was observed. After 6 weeks of treatment, no statistically significant difference between time periods was observed for the HAM-D21 and HAM-D17, although a trend was observed (P<0.103) in a LOCF analysis. For HAM-D6, a difference was observed in the LOCF analysis between Apr-Sep and Oct-Dec (P<0.05).

Conclusion: These preliminary results suggest that exploring the effect of season may be informative for the conduct of clinical trials in depression and for the choice of assessment scales. Further investigation of this effect is warranted.

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P01.128 ANGER ATTACKS IN SEASONAL AFFECTIVE DISORDER

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Statement of the Study: It has been proposed that aggression and especially anger attacks (sudden spells of anger with vegetative hyperarousal) play an important role in the symptomatology of depression (Fava et al., 1990). The aim of the present study was to assess the prevalence of anger attacks in a clinical sample of patients with seasonal affective disorder (SAD).

Methods: 30 outpatients (20 females and 10 males aged 39.3±13.4 years) with SAD according to the diagnostic criteria of the DSM-IV were included in this evaluation. The sample mean of the global seasonality score (GSS) as measured by the seasonal pattern assessment questionnaire (SPAQ) was 15.0±2.4. Subjects with subsyndromal SAD were excluded from the study. Anger attacks were assessed with the Anger Attacks Questionnaire (Fava et al., 1991).

Summary of Results: 83.3% of our patients had higher levels of irritability as compared to their non-depressed state. 11 subjects (36.7%) were classified as suffering from anger attacks. Interestingly males (50.0%) reported having anger attacks more frequently than females (30.0%), however our sample was too small to yield a statistically significant difference between the two genders (Fisher's Exact Test (two-sided): p=0.425).

Conclusion: As previously reported for non-seasonal depression, anger attacks play an important role in the clinical picture of SAD. Replication of our results in larger samples has to be carried out to prove the hypothesis of sex differences in the prevalence of anger attacks in SAD.

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P01.129 USING TREATMENT ALGORITHMS TO ACHIEVE REMISSION OF DEPRESSION WITH VENLAFAXINE XR OR SSRIs

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Statement of the Study: This study was designed to compare remission rates among patients with major depressive disorder (MDD) treated with venlafaxine extended release (XR) or selective serotonin reuptake inhibitors (SSRIs) using treatment algorithms and length of treatment guidelines.

Methods: In this open-label, rater-blinded, multicenter study, outpatients with MDD and a 17-item Hamilton Rating Scale for Depression (HAM-D17) total score of at least 20 were randomly assigned to receive treatment with flexible doses of venlafaxine XR (75–225 mg/day; n=688) or an SSRI selected by the investigator (n=697 [fluoxetine (20–80 mg/day; n=114), paroxetine (20–50 mg/day; n=131), citalopram (20–40 mg/day; n=159), or sertraline (50–200 mg/day; n=193)]) for up to 180 days. Treatment was initiated at the lowest effective dose, with dose increases permitted at days 30 and 60 based on treatment response and dosing guidelines (maximum allowable doses were the upper limit of the Food and Drug Administration–approved dose ranges for depression). Remission was defined as a HAM-D17 total score <8.

Summary of Results: Mean maximum prescribed doses were venlafaxine XR 157 mg/day, fluoxetine 55 mg/day, paroxetine 41 mg/day, citalopram 35 mg/day, and sertraline 135 mg/day. Remission rates (intent-to-treat population; last observation carried forward) were significantly greater in the venlafaxine XR group versus the SSRI group at days 30 (13% vs 9%), 60 (23% vs 18%), 90 (29% vs 24%), and 135 (33% vs 27%) (P<0.05 for all comparisons). Day 180 remission rates were 35.5% and 32% for venlafaxine XR and SSRIs, respectively (P=NS). Individual SSRI remission rates at day 180 were fluoxetine 36%, paroxetine 28%, citalopram 31%, and sertraline 33%.

Conclusion: These results suggest that venlafaxine XR is an effective treatment for MDD, and may bring patients to remission earlier in treatment compared with SSRIs when treatment algorithms and guidelines for duration of therapy are used.

P01.130 OREON: OBSERVATION OF REMISSION IN DEPRESSION IN PRIMARY AND PSYCHIATRIC CARE

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Statement of the Study: Treatment of depression should result in absence of symptoms i.e. remission, to restore the functional state of the patient and reduce the risk of relapse (Keller et al, 2003). OREON aims to determine remission rates in patients treated for depression in primary and psychiatric care. Remission rates will be correlated with functional status, type of treatment and socio-economic factors.

Methods: GP's and psychiatrists each screened 10 consecutive patients treated for depression since at least 3 months and not more than 12 months. Remission rates were measured using the HAM-D 7 item (McIntyre et al, 2002) in primary care and HAM-D 17 in psychiatry. Patients completed the Sheehan Disability Scale and the Carroll rating scale. Initial severity of depression, type of treatment and socio-economic factors were collected.

Summary of Results: 300 GP's and 60 psychiatrists screened a total of 3600 patients. Results showed that remission rates were low in patients treated for depression. Absence of remission was associated with higher disability. Data are analysed to assess whether type of treatment and socio-economic factors impact on remission rates.

Conclusion: OREON is the first study to show remission rates in patients treated for depression in a naturalistic setting in primary and psychiatric care. Many patients present important levels of residual symptoms.

P01.131 ARE GENDER DIFFERENCES IN ANTIDEPRESSANT RESPONSE SPECIFIC TO SEROTONINERGIC AGENTS? A COMPARATIVE STUDY OF CITALOPRAM vs. REBOXETINE

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Statement of the Study: Prevalence of major depression is higher in women than in men, especially in premenopausal years. Gender differences are also reported in treatment outcome with antidepressants. Most although not all studies find that compared to postmenopausal women or men, young women respond better to selective serotonin reuptake inhibitors (SSRI). However many studies have used only non-selective antidepressants as comparative drugs. The purpose of our trial was to replicate these reports comparing two radical different drugs: reboxetine (RBX) a specific selective noradrenaline reuptake inhibitor and citalopram (CTP) the most specific SSRI drug.

Methods: During an 8-week double-blind trial including 86 drug-free depressed outpatients (DSM-IV criteria), 19 male and 25 female patients received CTP(20–40 mg/d), while 19 and 23 respectively received RBX (4–8 mg/d). Response was evaluated with the 21-item Hamilton Depression Rating Scales (HDRS), and side-effects were registered using a pre-designed instrument. All participating women were premenopausal. Results were analyzed by a 2×2 Analysis of Variance (ANOVA) evaluating interactions between gender, response and time.

Summary of Results: No significant differences in age or other sociodemographic variables were found when splitting total group according to gender and drug assignment. Mean HDRS basal score was similar across groups and at the end of the study its mean point reduction (±SD) resulted as follows: women −17.2±2.0 (CTP) and −12.7±1.2 (RBX); men −14.0±2.2 (CTP) and −15.6±2.0 (RBX). Both drugs were well tolerated and no gender differences for adverse events were found.

Conclusion: Women showed a greater response to CTP than to RBX, while in men these differences were not observed (F=4.65; df=3; p=0.005). As all women included in the study were premenopausal (<42 years of age), our findings support the concept that estrogens, interacting in the brain mainly with the serotoninergic system, may enhance the antidepressant effect. Additionally, by