

6th INTERNATIONAL FORUM ON MOOD AND ANXIETY DISORDERS

VIENNA, 29-30 NOVEMBER - 01 DECEMBER, 2006



WEB SITE: www.aim-internationalgroup.com/2006/ifmad



Final Programme



WORLD FEDERATION OF SOCIETIES
OF BIOLOGICAL PSYCHIATRY

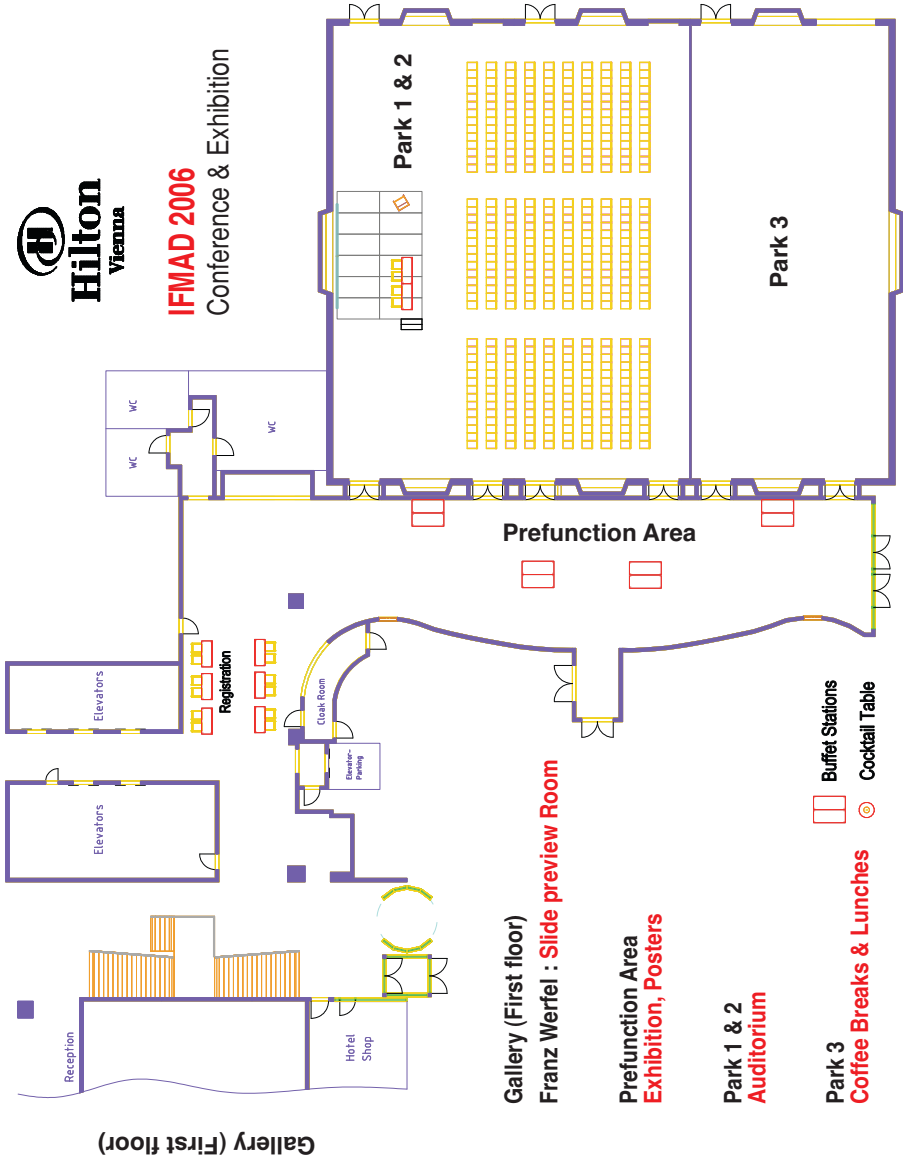
AN OFFICIAL WFSBP EVENT



FORUM VENUE

Hilton
Vienna

IFMAD 2006
Conference & Exhibition



Gallery (First floor)

Gallery (First floor)

Franz Werfel : Slide preview Room

Prefunction Area
Exhibition, Posters

Park 1 & 2
Auditorium

Park 3
Coffee Breaks & Lunches

☐ Buffet Stations
☉ Cocktail Table



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IMPORTANT ADDRESSES

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Congress Venue

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Web site: www.hilton.de/wien

SCIENTIFIC COMMITTEE



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ENDORSEMENT

WFSBP, a World Authority on Biological Psychiatry

Founded in 1974, the World Federation of Societies of Biological Psychiatry (WFSBP) is a non-profit, international organization composed of over 50 national societies of biological psychiatry, representing over 4.500 professionals worldwide.

