-I scores significantly decreased in both groups, and there were no significant differences between the groups. At Week 6, 28 patients (57.1%) in the generic escitalopram group and 35 patients (67.3%) in the branded escitalopram group had responded to treatment (as indicated by a ≥50% decrease from the baseline MADRS score; P = 0.126), and the remission rates (MADRS score: ≤10) were 42.9% (n = 21) in generic escitalopram group and 53.8% (n = 28) in the branded escitalopram group (P = 0.135). The most frequently reported AEs were nausea (17.9%), sleepiness/somnia (7.7%), weight gain (3.8%), and dry mouth (2.6%) in the generic escitalopram group and nausea (20.0%), sleepiness/somnia (3.8%), weight gain (2.5%), and dry mouth (2.5%) in the branded escitalopram group.

Conclusions: The present non-inferiority study demonstrated that generic escitalopram is a safe and effective initial treatment for patients with MDD and may also be considered as an additional therapeutic option for this population.

PS86

Kleptomania - a side-effect induced by venlafaxine

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Abstract

Objective: Venlafaxine is a dual serotonin and norepinephrine reuptake inhibitor (SNRI), widely used as treatment of major depressive disorder (MDD), social anxiety disorder, and generalized anxiety disorder. Venlafaxine is generally considered quite effective and safe, with commonly reported adverse reactions in clinical studies being nausea, dry mouth, headache and sweating.

Kleptomania is a rare impulse control disorder characterized by recurrent episodes of compulsive stealing, most commonly in the form of shoplifting. The stolen items are usually of trivial value, and not needed by the person stealing them. Kleptomanic behaviour during treatment with antidepressants was reported in several occasions, but was usually induced by serotonin selective reuptake inhibitors.

Methods: We present a clinical case of a 67 years old female patient treated with venlafaxine for MDD that developed kleptomania.

Results: Our patient was admitted to a psychiatric unit, presenting depressive symptoms that met ICD-10 criteria for a recurrent, severe MDD without psychotic features. Patient’s leading symptoms were treated with venlafaxine and in subsequent weeks a clinically significant and subjective improvement was accomplished. After discharge, psychiatric outpatient treatment was continued. Eight months after her first hospital treatment, patient was readmitted: her depressive symptoms were recurring after she started to shoplift regularly and compulsively. As venlafaxine was discontinued and a new antidepressant, bupropion, was given, patient’s compulsion vanished, leading to conclusion that kleptomania could have been induced by venlafaxine treatment. In the subsequent follow-ups, there were no signs of kleptomania. A good and stable remission of MDD was accomplished as well. Extensive diagnostic screening excluded all possible differential causes.

Conclusion: So far, kleptomania as side-effect of antidepressant treatment has been reported from several different sources. Possible pathophysiological causes are further discussed,
leading to the conclusion that other neurotransmitter pathways, above and beyond serotonergic ones, can play a role in emergence of this rare and unique phenomenon.

PS87
An update on prediction of treatment outcome in treatment resistant depression
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Abstract
Objectives: Although single clinical predictors have repeatedly been associated with TRD (treatment resistant depression), they have not proven sufficient for predicting treatment outcome. Thus, attention shifted to interaction-based models but only few multivariate investigations have been performed in TRD so far. Using the data pool of the Group for the Study of Treatment-Resistant-Depression (GSRD) and a machine learning algorithm we intended to draw new insights and back up previous results featuring a set of 66 clinical and demographical predictors for treatment outcome.

Methods: 415 patients recruited between 2011 and 2015 in 11 participating centers showed full availability for all 66 predictors. Treatment response was defined by MADRS-score below 22 and a reduction of 50% or more. A score higher than 21 after treatment was considered as treatment resistance. After generating importance values for all predictors the prediction algorithm was trained in a sample of 385 patients. Subsequently, prediction was performed in a sample of 30 new patients not featured in the model generation.

Results: The accuracy for predicting treatment outcome in TRD was at 0.75 using all 66 predictors. Importance measurement revealed chronicity, i.e. full or partial intraepisodic recovery or chronic MDD, number of depressive episodes, age of first and last lifetime depressive episode, total time of hospitalization, education and occupation status, suicidal risk, marital status and number of children and cigarettes smoked per day as the most useful predictors.

Conclusion: Exploiting a machine-learning algorithm, we scored an accuracy of 0.75 for treatment outcome using a sample of 415 patients. Reaching a probability of 83.4% for a correct prediction for treatment resistance and 66.6% for response we exceeded the predictive capabilities of clinicians. Thus, these results strengthen our previous data mining approaches and suggest keeping the focus on interaction-based statistical approaches.

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PS88
Association between Alu insertion/deletion polymorphism on the tPA gene and mirtazapine response in Koreans with major depression
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Abstract
Objectives: There is considerable evidence that disturbances in neurotransmitter systems contribute to the pathophysiology of depression. Brain-derived neurotrophic factor (BDNF) is involved in the pathophysiology of depression, and in the mechanism of action of antidepressant medications. The mature form of BDNF is derived from proBDNF through tissue type plasminogen activator (tPA) and the plasminogen system in the brain. Therefore, tPA might be involved in the development of major depressive disorder (MDD) and its response to antidepressant treatment. Mirtazapine acts as an antagonist of the adrenergic alpha 1, 2 and serotonin receptors. The present study determined the relationship between the Alu insertion/deletion (I/D) polymorphism on the tPA gene and the clinical outcome of mirtazapine treatment in 422 Korean MDD patients.

Methods: 422 patients were enrolled in this study, and symptoms were evaluated by 21-item Hamilton Depression Rating Scale. After 1, 2, 4, and 8 weeks of mirtazapine treatment, the association between Alu I/D polymorphism on tPA gene and remission/response outcomes were evaluated.

Results: The proportion of I/I homozygote in responders was higher than that in non-responders, whereas the proportion of D/D homozygote in responders was lower than that in non-responders at 8 weeks of treatment (P=0.032, OR=1.57). The percent decline of HAMD-21 score in I allele carriers was larger than that of D/D homozygote at 2 and 8 weeks after mirtazapine treatment (P=0.035 and 0.007, respectively). I allele carriers were also significantly associated with remission at 8 weeks of treatment (P=0.047, OR=2.2).

Conclusions: These results show that treatment response and remission to mirtazapine were significantly associated with Alu insertion/deletion polymorphism of the tPA gene. This suggests that Alu insertion/deletion polymorphism affects the therapeutic action of mirtazapine in MDD, and may be a potential genetic marker for the prediction of therapeutic response to mirtazapine treatment in patients with MDD.

PS89
Influence of anxiety symptoms on improvement of neurocognitive functions in patients with major depressive disorder: A 12-week, multicenter, randomized trial of tianeptine versus escitalopram, the CAMPION study
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