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Trazodone in benzodiazepine dependence

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There is now growing concern about the potential of benzodiazepines for abuse and dependence and their use over too prolonged periods of time. Trazodone is a second-generation antidepressant which possesses significant anxiolytic and sedative properties and seems to be devoid of abuse potential (Silvestrini and Valeri, 1984; Liebowitz and El-Mallakh, 1989). During a 2-4 week hospitalization period, trazodone (100 mg tid) was substituted to their usual benzodiazepines in 10 anxiolytic-dependent patients. During the 1-year follow-up, all patients remained off benzodiazepines and showed no evidence of abuse of trazodone the dose of which was significantly reduced to a mean of 185 ± 85 mg (t = 4.27, p = 0.003). No patient resumed benzodiazepines. The ratings of anxiety and depressive symptoms also significantly improved during follow-up: Hamilton anxiety scores form 12.3 ± 4.1 to 5.4 ± 2.2 (t = 4.42, p = 0.002) and Hamilton depression scores from 11.6 ± 3.8 to 4.8 ± 2.1 (t = 4.50, p = 0.002). Therefore, these findings suggest the usefulness of trazodone as an alternative anxiolytic in patients at risk for benzodiazepine abuse.

References

Liebowitz, N.R. and El-Mallakh, R.S. (1989), Trazodone for the treatment of anxiety symptoms in substance abusers. J. Clin. Psychopharmacol. 9, 449-450.

Silvestrini, B. and Valeri, P. (1984), Trazodone, a new avenue in the treatment of depression. Psychopathology 17 (suppl 2), 3-14.

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Epidemiological aspects of obsessive-compulsive disorder

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Key words: Obsessive-compulsive disorder; Prevalence; Outcome; Treatment strategies; Private practice research

In the past decade there has been a new scientific focus on OCD. Before that the disorder has been considered a rare and distinct syndrome. Results of the NIMH Epidemiologic Catchment Area (ECA) study (Robins et al., 1984) noted a lifetime prevalence of about 2.5%. These results had been confirmed by other authors and by ourselves. The 6-month prevalence is about 1.6% in general population. Diagnosis of OCD and identification of clinical subtypes is important to understand etiology and prognosis of the disorder. Data of our ongoing epidemiologic study on OCD will be presented. Data sampling was performed in private practices (general practitioners and psychiatrists/neurologists) in a defined catchment area in cooperation with the outpatients department of the Psychiatric Clinic, University of Würzburg (Private Practice Research Group). Especially socioepidemiological data and clinical features will be discussed.