WFSBP-Pioneering and Promoting the Highest Levels of Education and Dissemination within the Field

The principal objectives of WFSBP are:

- To foster and encourage scientific research and advancement in the field of biological psychiatry
- To improve the quality of training spanning all the biological psychiatry sciences
- To promote education and achieve the highest level of knowledge and understanding within the field
- To provide information and guidance to all institutions, societies or individuals with an interest in biological psychiatry
- To establish, build, and maintain solid collaboration with international and national organizations related to biological psychiatry

Educational activities, national and world congresses, The World Journal of Biological Psychiatry, the Federation's website - the information portal of the Societies of Biological Psychiatry, Psych-e, the Federation's official e-newsletter and the WFSBP Treatment Guidelines, collectively represent the Federation's portfolio and presence worldwide.



WELCOME

It is our pleasure to welcome you in Vienna to the annual meeting of the International Forum on Mood and Anxiety Disorders (IFMAD).

IFMAD has become an important forum for the exchange of ideas on the latest developments in psychiatric treatments where international experts can address in an informal atmosphere some of the important topics in the field of mood and anxiety disorders. The meetings are particularly valued for the high quality of the scientific contributions and the opportunity for focused discussion of new data presented in a constructive and productive environment.

Attendees at previous meetings have appreciated the very efficient and agreeable formula provided by IFMAD meetings for keeping up to date with current treatment issues. We look forward to renewing old acquaintances at the next meeting and to welcoming an even wider and international audience.

We are pleased to welcome you in Vienna and have you with us again this year.

Siegfried Kasper
Chairman

Stuart A. Montgomery
Co-Chairman



The Organising Committee express their gratitude
to the following Companies:

ASTRAZENECA
H. LUNDBECK A/S
PFIZER PHARMACEUTICALS
SEPRACOR

for their contribution as Sponsors of Symposia

PIERRE FABRE MEDICAMENT

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ELI LILLY AND COMPANY
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for their participation in the exhibition

