proved effective first-line therapies for the rapid control of agitation associated with psychotic disorders. Although widely used, intramuscular benzodiazepines have been associated with excessive sedation, and typical antipsychotics, such as intramuscular haloperidol, have a high propensity for causing acute extrapyramidal symptoms. Distressing side effects may adversely impact on patient acceptance of, and adherence to, future antipsychotic therapy. Intramuscular atypical antipsychotics may provide superior alternative treatments owing to improved safety and tolerability versus typical agents. Clinical studies have demonstrated the safety and efficacy of intramuscular formulations of aripiprazole, olanzapine and ziprasidone for the treatment of agitation associated with schizophrenia, and these agents have been approved for use in the USA and some European countries. Although rapid control of agitation is the primary goal, the longer-term effects of antipsychotic therapy also require consideration. Patients initially treated with an intramuscular antipsychotic will typically transition to oral therapy for the long-term management of their disorder. Therefore, the long-term safety and tolerability of oral therapy is important. For example, treatment-associated sedation can adversely affect patient quality of life and social integration during longer-term treatment, whereas treatment with antipsychotics that are associated with significant risk of weight gain, glucose dysregulation and dyslipidaemia may have serious implications for long-term patient health. Transferring from an intramuscular to an oral antipsychotic may impose a risk of the emergence of adverse effects, breakthrough symptoms and loss of therapeutic advantage, particularly if transitioning between intramuscular and oral formulations of different antipsychotics; ideally, continuation with the same agent would minimise this risk.

SAT2 - Lunch Satellite symposium: SEROTONIN, NORADRENALINE, DUAL - WHAT IS STATE OF THE ART? *Sponsored by Lundbeck*

SAT2.01

Pharmacological treatment of anxiety disorders - is there a state of the art?

B. Bandelow. *Department of Psychiatry and Psychotherapy, University of Goettingen, Goettingen, Germany*

Selection of appropriate treatment for anxiety disorders is influenced by several considerations, including psychiatric comorbidity. Emerging data suggest that anxiety disorders have a chronic course and a high comorbidity with depression. Successful treatment can be facilitated by first establishing treatment goals, which include managing acute anxiety and following through to remission. Prevention of recurrence of anxiety disorders should be the ultimate objective.

Various treatment options exist for the treatment of anxiety disorders, including selective serotonin reuptake inhibitors (SSRIs), serotonin-noradrenaline reuptake inhibitors (SNRIs), tricyclic antidepressants, pregabalin, benzodiazepines, buspirone, and reversible and irreversible MAO inhibitors. Some SSRIs have been demonstrated efficacy in both acute and long-term trials. Regarding their risk-benefit ratio, they are established as first-line therapies. The combination of drug treatment with cognitive behaviour therapy (CBT) is also recommended.

The chronic nature of anxiety disorders, different treatment response among different anxiety disorders and the recognition of their frequent comorbidity with depression requires an informed and evidence based choice of the best pharmacological approach to the individual patient. The presentation will present the most recent data from randomised clinical trials of newer generation agents and put them into perspective, to help the physicians to appropriately diagnose anxiety disorders and achieve the goal of bringing patients to full remission.

SAT2.02

Requires severe depression a specific treatment?

S.H. Kennedy. *University Health Network, Toronto, ON, Canada*

Depression is a disabling disorder associated with considerable comorbidity, risk of suicide and social consequences. Although antidepressants are among the most prescribed therapeutic agents, recent reviews highlight the significant percentage of depressed patients who fail to achieve a response or remission.

Although epidemiological and clinical data do not support severe depression as a separate illness category, and there is no consensus on the definition of "severe depression" regarding diagnostic scales, evidence suggest that the severity of depressive symptomatology may be associated with a worse prognosis and an increased mortality. Furthermore is there a perception that specific subpopulations of depressed patients e.g. melancholic patients or treatment resistant patients suffer of more severe forms of depression. The treatment of severely depressed patients is thus of major concern in view of the debilitating course of the disease.

Some early studies suggested that tricyclic antidepressants (TCAs) like clomipramine were more effective that selective serotonin reuptake inhibitors (SSRIs) paroxetine or citalopram in "endogenously" depressed patients. Other reviews report comparable efficacy of TCAs and SSRIs in patients with severe or melancholic depression, with SSRIs being better tolerated.

Recent data suggesting a surprisingly better differentiation of escitalopram, the active enantiomer of racemic citalopram, regarding effeicacy in more severely depressed patients (MADRS $>$ 30 or $>$ 35) versus SSRIs such as paroxetine and citalopram as well as versus the SNRI venlafaxine argue for a differentiated treatment approach, based on severity of symptoms.

SAT2.03

OCD quo vadis? The Cape Town consensus statement

H.G.M. Westenberg. *Rudolf Magnus Institute of Neuroscience, Department of Psychiatry, University Medical Center Utrecht, Utrecht, The Netherlands*

The perception of Obsessive Compulsive Disorder (OCD), once seen as a rare refractory condition, has changed significantly over the past two decades. Neuroimaging and genetic findings have advanced the understanding of the neurobiology of OCD and new treatment options have improved the outlook for patients.

A consensus group at the International Anxiety Disorders Conference in Cape Town, South Africa in February 2006, felt it was timely and appropriate to revisit OCD, to identify key developments in the field of OCD and to examine how they might be translated into clinical practice.

The group reviewed the currently available data on symptomatology, diagnosis, assessment, psychobiology and treatment of OCD in order to provide an up-to-data summary of the literature and recommendations for the treating physician. Special attention was paid to the current controversies about the relationship of OCD to OCD

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