235. A CONTROLLED TRIAL OF FLUOXETINE FOR OCD IN CHILDREN AND ADOLESCENTS

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In an industry-sponsored, 10-week, double-blind, placebo-controlled, multicenter trial, the safety and efficacy of fluvoxamine (50–200 mg/day) in the treatment of children and adolescents with obsessive compulsive disorder (OCD) was assessed. Subjects 8–17 years old with a minimum six month history of OCD were eligible to participate. Exclusion criteria included significant medical or psychiatric co-morbidity, or a past history of not responding to an adequate trial of another serotonin reuptake inhibitor. To be randomized, subjects were required to have a baseline score ≥15 on the 10-item Children’s Yale-Brown Obsessive Compulsive Scale (CY-BOCS) and ≥7 on the NIMH Global Obsessive Compulsive Scale. A 7–14 day single-blind, placebo washout/screening period occurred prior to randomization. Subjects who had not responded by week 6 of the 10 week trial could terminate the double-blind portion of the study and enter a long-term open trial of fluvoxamine. Of the 120 subjects randomized, 44 terminated early, 31 (22 placebo, 9 fluvoxamine) due to lack of improvement at week 6; 4 (3 fluvoxamine, 1 placebo) discontinued due to side effects, none of which were considered serious; and 9 (for “other” reasons. The primary efficacy variable, CY-BOCS, showed significant differences from placebo (p< 0.05) for the intent-to-treat, last-observation-carried-forward analysis at weeks 1–6 and week 10, with a trend toward significance at week 8. This finding was also supported by significant differences in the 3 secondary outcome measures. Side effects more common on fluvoxamine included insomnia, agitation, hyperkinesia, somnolence and dyspepsia. There were no clinically significant changes in laboratory or ECG parameters during short-term fluvoxamine treatment. Differences in the design, subjects and results of published, controlled, medication trials for OCD in children and adolescents will be discussed.

236. BEYOND EFFICACY: TREATMENT OUTCOME IN PANIC DISORDER

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The aim of the present study was to assess the net effectiveness of systematic, open imipramine treatment in a homogenous sample of panic disorder with agoraphobia patients and to characterize this outcome in terms of panic activity, anxiety sensitivity, depressed mood and quality of life. One hundred ten consecutive patients were treated with a fixed regimen of imipramine 2.25mg/kg/day over a 24 week period. No instructions or encouragement for self directed exposure to phobic situations or other coping strategies with panic or fear were given throughout the trial. Assessments, including patient and clinician rated scales as well as operationalized criteria of response that had been previously validated in a dose-ranging study, were administered at pre-treatment and at weeks 8, 16, and 24 of treatment. The protocol yielded a net effectiveness of 53% using marked and stable response as the definition of success. There was virtually no baseline differences between these patients and the patients who did not complete the treatment. On most measures, substantial improvement continued beyond week 8 of treatment. Treatment success was accompanied with significant improvements in anxiety sensitivity, dysphoric mood and functional well being measures. The present results provide a clinically relevant standard reference with which to compare the effectiveness of alternative treatments. Strategies that may improve the effectiveness of treatment with antidepressants are discussed.

237. A NEURAL NETWORK MODEL OF STROOP INTERFERENCE AND FACILITATION EFFECTS IN SCHIZOPHRENIA

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The Stroop task is widely used as a neuropsychological measure of both selective attention and behavioral inhibition. Schizophrenics show characteristic deficits in this task, consistent with the well accepted view that this illness involves disturbances of both attention and inhibitory processes. In previous work, we have described a neural network model that explains these behavioral deficits in terms of a disturbance of dopamine activity within prefrontal cortex. This model explained both the interference and facilitation effects observed in the Stroop task, relating both of these to the functioning of a single processing mechanism. Recently, however, results from a number of empirical studies have suggested that while normal subjects show greater interference than facilitation effects, the reverse is true for schizophrenics. On the surface, this might be taken as evidence against our model, and the idea that interference and facilitation reflect the functioning of the same processing mechanism. Here, we will present an extension of our model, that takes into account biologically plausible constraints on network connectivity. Specifically, the new model adds lateral inhibition among units within a processing module (implementing competition), and bidirectional excitatory connections between modules (implementing information flow), both of which are consistent with general principles of cortical connectivity. We show that these principles are sufficient to explain the pattern of Stroop performance observed in both normal and schizophrenic subjects, as well as several other detailed aspects of the empirical data (e.g., reaction time distributions). New predictions of the model will be discussed, as well as its more general relevance to studies of the neurobiological basis of cognitive disturbances in psychiatric disorders.

238. STROOP PERFORMANCE IN FIRST DEGREE RELATIVES OF SCHIZOPHRENIC PATIENTS

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A variety of central nervous system dysfunctions have been reported to be elevated in both schizophrenic patients and their non-schizophrenic