PROGRAMME OVERVIEW



**Wednesday,
November 29**

13.45/15.45
Treatment of comorbid
depression

15.45/16.00
Coffee break

16.00/18.00
Bipolar Depression

18.00/20.00
Treatment of severe
depression

20.00/20.30
Opening reception

**Thursday,
November 30**

08.30/10.30
Treatment of GAD

10.30/10.45
Coffee break

10.45/12.45
Newer Antidepressants:
from Neurobiology
to a differentiated choice

12.45/13.45
Working Lunch

13.45/15.45
Treatment of mania

15.45/16.00
Coffee break

16.00/18.00
Unmet treatment needs in
major depressive disorders

**Friday,
December 1**

08.30/10.30
New evidence of
long-term efficacy in
chronic anxiety disorders

10.30/10.45
Coffee break

10.45/12.45
Burden and treatment
of chronic insomnia

12.45/13.45
Working Lunch

13.45/15.45
Mood and anxiety
disorders in old age

15.45/16.00
End of meeting





**6th INTERNATIONAL
FORUM ON MOOD
AND ANXIETY DISORDERS**

**Scientific
Programme**



WEDNESDAY, November 29, 2006

- 13.45 - 15.45** **SO 01 - TREATMENT OF COMORBID DEPRESSION**
Chair: H. J. Moller (Germany), G. Papadimitriou (Greece)
- SO 0101 Treatment of depression in schizophrenia
D. Winkler (Austria)
- SO 0102 New insights on treatment of depression in OCD and PTSD
J. Zohar (Israel)
- SO 0103 Treatment of depression in Parkinson's Disease
T. Klockgether (Germany)
- SO 0104 Treatment of comorbid depression and anxiety
H. J. Moller (Germany)
- 15.45 - 16.00** **Coffee break**
- 16.00 - 18.00** **SO 02 - BIPOLAR DEPRESSION**
Chair: J. P. Lepine (France), J. Zohar (Israel)
- SO 0201 Switch rates with antidepressants or placebo in bipolar depressed patients
G. N. Papadimitriou (Greece)
- SO 0202 Efficacy of mood stabilisers in treatment of bipolar depression
J. Cookson (United Kingdom)
- SO 0203 Lamotrigine as add-on to lithium in bipolar depression
W. A. Nolen (The Netherlands)
- SO 0204 Atypicals in bipolar depression
E. Vieta (Spain)
- 18.00 - 20.00** **SO 03 - TREATMENT OF SEVERE DEPRESSION**
Chair: I. Bitter (Hungary), D. Winkler (Austria)
- SO 0301 Disability and risks in severe depression
J. P. Lepine (France)
- SO 0302 TCAs in severe depression
P. Hofmann (Austria)
- SO 0303 SNRIs in severe depression
J. M. Germain (France)
- SO 0304 Superior treatments of severe depression
S. Montgomery (United Kingdom)
- 20.00 - 20.30** **Opening reception**



THURSDAY, November 30, 2006

08.30 - 10.30 **SO 04 - TREATMENT OF GAD** Chair: **C. Altamura (Italy), S. Montgomery (United Kingdom)**

- SO 0401 Diagnosis, long-term course and pain comorbidity of GAD
J. Angst (Switzerland)
- SO 0402 SSRIs and SNRIs in the treatment of GAD - met and unmet needs
D. Baldwin (United Kingdom)
- SO 0403 Novel GAD treatments with evidence of efficacy
B. Bandelow (Germany)
- SO 0404 Specific outcome. Speed of onset and comorbidity
J. A. den Boer (The Netherlands)
Sponsored by an unrestricted educational grant of Pfizer

10.30 - 10.45 **Coffee break**

10.45 - 12.45 **SO 05 - NEWER ANTIDEPRESSANTS: FROM NEUROBIOLOGY TO A DIFFERENTIATED CHOICE** Chair: **S. Kasper (Austria)**

- SO 0501 The neurobiology of mood disorders - an update
R. Krishnan (USA)
- SO 0502 Depression within OCD: from neurobiology and clinical responses
toward endophenotypes
N. Fineberg (United Kingdom)
- SO 0503 Differentiated binding of escitalopram versus citalopram to the serotonin
transporter - A SPECT study
S. Kasper (Austria)
- SO 0504 Differentiated choice of newer antidepressants
G. Zernig (Austria)
Sponsored by an unrestricted educational grant of H. LUNDBECK A/S

12.45 - 13.45 **Lunch**

13.45 - 15.45 **SO 06 - TREATMENT OF MANIA** Chair: **J. Angst (Switzerland), N. Praschak-Rieder (Austria)**

- SO 0601 Mood stabilisers in mania
W. Nolen (The Netherlands)
- SO 0602 Atypical antipsychotics in bipolar mania
S. Kasper (Austria)
- SO 0603 Speed of action of treatments in mania
C. Altamura (Italy)
- SO 0604 Treatment of mixed states
A. Erfurth (Austria)



SCIENTIFIC PROGRAMME

THURSDAY, November 30, 2006

15.45 - 16.00 *Coffee break*

16.00 - 18.00 **SO 07 - UNMET TREATMENT NEEDS IN MAJOR DEPRESSIVE DISORDERS**
Chair: S. Kasper (Austria)

- SO 0701 Expecting more from antidepressant treatment - what happens when conventional therapy fails?
- **The specialist perspective - S. Montgomery (United Kingdom)**
 - **The general practice perspective - A. Wade (United Kingdom)**

SO 0702 Response in treatment resistant depression
D. Souery (Belgium)

