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ΨΥΧΙΑΤΡΙΚΗ



P93**ANXIETY AND DEPRESSION TREATMENT WITH ASENTRA (SERTRALINE) IN DIAGNOSTIC ENTITIES F 41.2, F 32.0, F 32.1, F 32.2**

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Aim:

Investigation of reduction of anxiety-depression symptomatology, pharmacologically treated with Asentra (sertraline) in a period of 12 weeks in patients diagnosed by ICD 10 (F 41.2, F 32.0, F 32.1, F 32.2).

Materials and methods:

In the research 70 patients were involved aged 18 – 65, 30 with diagnosis F 41.2, 15 with diagnosis (F 32.0), 15 with diagnosis (F 32.1) and 10 with diagnosis (F 32.2). Patients were treated with flexible doses of Asentra (Sertraline) 50-200 mg. First three weeks additionally was ordinated benzodiazepinic anxioliser Helex (alprazolam). The first assessment of anxiety, depression, social familiar and professional functioning is made with the following scales: HAS, HDS, Schichan scale for social, familiar and professional functioning. The evaluation is repeated with the same battery of scales after 3, 6 and 12 weeks.

Results:

We noticed significant decrease of anxiety and depression after third week in diagnostic entities F 41.2 and F 32.0, and in F 32.1 and F 32.2 after the sixth week.

Conclusion:

The evaluation after the 12 week treatment indicates that Asentra is effective in the treatment of anxiety-depression situations, safe in older patients and patients with heart diseases and simple for dosing.

P94**AMISULPRIDE 50MG IN SSRI_s INTOLERANT PATIENTS WITH MAJOR DEPRESSION**

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Introduction: SSRIs are widely prescribed for the treatment of major depression because of the favourable adverse effect profile, safety and easiness of administration.

Purpose: The purpose of the study is to demonstrate that amisulpride 50mg a day is an effective and well-tolerated treatment in patients who cannot tolerate SSRIs.

Material & Methods: We studied 9 patients, 6 women and 3 men, (mean age 44 years) with major depression. They were treated with an SSRI and have responded completely or partially, but were unable to continue with treatment because of adverse effects, mostly from the gastrointestinal system. They were switched to amisulpride 50mg in the morning, while the SSRI was tapered. They assessed with HAM-D and semi structured interview at 2 and 4 weeks of treatment.

Results: At 4 weeks 8 of the 9 patients responded to treatment, while improvement was seen at 2 weeks, without side effects.

Conclusions: Amisulpride 50mg may be an effective and well-tolerated alternative treatment to SSRIs intolerant patients with major depression.

References

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P95**RISPERIDONE-INDUCED RETROGRADE EJACULATION: REPORT OF TWO CASES**

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The cases of two schizophrenic patients who presented retrograde ejaculation while being treated with risperidone and haloperidol will be reported. This ejaculatory dysfunction disappeared in both patients without recurrence of psychotic symptoms, as soon as risperidone was replaced with amisulpride. Postsynaptic antagonism of the α_1 adrenergic receptor has been implicated in inducing retrograde ejaculation by altering the sympathetic tone of the bladder or urethral sphincter. The presence of this particular adverse effect in drugs such as thioridazine, clozapine and risperidone, all of which are relatively potent α_1 antagonists, illustrates this concept. Priapism is another sexual adverse effect linked to antagonism at the α_1 adrenergic receptor, and both clozapine and risperidone are implicated more commonly than other atypical antipsychotics in cases associated with priapism, further supporting the potency of these agents at the α_1 adrenergic receptor. There will be a review of all references concerning risperidone-induced ejaculatory dysfunction.