OBJECTIVES: Major Depressive Disorder (MDD) may significantly affect cognitive domains such as attention, concentration, and the burden of cognitive dysfunction in Schizophrenia is well established, the investigation of cognitive impairment in Bipolar Disorder (BD) and MDD has attracted the interest of research only more recently. Therefore, it is of great interest to understand clinical presentation and cognitive dysfunctions in BD and to raise awareness about this issue.

METHODS: Between December 2014 and January 2015, 128 Italian psychiatrists were recruited to participate in an on-line survey whose aim was to understand the professionals’ perception about cognitive symptoms in BD. A self-administered questionnaire comprised three sections: the first investigating psychiatrists’ socio-demographic and professional profile, the second assessing cognitive symptoms relevance without mentioning they represented the study focus and the third explicitly investigating cognitive symptoms. Results: Cognitive symptoms were considered a relevant dimension of MDD and they appeared amongst the most frequently cited residual symptoms compromising patients’ work and influencing relapse risk. About 70% of professionals declared to be able to evaluate if cognitive symptoms prevalence was above the antidepresant choice. However, in the previous questionnaire section, where focus on cognitive symptoms was not revealed yet, cognitive symptoms appeared less frequently considered for antidepresant choice.

CONCLUSIONS: Study results revealed a clear understanding of cognitive symptoms relevance in MDD. Nevertheless, the discrepancy between psychiatrists’ perception and their therapeutic choices underlines the presence of an unmet need that should be addressed, increasing the awareness about the positive effects on cognitive symptoms of existing drugs, which could allow a more symptom-oriented therapeutic intervention.

PMH4

COMPARATIVE EFFICACY OF KETAMINE AND OTHER PHARMACOLOGICAL AND SOMATIC INTERVENTIONS IN ADULT PATIENTS WITH TREATMENT-RESISTANT DEPRESSION: A SYSTEMATIC META-ANALYSIS

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OBJECTIVES: Ketamine has demonstrated rapid and robust antidepressant effects in patients with treatment resistant depression (TRD) in investigation clinical trials. The objective of this study was to compare the efficacy of ketamine with other pharmacological and somatic therapies for TRD.

A systematic literature review was performed in September 2014, using a predefined search strategy including MEDLINE, EMBASE and the Cochrane Library. TRD was defined as ≥2 antidepressant treatments failure. Thirty-one randomized controlled trials (RCTs) and 12 RCTs investigating electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (TMS) were identified. The primary outcome was depressive symptom reduction measured by the Montgomery-Åsberg Depression Rating Scale (MADRS) and response rate at 2 weeks (i.e. reduction of ≥50% in MADRS total score). Placebo and sham arms were pooled into one reference group. The evidence base was synthesised by means of a Bayesian network meta-analysis.

RESULTS: Ketamine seemed more efficacious in reducing depressive symptoms at 2 weeks than aripiprazole augmentation (mean difference in MADRS reduction of -11.0; 95% CI -17.8 to -4.1), venlafaxine monotherapy (-12.7; [-23.2 to -2.2]), LDX therapy (-11.0; 95% CI -17.5 to -4.5) and ECT (-9.8; [-16.2 to -3.5]). Also, ketamine showed the greatest improvement in the Credible Interval [CrI] of ketamine augmentation (5.2; [1.5 to 8.9]) compared to aripiprazole augmentation (0.85; [0.2 to 1.5]).

CONCLUSIONS: Findings of this longitudinal analysis indicate that LDX therapy has a positive effect on disability, as measured by SMI, of BD patients. The analysis also showed that improvement in both 8E weeks and 8E weeks is associated with improvement in disability over 12 weeks.

PMH5

LONGITUDINAL MODELING THE EFFECT OF LISDEXMAMETAMINE DIMESYLATE AND CHANGES IN BINGE EATING FREQUENCY ON DISABILITY IN PATIENTS WITH BINGE EATING DISORDER

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CONCLUSIONS: Findings of this longitudinal analysis indicate that LDX therapy has a positive effect on disability, as measured by SMI, of BD patients. The analysis also showed that improvement in both 8E weeks and 8E weeks is associated with improvement in disability over 12 weeks.

PMH7

TREATMENT CONTINUATION AND TREATMENT CHARACTERISTICS OF FOUR LONG-ACTING ANTIPSYCHOTIC MEDICATIONS (PALIPERIDONE PALMATE, RISPERIDONE MICROSPHERES, OLANZAPINE PAMOATE AND HALOPERIDOL DECANOATE) IN THE NETHERLANDS

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OBJECTIVES: Treatment continuation of four long acting, injectable, antipsychotic drugs: paliperidone palamate, risperidone microspheres, olanzapine pamoate and haloperidol decanoate, was evaluated in the Dutch outpatient setting using panel data (n=159). The purpose was to identify factors associated with treatment discontinuation and frequency of co-prescriptions were also investigated.

METHODS: The IMS LifeLinkTM Treatment Dynamics database was used, applying appropriate selection criteria. Four patient cohorts that started paliperidone palamate, risperidone microspheres, olanzapine pamoate or haloperidol decanoate after 1 April 2011 and 31 March 2012, and 1 October 2012 and 31 March 2013 were selected. All cohorts included at least 13 months of follow up. Treatment continuation was investigated. RESULTS: After 180 days, in both analysis periods, treatment was significantly higher percentage of patients continued treatment with paliperidone palamate. After six months, respectively 59% and 55% of patients continued paliperidone palamate. For risperidone microspheres this was 42% and 46% for the first cohort and 25% and 43%, and for haloperidol decanoate 42% and 47%. In both study periods, significantly higher percentages of patients restarted index treatment within 3 months when using paliperidone palamate (42% and 46%) or olanzapine pamoate (44% and 42%) compared to risperidone microspheres (35% and 33%) or haloperidol decanoate (26% and 28%). For all therapies, dosing was comparable between treatment initiation and discontinuation. Medication used to treat extrapyramidal symptoms was on average more frequently used with haloperidol decanoate (24% and 28%) than with paliperidone palamate (6% and 5%) risperidone microspheres (11% and 3%), or olanzapine pamoate (0% and 6%). CONCLUSIONS: Results of the database research indicate that a higher percentage of patients treated with paliperidone palamate continued therapy and restarted therapy than patients receiving the other three long-acting antipsychotics. Co-medication against extrapyramidal symptoms was more frequently used with haloperidol decanoate. FINANCIAL SUPPORT: This work was funded by Janssen.

PMH8

EFFECTIVENESS OF SUPPORTING INFORMAL CAREGIVERS OF PEOPLE WITH DEMENTIA: A SYSTEMATIC REVIEW

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OBJECTIVES: Respite care for informal caregivers of patients with dementia is a major public health issue affecting both patients and caregivers, and placing a high financial strain upon society. In community-dwelling patients, it is important to support informal caregivers in order to help them sustain their demanding role. Previous reviews about effectiveness of such supporting strategies often included a small number of studies, focused...