Sponsored by an unrestricted educational grant of ASTRAZENECA





FRIDAY, December 1, 2006

- 08.30 - 10.30** **SO 08 - NEW EVIDENCE OF LONG-TERM EFFICACY
IN CHRONIC ANXIETY DISORDERS**
Chair: N. Fineberg (United Kingdom), D. Sheehan (USA)
- SO 0801 Long-term efficacy in OCD
N. Fineberg (United Kingdom)
- SO 0802 The longterm efficacy of Pregabalin and SSRIs in the treatment of GAD
M. Van Amerigen (Canada)
- SO 0803 Review of SNRIs in GAD
D. Sheehan (USA)
- SO 0804 Long-term efficacy in SAD
B. Bandelow (Germany)
- 10.30 - 10.45** **Coffee break**
- 10.45 - 12.45** **SO 09 - BURDEN AND TREATMENT OF CHRONIC INSOMNIA**
Chair: S. Montgomery (United Kingdom)
- SO 0901 The burden of disease, guidelines in chronic insomnia
T. Roth (USA)
- SO 0902 Eszopiclone in the treatment of chronic insomnia
S. Kasper (Austria)
- SO 0903 Role of eszopiclone in treating comorbid insomnia in depression
H. J. Moller (Germany)
Sponsored by an unrestricted educational grant of Sepracor
- 12.45 - 13.45** **Lunch**
- 13.45 - 15.45** **SO 010 - MOOD AND ANXIETY DISORDERS IN OLD AGE**
Chair: A. Erfurth (Austria), N. Fineberg (United Kingdom)
- SO 1001 The epidemiological evidence
P. Fischer (Austria)
- SO 1002 Pharmacokinetics and interaction in old age
P. Baumann (Switzerland)
- SO 1003 Biological changes in old age
R. Nil (Switzerland)
- SO 1004 Treatment response in old age
E. Weiller (France)
- 15.45 - 16.00** **End of meeting**

Peace of Mind



Sepracor Inc. is a research-based pharmaceutical company dedicated to treating and preventing human disease by discovering, developing and commercializing innovative pharmaceutical products that are directed toward serving unmet medical needs. Sepracor's drug development program has yielded a portfolio of pharmaceutical products and candidates with a focus on respiratory and central nervous system disorders.

Please join us at the Chronic Insomnia Symposium on Friday, December 1st, from 10:45-12:45 pm where you will learn more about the burden and treatment of insomnia.



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P01. The impact of anxiety on components of sleep quality. **A. AfkhamEbrahimi**^{1,2,3}, **S. Nohesara**^{1,2,3}, **G. Akasheh**⁴, **A. Afkham Ebrahimi**⁵ (Iran University of Medical Sciences; ²Tehran Institute of Psychiatry, Mental Health Research Center; ³Rasoul Akram Hospital; ⁴Kashan University of Medical Sciences; ⁵UNHSR, IRAN).

P02. Neurocognitive impairment in bipolar I and II disorders. **H. Baek** (Clinical Instructor Seoul National University Bundang Hospital, Seungnam, South Korea).

P03. Anxiety and Cognitive Function in the Elderly: Preliminary Results from a Double-blind, Placebo-controlled Trial of Pregabalin in Generalized Anxiety Disorder. **F. Baldinetti**, **F. Mandel** (Pfizer Global Pharmaceuticals, USA).

P04. Improvement of quality of life in panic disorder with Escitalopram, versus Citalopram, and placebo. **B. Bandelow**¹, **D. J. Stein**², **O. C. Dolberg**³, **H. Friis Andersen**³, **D. S. Baldwin**⁴ (Department of Psychiatry and Psychotherapy, University of Göttingen, Göttingen, Germany; ²University of Cape Town, Department of Psychiatry, Groote Schuur Hospital, Cape Town, South Africa; ³H. Lundbeck A/S, Copenhagen, Denmark; ⁴Clinical Neuroscience Division, School of Medicine, University of Southampton, UK).

P05. Comparison of the standard scales and CGI scores in major depressive disorder, panic disorder, social anxiety disorder, and generalized anxiety disorder. **B. Bandelow**¹, **D.S. Baldwin**², **O. C. Dolberg**³, **H. Friis Andersen**³, **D. J. Stein**⁴ (Department of Psychiatry and Psychotherapy, University of Göttingen, Göttingen, Germany; ²Clinical Neuroscience Division, School of Medicine, University of Southampton, UK; ³H. Lundbeck A/S,

Copenhagen, Denmark; ⁴University of Cape Town, Department of Psychiatry, Groote Schuur Hospital, Cape Town, South Africa).

