during treatment with imipramine, and 3/4 on lofepramine. None (0/7) of the patients on fluvoxamine showed either an increased postural drop or a significant prolongation, and in 2 recovery was faster.

These data demonstrate that fluvoxamine has fewer effects on cardiovascular reflexes controlling postural homeostasis. This may be of considerable benefit in certain patient groups, such as the elderly. In our current study two patients with marked postural drop during TCA treatment have been successfully converted to fluvoxamine, with normalisation of the standing response and a remission of postural symptoms.

Flesinoxan, a 5-HT1A agonist, in major depression: Clinical efficacy and effects on REM latency and body temperature (open study)

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Key words: Flesinoxan; 5-HT1A agonist; Antidepressant; Major depression; REM latency; Body temperature

Flesinoxan is a highly potent and selective 5-HT1A full agonist (K_i = 1.7) with at least 80-times weaker affinity for any other receptor. Flesinoxan is active in several animal models of depression such as the behavioral despair test in rats and down-regulates β-adrenoreceptor response (Olivier et al., 1990). In this pilot open study, flesinoxan (4 mg/d) was administered orally for 4 weeks in 16 major depressive, mostly treatment resistant inpatients exhibiting a score of at least 19 on the Hamilton depression scale. Weekly ratings included Hamilton depression scale, MARDS, and Clinical Global Impressions (CGI). Results showed considerable improvement in depressive symptomatology, with mean MADRS scores (SD) dropping from 33 (9.0) to 10.0 (7.2) after 4 weeks of treatment and 14 patients classified as much or very much improved on the CGI. The tolerance of flesinoxan was excellent, with only 4 patients exhibiting side-effects. In addition, the effect of flesinoxan on temperature regulation as well as on EEG sleep during a placebo-controlled challenge night (after 2 baseline placebo nights) and at the end of the treatment will be presented and discussed.

References