Comparison of Paroxetine and Maprotiline in Minor Depression

M.Philipp*, O.Benkert*, H.Schwarze*, M.P.Fickinger*, G.C. Dunbar +, H.J.Staab#
*Dept of Psychiatry, University of Mainz, Germany, + SmithKline Beecham, Reigate, UK, #SmithKline Beecham Munich, Germany

Whilst the efficacy of paroxetine has been demonstrated in MDD, its clinical utility in minor depression has not been established. This study assesses the antidepressant efficacy of paroxetine in patients meeting RDC criteria for minor depression. All patients scored 13 points on the 17-item Hamilton Depression Rating Scale (HAMD) at baseline. After a 3 day washout period, patients were randomised to receive paroxetine 20-40mg/day or maprotiline 100-150mg/day, dose being titrated according to clinical response after 3 weeks treatment at the lower doses. Assessments conducted at baseline (day 0) and at weekly intervals for 6 weeks included the 17-item HAMD, the Montgomery-Asberg Depression Rating Scale (MADRS), and the physicians Clinical Global Impression (CGI). 245 patients (126 paroxetine and 119 maprotiline) were evaluable on an intent to treat basis. The two groups were well matched on all major demographic variables. For the changes from baseline on the HAMD total, the paroxetine group had significantly greater mean reductions at weeks 3-6 and end-point ($p \leq 0.04$). This result was reinforced by the numbers of patients achieving a 50% reduction in HAMD total at weeks 4 to 6: week 4 - 79% paroxetine, 67% maprotiline; week 6: - 91% paroxetine, 80% maprotiline. The robustness of these findings was further underscored by similar results for the MADRS and the CGI. These results indicate the superior efficacy of paroxetine compared to maprotiline in minor depression.

PYSCHOPATHOLOGICAL IMPLICATIONS IN COURSE OF SPINAL CORD INJURIES II

Halina Piatkowska, Clinic of Rehabilitation, Medical Academy, Warsaw, POLAND

The study presents the image of psychopathological complications in subjects after traumatic spinal cord injuries. / Observed and treated in the Clinic of Rehabilitation of Medical Academy in Warsaw /.

Part I Methods: clinical investigation/ orthopedic, neurological, psychiatric diagnosis/ laboratory tests
X-Ray exam. CFS exam. EEG exam. EMG exam. psychological diagnosis

Part II A. psychopethological implications in the acute posttraumatic state

B. psychopathological implications in the subacute period

C. psychopathological implications in the chronic state of infirmity

Part III Analysis of complications in consequence of spinal cord injuries, conclusion.

Psychopathological Implications in Course of Spinal Cord Injuries I

Halina Piatkowska

Clinic of Rehabilitation, Medical Academy, Warsaw, Poland

The study presents the image of psychopathological complications in subjects after traumatic spinal cord injuries.

Part I Methods: clinical investigation/orthopedic, neurological, psychiatric/laboratory tests, X-Ray exam. CFS exam. EEG exam. EMG exam. Psychological diagnosis.

Part II A. Acute period: posttraumatic state, disorders of consciousness, disorders of perception, psychotic reactions

B. Subacute period: state of physical dependence, problems of self identification, alterations of body image, disorders of behavior and of emotional functions, hipodepressive and epressive states, suicidal thoughts.

Part III C. Chronic period: Problems in course of adaption to the state of infirmity chronic asthenia, lack of motivation abulic syndrome, chronic depressive reactions hipodepressive and depressive states, disorders in emotional functions chronic personality changes symptoms of regression

Part IV Analysis of posttraumatic psychopathological implications after spinal cord injuries.

THE EFFECT OF NORTRIPTYLINE ON COGNITION

Nunzio Pomara, Dennis Deptula, Eric D Peselow, Rajkumar Singh, Feliciano Leviste, Martha L Heatley, Terri Roach, Linda Kline and Tom Cooper. Nathan S Kline Institute, Orangeburg N.Y.10962.

Despite widespread belief that antidepressants cause cognitive dysfunction, there has been surprisingly little systematic research that supports this view. With this in mind, our group sought to evaluate the effects of the tricyclic antidepressant nortriptyline on a variety of cognitive and psychomotor tasks. For the purposes of this report, we will focus on Buschke Total Recall. Seventy-eight patients (age range 21-81, mean age 49.95) who met RDC and DSM-III criteria for major depression (mean Hamilton score 20.82) voluntarily agreed to participate in a 6 week double-blind trial whereby they received either nortriptyline (NT) or placebo (PBO) following a 1 week single-blind placebo. At each weekly visit the patient received a comprehensive neuropsychological battery which included the Buschke Selective Reminding Task. In addition at baseline, the patient was acutely challenged with the medication to which he was randomized (either PBO or 50 mg NT) and the neuropsychological battery including Buschke selective reminding test was repeated at 1.5 and 4 hrs. All patients received another acute challenge (either placebo or 50 mg nortriptyline) after 6 weeks of chronic treatment. Doses of NT were adjusted weekly to maintain therapeutic plasma levels. Data were analyzed by an analysis of variance with age group (young vs old-55 was the cutoff) and drug status (drug vs PBO) the between subject factors and time of assessment (weekly for the chronic effect and 1.5 & 4 hrs for the acute effect) as the within subject factor. In view of the effect of depression on memory, we used weekly Hamilton depression score as a covariate. The results indicated that there was no statistically significant difference between the NT (mean plasma level 87.94 ng/ml at wk6) vs PBO group with respect to the chronic effects on Buschke Total Recall. There was also no difference between NT vs PBO with respect to Buschke Total Recall after acute challenge at baseline and after acute re-challenge following 6 weeks chronic treatment with either NT or PBO.