P06. Depression, SSRI and painting. **K. Blagoje** (Institute for Mental Health, Belgrade, Serbia).

P07. Mood disorders in people living with HIV/AIDS in New York City: review of published studies. **C. Canadas** (Student - Columbia University Mailman School of Public Health, NY, USA).

P08. Panic disorder, depression and the risk of coronary heart disease: a cohort study of a national managed care database. **R. Castilla-Puentes** (Psychiatry and Epidemiology - School of Medicine, UNC And Center For Clinic Epide. And Statist. Upenn - USA).

P09. The effect and safety of ziprasidone in patients with bipolar disorders: a naturalistic study. **J. E. Choi** (Seoul National University Bundang Hospital, Bundang-Gu - Seongnam-Si, South Korea).

P10. Does specialised inpatient treatment have a role for severe, chronic, resistant obsessive-compulsive disorder (OCD)? **E. Zadeh**², **L. M. Drummond**¹, **A. Pillay**², **R. S. Rani**², **P. J. Kolb**², **R. Samuel**² (Adult Psychiatry (CBT), Division of Mental Health; ²St. George's Mental Health NHS Trust, St. George's University of London, London, UK).

P11. Delayed sleep phase shift in chronic refractory obsessive-compulsive disorder. **L. M. Drummond**¹, **N. A. Fineberg**¹, **K. Wulff**², **S. Rani**^{1,3}, **J. Sibanda**^{1,3}, **H. Ghodse**¹ (St. George's University of London, ²Imperial College, University of London, SW London, ³St. George's Mental Health NHS Trust, London, United Kingdom).



POSTERS

P13. Effectiveness of Brief Cognitive Therapy for Depressive Cases. **Y. N. Farooqi, S. Syed** (Department of Psychology & Applied Psychology, University of the Punjab, Lahore, Pakistan).

P14. The pregnancy and post-partum depression: hormonal changes. **G. M. Festa** (Psychiatry and Psychology Institute - Catholic University of Sacred Heart, Rome, Italy).

P15. Escitalopram in relapse prevention in patients with obsessive-compulsive disorder (OCD). **N. Fineberg¹, O. Lemming², B. Tonnoir², D. Stein³** (¹Postgraduate Medical School, University of Hertfordshire, Hatfield, United Kingdom; ²H. Lundbeck A/S, Copenhagen, Denmark; ³Dept of Psychiatry, University of Cape Town, Cape Town, South Africa).

P16. Effect of bromocriptine in the patient with refractory depression. **M. Fujimoto** (Yamaguchi University Graduate School of Medicine, Yamaguchi, Japan).

P17. Efficacy and safety of desvenlafaxine succinate in the short-term treatment of adults with major depressive disorder. **J. M. Germain¹, L. Septien-Velez¹, B. Pitrosky¹, S. Krishna Padmanabhan²** (¹Wyeth Research, Paris, France; ²Wyeth Research, Collegeville, Pennsylvania, USA).

P18. Evaluation of inhibition in 11 depressed patients. **B. Gohier¹, J. Emeriaud¹, L. Ferracci², D. Le Gall², J. B. Garré¹** (¹Department of Psychiatry, CHU Angers, ²Departement of Neuropsychology, CHU Angers, France).

P19. Clinical Features of Bipolar Depression versus Unipolar Depression. **G. Grbesa¹, M. Simonovic¹, D. Demian¹** (¹Clinic for Mental Health, Clinical Center Nis, Serbia).

P20. Comparison of cognitive-behavioral psychotherapy and pharmacotherapy in the treatment of agoraphobia with panic disorder and panic disorder. **D. Ignjatovic¹, M. Ignjatovic¹, M. Knišková¹, T. Baška², S. B. Schweitzer³** (¹Mentee, Psychomed Svatosávsky, Banská Bystrica; ²The Institute of Epidemiology, Jesenius' Medical Faculty, Martin - Slovak Republic; ³Buenos Aires, Argentina).

