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Psychological Dependence on Antidepressants in Patient with Panic Disorder: A Cross-Sectional Study

Kazuhito Fujii[1,2], Takefumi Suzuki[1,3], Ryosuke Kitahata[1], Ryosuke Tarumi[1,4], Aki Endo[1], Ai Ohtani[1], Masaru Mimira[1], Hiroyuki Uchida[1,5]
[1.] Department of Neuropsychiatry, Keio University School of Medicine, Tokyo, Japan [2.] Azumabashi New Tower Clinic, Tokyo, Japan [3.] Department of Psychiatry, Inokashira Hospital, Tokyo, Japan [4.] Komagino Hospital, Tokyo, Japan [5.] Geriatric Psychiatry Division, Centre for Addiction and Mental Health, Toronto, Canada

Abstract

Objective: The aim of this cross-sectional study was to examine the prevalence of psychological dependence on antidepressants in outpatients with panic disorder and elucidate demographic and clinical characteristics associated with this condition.

Methods: This study was conducted in four outpatient clinics in Tokyo, Japan from April, 2014 to March, 2015. Subjects were eligible if they were outpatients aged 18 years or older and met the diagnostic criteria for panic disorder according to the International Classification of Diseases, 10th edition (ICD-10). The subjects received the following assessments: the Severity of Dependence Scale, Japanese Version (SDS), the Self-Report Version of Panic Disorder Severity Scale, Japanese Version (PDSS-SR), and the Quick Inventory of Depressive Symptomatology-Self Report, Japanese Version (QIDS-SR). The following information was also collected: age, sex, ethnicity, duration of illness, physical and psychiatric comorbidities, and details of prescribed psychotropic medications.

Results: Eighty-four patients participated in this study; of these, 30 patients (35.7%) showed psychological dependence on benzodiazepines (i.e. a total score of ≥5 in the SDS). A multiple regression analysis showed that PDSS scores and illness duration were positively correlated with SDS total scores ([β=0.43, 95% confidence interval=0.09–0.35, p=0.002], [β=0.27, 95% confidence interval=0.002–0.02, p=0.019], respectively), while other factors failed to show any significant association. A binary regression model demonstrated that absence of remission (i.e. a total score of ≥ 5 in the PDSS) and longer duration of illness increased the risk of dependence on antidepressants (odds ratio=1.18, 95% confidence interval=1.02–1.38, p=0.028, odds ratio=1.02, 95% confidence interval=1.01–1.03, P=0.004, respectively).

Conclusion: Approximately two-fifth of the patients with panic disorder receiving antidepressants fulfilled the criteria for psychological dependence on these drugs. The results underscore the need of close attention, especially to those who present severe symptomatology or have a chronic course of panic disorder.

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High relapse rate after efficacious ultra-long term treatment of panic disorder with clonazepam or paroxetine

Antonio Nardi, Roman Amrein, Adriana Cardoso, Gisele Dias, Rafael Freire, Sergio Machado
Federal Univ Rio de Janeiro, Brazil

Abstract

Objective: To describe the clinical and therapeutic features of 120 panic disorder (PD) patients treated for 3 years with clonazepam, paroxetine, or clonazepam + paroxetine and their follow-up for 6 years after the treatment.

Method: A prospective open study with 120 PD patients randomized to 2 mg/day clonazepam or 40 mg/day paroxetine. Poor responders were switched after 8 weeks to combined treatment with ~2 mg/day clonazepam + ~40 mg/day paroxetine. Tapered withdrawal of the treatment was performed after 3 years. Efficacy, safety, and cumulative relapse and remission were studied over the following 6 years.

Results: 94 patients completed 3 years treatment. All were free of panic attacks since at least one year before undergoing tapered drug withdrawal. In annually studied patients the relapse rates were similar after the 3 treatments with a marginal advantage of clonazepam over the combination and paroxetine at the first year after drug withdrawal. Cumulative relapses rate were 41%, 77%, and 94% at years 1, 4, and 6. 90% of the annually followed patients were during the 6 years of follow up in average in remission (partial: 54%, full: 36%); 73% were PA-free, 91% had a GCI-S score of 1, and 39% HAMA scores of 5–10; 33% needed drug treatment in each follow-up year. Both treatments displayed similarly high efficacy, but clonazepam was better tolerated. Results in patients studied at the end of follow-up only were similar, but somewhat less favorable: 88% were in remission, 72% were PA-free, 62% had a CGI-S score of 1 and 30% a HAMA of 5–10, with 39% needing PD treatment.

Conclusion: PD is a chronic disorder, with many patients relapsing despite being asymptomatic at least one year after 3 years treatment. Paroxetine and clonazepam were associated with similar long-term prognoses but clonazepam was better tolerated.

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The Interaction Effects between Panic-Related Genes Polymorphisms and Panic Disorder on Cortical Thickness of Paralimbic Regions: A Preliminary Study

*Eun-Kyoung Kang**a** and Sang-Hyuk Lee**a,***
*[a]Department of Psychiatry, CHA Bundang Medical Center, CHA University, Seongnam, Republic of Korea * Corresponding author*

Abstract

Background: Panic disorder(PD) has consistently showed high heritability. Polymorphisms of serotonin transporter linked promoter region (5-HTTLPR), 5-Hydroxytryptamine Receptor 1A(HTR1A), cathechol-O-methyltrasferase(COMT), and brain-derived neurotrophic factor(BDNF), Regulators of G-protein signaling 2(RGS2) have been suggested to be associated with panic disorder. In addition, no imaging studies have examined the difference of cortical thickness between PD and Healthy control, and the interaction effects panic-related genes polymorphisms and the presence of panic disorder on cortical thickness of paralimbic regions such as temporal pole and insula.