

MEETING ABSTRACT

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Use of methylphenidate in the treatment of major depressive disorder in an outpatient mental health center

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Background

According to the American Psychiatric Association practice guidelines, if a patient with Major Depressive Disorder (MDD) has not responded or achieved only a partial response after 4-8 weeks of therapy, a dose change, switch to a new drug, or augmentation therapy is recommended [1].

Combined use of standard antidepressants with dopaminergic agents and psychostimulants can lead to accelerate and enhance response if administered early in the course of treatment [2].

Materials and methods

Using a sample of 100 patients with diagnosis of MDD who have been visited in Barcelona's Sant Martí Sud outpatient mental health center during the year 2008, Sociodemographical (gender, age) and clinical data (present toxic consume, presence of psychiatric background, use of antipsychotics) are analysed with SPSS 15.0 statistical package.

Results

Methylphenidate is used in 3% of the sample with an average dose of 20 mg/d. There is a predominancy in the female gender (66.7%), a global average age 66.33 ± 7 years. The psychiatric background most frequently found is the presence of previous depressive disorder episodes (66.7%). None of these patients had toxic abuse nor had been hospitalised.

Conclusions

The use of methylphenidate is still not frequent in our sample as augmentation strategy of the antidepressive treatment. However initial results show that the combination with methylphenidate can be useful for patients in need of a rapid improvement in depression, particularly in those with chronic treatment-resistant depression but the tolerability of the combination may limit its use [2]. Further investigation using different treatment to achieve remission in patients with major depression is necessary.

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References

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