P21. Depersonalization as a trait in panic disorder. **M. L. Imaz** (Psychiatry and Toxicology, Hospital Del Mar, Barcelona, Spain)

P22. Assessing European practicing psychiatrists' awareness of metabolic syndrome among patients with bipolar disorder. **L. Kahn** (Cardinal Health, Wayne, New Jersey, USA).

P23. Escitalopram in the long-term treatment of major depressive disorder in elderly patients. **S. Kasper S¹, O. M. Lemming², H. de Swart²** (¹Medical University of Vienna, Vienna, Austria; ²H Lundbeck A/S, Copenhagen, Denmark).

P24. Cross-cultural evaluation of the self report version of the panic disorder severity scale in Japan. **M. Katagami** (Department Of Neuropsychiatry, Osaka City University Medical School, Osaka City, Japan).

P25. Fluoxetine and amitriptyline for the treatment of depression in primary care in the UK. **A. Lenox-Smith** (Wyeth, Huntercombe Lane South, United Kingdom).

P26. Older people's chronic insomnia: combined therapeutic approach through the neuromuscular and relaxing treatment integrated with melatonina. **A. Lera** (Operative Unity of Psichiatry, Giulianova, Italy).



P27. Perfect shape: a new method in older people's mood disorders. **A. Lera** (Operative Unity of Psichiatria, Giulianova, Italy).

P28. Anxiety disorders and motor activity: perfect shape in the treatment of forty subjects affected by the first phase of Alzheimer disease. **A. Lera** (Operative Unity of Psichiatria, Giulianova, Italy).

P29. Atypical antipsychotics pharmacologic treatment in augmentation of anxiety and mood disorders in Alzheimer's disease. **A. Lera** (Operative Unity of Psichiatria, Giulianova, Italy).

P30. Interpersonal violence and symptoms of depression. **M. Masood** (Psychological Disorders, Shalamar Hospital, Mughalpora, Lahore, Pakistan).

P31. Coping pattern in females with interpersonal violence. **M. Masood** (Psychological Disorders, Shalamar Hospital, Mughalpora, Lahore, Pakistan).

P32. Neuropeptide γ , calcitonin gene-related peptide and CRH in brain of rats bred for high anxiety-related behaviors. **A. A. Mathe** (Head Experimental Psychiatry, Clinical Neuroscience, Karolinska Institutet, Karolinska U Hospital, Huddinge, Stockholm, Sweden)

P33. Anxiety and depression symptoms in school age children. **A. Michopolou** (General Children's Hospital of Penteli - Greece).

P34. Synergistic physico psychotherapy (SPPT) - an new approach for neuropsychiatric patients. **W. N. Morokutti** (Psychiatry, Neurology, Psychotherapist, Private Practice, Wagna, Styria, Austria).

P35. Efficacy of Two Years of Maintenance Treatment With Venlafaxine Extended Release 75-225 mg/d in Patients With Recurrent Unipolar Major Depression. **P. T. Ninan¹, S. G. Kornstein², J. H. Kocsis³, S. Ahmed¹, T. Ferdousi¹, M.Thase⁴, E. Friedman⁴, B. W. Dunlop⁵, B. Yan, MD¹; R. Pedersen¹** (¹Wyeth Pharmaceuticals, Collegeville, Pennsylvania; ²Virginia Commonwealth University, Richmond, Virginia; ³Weill Cornell Medical College, New York, New York; ⁴University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania; ⁵Emory University School of Medicine, Atlanta, Georgia - USA).

P36. Epia-epidemiology of anxiety disorders in Slovakia. medication used in the population sample. **V. Novotny** (Psychiatric Clinic, Bratislav, Slovak Republic).

P37. Efficacy of duloxetine vs SSRIs and placebo in treating major depressive disorders. **G. Pum** (Lilly Research Laboratories, Indianapolis, USA).

P38. Efficacy of duloxetine vs. placebo in mild, moderate, and more severely ill patients with major depressive disorder. **G. Pum** (Lilly Research Laboratories, Indianapolis, USA).

