menopausal breast cancer patients," wrote Dr. Schilder, of the Netherlands Cancer Institute in Amsterdam, and her colleagues.

Investigators in the TEAM trial compared the efficacy of 5 years of exemestane with 2.5 years of tamoxifen followed by 2.5 years of exemstane in postmenopausal women who had hormone-sensitive breast cancer. This subanalysis included Dutch patients involved in the study—80 women who were on tamoxifen and 99 who were on exemestane. They were compared with 120 healthy controls.

The study patients underwent neuropsychologic assessments at baseline and again after 1 year of adjuvant endocrine therapy. A healthy control group underwent the same assessments with a similar time interval.

The comprehensive test battery consisted of 18 test indices that were designed to assess eight cognitive domains including verbal, visual, and working memory; information processing speed; executive functioning; verbal fluency; and reaction speed.

Cognitive test scores at baseline and at 1 year were converted to standardized *z* scores, based on the mean and standard deviation of the healthy control group. The analyses were adjusted for anxiety, depression, fatigue, and menopausal symptoms.

Among women who were aged 65 years and younger, 30 tamoxifen users performed significantly worse on executive functioning than did 60 healthy controls.

Among women who were older than 65 years, 50 tamoxifen users performed worse on verbal memory and information processing than did than 60 healthy controls. Also in this age group, tamoxifen users performed worse on information processing speed than did exemestane users.

Further research is needed to determine cognitive effects of the drugs over a longer period of time and to establish whether exemestane's lack of an effect on cognition is a specific property of exemestane or whether it is a result of all aromatase inhibitors, the investigators noted.

Dr. Schilder reported that she has received grant support from Pfizer Inc., which manufactures Aromasin. The TEAM study is funded by Pfizer. ■

Antidepressants Rated for Major Depression

Escitalopram and sertraline were the most effective of a dozen second-generation antidepressants for treating major depression in adults, results of a review of randomized controlled trials that included more than 25,000 patients show.

Previous studies of the effectiveness of second-generation antidepressants have been inconsistent, said Dr. Andrea Cipriani of the University of Verona (Italy). Dr. Cipriani and his colleagues reviewed 117 randomized, controlled trials using a multiple-treatment meta-analysis, so they could compare treatments within and between trials.

The average length of treatment was 8 weeks, and the average sample size was 110 patients. The studies included a total of 25,928 adults (65% women) who participated in studies for the treatment of acute unipolar major depression between 1991 and 2007.

The review included the following drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, milnacipran, mirtazapine, paroxetine, reboxetine, sertraline, and venlafaxine (Lancet 2009 [doi: 10.1016/S0140-6736(09)60046-5]).

Overall, some of the medications were significantly and clinically different in their effectiveness and acceptability. The four medications that were best tolerated were escitalopram, sertraline, citalopram, and bupropion. But the four drugs that were the most effective were mirtazapine, escitalopram, venlafaxine, and sertraline. Reboxetine was significantly less effective than any of the other 11 medications.

"The results indicate the two of the most efficacious treatments (mirtazapine and venlafaxine) might not be the best for overall acceptability," they said.

"Our findings might help to choose among new generation antidepressants for acute treatment of major depression," they noted.

The study results were limited to 8-week acute-phase treatment of depression and did not include a formal cost-effectiveness analysis, but the researchers suggested that sertraline may be the first choice financially in many countries.

Dr. Cipriani had no financial conflicts to disclose.

—Heidi Splete