P39. Quality of life in depressed outpatients with previous psychiatric disorders: baseline results from FINDER study. **C. Reed** (Eli Lilly, Erlwood, Windlesham, Surrey, United Kingdom).

P40. Treatment patterns of depression: baseline results from FINDER study. **C. Reed** (Eli Lilly, Erlwood, Windlesham, Surrey, United Kingdom).

P41. Escitalopram in the treatment of obsessive-compulsive disorder. **D. J. Stein¹, B. Tonnoir², E. H. Reines², E. W. Andersen², N. Fineberg³** (¹Dept of Psychiatry, University



of Cape Town, Cape Town, South Africa;
²H. Lundbeck A/S, Copenhagen, Denmark,
³Postgraduate Medical School, University of
Hertfordshire, Hatfield, UK).

P42. Predict: predicting onset and outcome of depression. **F. Torres-Gonzales** (Legal Medicine and Psychiatry, University of Granada, Granada, Spain)

P43. The risk for depression conferred by stressful life-events is modified by variation at the serotonin transporter 5HTTLPR genotype. The Spanish PREDICT-gene cohort. **F. Torres-Gonzalez** (Legal Medicine and Psychiatry, University of Granada, Granada, Spain).

P44. Long-term treatment with escitalopram and paroxetine in severe major depression. **J. P. Boulenger**¹, **A. K. T. Huusom**², **E. Weiller**², **I. Florea**² (¹University Department of Adult Psychiatry, CHU de Montpellier and INSERM E361, France; ²H. Lundbeck A/S, Copenhagen, Denmark).

P45. Post-marketing surveillance of escitalopram in depressed outpatients in Austria. **D. Winkler, E. Pjrek, N. Klein, S. Kasper** (Department of General Psychiatry, Medical University of Vienna, Vienna, Austria).

P46. Neural mechanism of dissociation between explicit and implicit memory retrieval in patients with major depressive disorder: functional MR imaging. **J. C. Yang** (Department of Psychiatry, Chonnam National University Hospital, Dong-Gu, Gwangju, South Korea).

P47. Effects of modern antidepressants with different mode of action on cardiovascular parameters in patients with major depressive disorder. **S. Zeugmann** (Student Affective Disorders, Charité-Cbf, Berlin, Germany).





Audio-Visual Facilities:

Equipment for computerised Power Point presentations is provided during the scientific sessions. Floppy disks and CD-Rom for Power Point presentations can be tested prior to presentation in the slide preview room.

Floppy disks or CD-Rom must be handed over to the Slide preview room technicians at least forty minutes before the beginning of the sessions and must be collected directly by the speakers at the end of the session.

It is essential for the smooth running of the sessions that all speakers hand in their Power Point presentation in due time.

European Accreditation:

15 European UEMS (European Union of Medical Specialists) credits have been granted for this programme as well as 24 restricted Austrian CMP points.

Certificate of Attendance:

A certificate of attendance is provided on request at the registration desk on the last day of the Congress.

Posters:

All the accepted abstracts are scheduled for poster presentation.

An area has been prepared for poster exhibition for viewing and discussing with the authors (especially during coffee breaks and lunches).

Set up and removal times are as follows:

Wednesday, November 29 from 11.00

Friday, December 1 at 16.00.

Authors must be registered to the Congress.



GENERAL INFORMATION

The “6th International Forum on Mood and Anxiety Disorders” is held at the Hotel Hilton Vienna, Am Stadtpark, from November 29th to December 1st, 2006.

Admission (Badges):

Participants are requested to wear the badge throughout the Congress. Only badge holders will be admitted to the appropriate sessions, exhibition and social events. Euro 30.00 is charged for replacement of a lost badge.

Bank and Exchange:

Banks are generally open from Monday to Friday, from 08.00 to 12.30 and from 13.30 to 15.00 (Thursday from 08.00 to 12.30 and from 13.30 to 17.00).

Most Austrian Banks have currency exchange facilities available during opening hours and change Traveller's cheques. Please ask about charges before changing money, these may vary considerably. Automated cash dispensers are located outside most banks, cash can be withdrawn there 24 hours a day.

Business hours and shopping:

Shopping hours are Monday to Friday 09.00-18.00 and Saturday 09.00-17.00.

Shops are closed on Sundays. Luxury shops and cafés for an elegant clientele can be found in the pedestrian zone of Vienna's 1st district. Another well known shopping area is Mariahilferstrasse. Visitors from non-EU countries should ask for VAT refunds when purchasing goods.

Climate:

Winter temperatures: 5,1°C and 63 sunshine hours.

Coffee breaks and Lunches:

During the Congress session breaks, coffee breaks and lunches will be served free of charge to all registered participants, wearing Congress badges.

Congress Venue and Secretariat:

All congress material and documentation are available at the registration desk.

Opening hours:

- Wednesday, November 29, 2006: 11.00 - 20.00
- Thursday, November 30, 2006: 07.30 - 18.00
- Friday, December 1, 2006: 07.30 - 16.00

Credit Cards:

National and foreign Maestro cards as well as Mastercard, American Express, Visa and Diners are accepted. Credit cards are also accepted by numerous hotels, restaurants, shops and gas stations.

Currency:

The official currency in Austria is Euro.



Electricity:

The standard voltage in Austria is 220 V. The Austrian network supplies a frequency of 50Hz. Plugs are continental-style two-pins.

Insurance:

The Congress organizers cannot accept liability for personal injuries sustained, or for loss or damage to property belonging to Congress participants and accompanying persons, either during or as a result of the Congress. Registration does not include insurance. It is strongly recommended that you take an insurance policy of your choice as you register for the Congress and book your travel.

The insurance should be purchased in your country of origin.

Language:

The official language of the Congress is English. No simultaneous translation will be provided.

Mobile phones:

Delegates are kindly requested to keep their mobile phones in the off position in the Room where the scientific sessions will be held.

Smoking Policy:

The 6th International Forum on Mood and Anxiety Disorders wishes to be a non-smoking congress.

Tips:

Service is usually included in the prices in bars and restaurants, but tips are welcome.

Useful Telephone Numbers:

• Ambulance and Emergency Services	144
• Emergency Doctor	141
• Euro Emergency number	112
• Police	133
• Fire department	122
• Night and weekend dental services	5 12 20 78
• Pharmacies open nights and Sunday	1550

ANNOUNCEMENT OF NEXT FORUM



**The 7th International Forum
on Mood and Anxiety Disorders
will be held on 5-7 December, 2007
in Budapest, Hungary**



Publi Créations - Partner of AIM

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escitalopram

Abbreviated prescribing information

Presentation: "Ciprallex" tablets containing 10 mg escitalopram (as oxalate). **Indications:** Major depression, Panic disorder with or without agoraphobia, Social anxiety disorder. **Dosage:** Usual dose: 10 mg once daily. Maximum dose 20 mg/day. In the elderly (>65 years), in panic disorder patients, and in patients with reduced hepatic function, an initial dose of 5 mg/day is recommended. Caution is advised in patients with severely reduced renal function. Not recommended in children and adolescents (<18 years). When stopping treatment with escitalopram, the dose should be gradually reduced over a period of one or two weeks. **Contraindications:** Hypersensitivity to escitalopram. Concomitant treatment with non-selective MAOIs. **Pregnancy and lactation:** Careful consideration prior to use in pregnant women. Lactating women should

not be treated. **Precautions:** The special warnings and precautions that apply to the SSRI class. **Drug interactions:** Reversible, selective MAOIs, Selegiline (irreversible MAO-B inhibitor). Medicinal products lowering the seizure threshold, St John's Wort. Enzyme inhibitors (e.g. omeprazole and cimetidine) may require reduction of escitalopram dose. Drugs metabolised by enzymes CYP 2D6 or 2C19. **Adverse events:** Most frequent during first and second weeks. Comprise the SSRI class adverse events, e.g. nausea, diarrhoea, and constipation. **Overdosage:** Dose of 180 mg escitalopram has been taken without any serious symptoms. **Consult full prescribing information before prescribing.** H. Lundbeck A/S, Copenhagen, Denmark. Date of preparation: June 2006. Ciprallex.com