HSD28

Most Common Treatments in Patients with Treatment Resistant Depression Based on European Cohort Study Real-World Evidence

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OBJECTIVES

- To report the most commonly received treatments at baseline in the Treatment Resistant Depression Cohort in Europe (EOTC).

BACKGROUND

- Treatment resistant depression (TRD) is generally defined as failure to respond to at least two different treatments with antidepressants, received at an adequate dose for adequate duration, in the same major depressive episode.[1]
- TRD affects 10–30% of patients with major depressive disorder,[2–4] and carries with it a significant unmet need.[5, 6]
- The EOTC study aimed to examine treatment patterns and outcomes among TRD patients in Europe, providing real-world data on the burden of disease.

METHODS

- A prospective, multicentre, observational cohort study of adults with TRD in Europe was conducted (NCT03373253; **Figure 1**).[7]
- At baseline, patients had a Montgomery-Åsberg Depression Rating Scale score ≥20, had failed at least two different oral antidepressant treatments and were initiating a new treatment for depression.
- Medical records, clinician-rated scales and patient-reported questionnaires were used to collect patient characteristics and medical history.
- For patients receiving combination or augmentation therapies (**Figure 2**), all ongoing pharmacological treatments were recorded at baseline.

RESULTS

- In total, 411 patients were included, reporting 54 different pharmacological treatments used at baseline either as monotherapy, or as part of combination or augmentation therapy.
- At baseline, the mean duration of the current major depressive episode was 2.6 years (136.3 weeks), and the mean number of previous episodes was 3.4; as per the inclusion criteria, all patients had moderate or severe depression at baseline (**Table 1**).
- Nine different medications were received by ≥10% of patients: venlafaxine (24.8%), mirtazapine (21.2%), quetiapine (14.1%), bupropion (14.1%), duloxetine (14.1%), vortioxetine (13.1%), sertraline (10.9%), escitalopram (10.9%) and trazodone (10.2%; **Figure 3**).
- Of these, all were oral antidepressants except quetiapine, an antipsychotic.
- Of the eight oral antidepressants received by ≥10% of patients, two were selective serotonin reuptake inhibitors (sertraline and escitalopram), two were serotonin norepinephrine reuptake inhibitors (venlafaxine and duloxetine), and four were recorded as 'other' (trazodone, bupropion, mirtazapine and vortioxetine).

CONCLUSIONS

- In this study, the pharmacological treatments used at baseline were heterogeneous, reflecting the heterogeneity of TRD and its treatment.
- The most commonly received treatments were predominantly oral antidepressants.
- However, the third most received treatment was quetiapine, mainly used in clinical practice as an augmentation therapy, suggesting it is a routine treatment for patients with TRD.

NEUROPSYCHIATRY

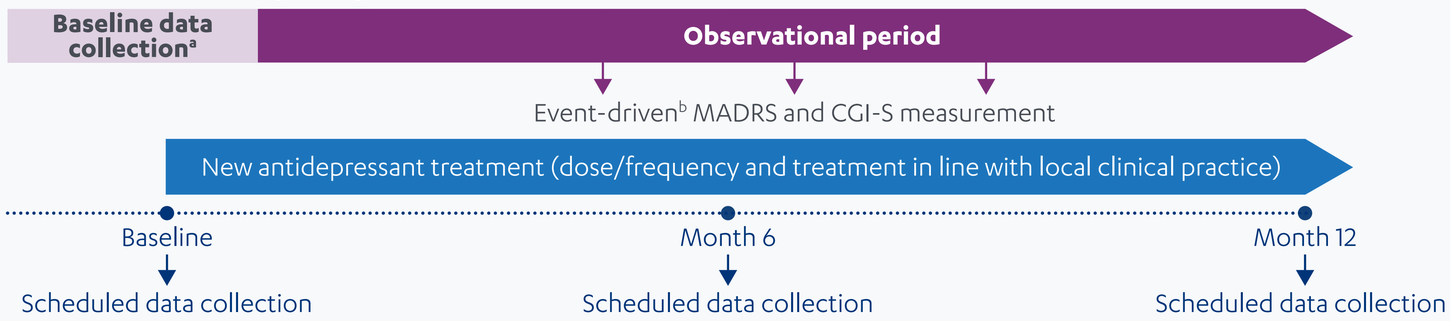
SUMMARY

54 different drugs were used at baseline

of the 9 drugs used in **≥10%** of patients

- 8 were **oral antidepressants**, including **SSRIs** and **SNRIs**
- 1 was the antipsychotic, **quetiapine**, mainly used in clinical practice as an **augmentation therapy**

FIGURE 1. EOTC study design



[a]Baseline data were documented ±14 days of baseline date (on which new treatment was started). [b]Any clinically relevant worsening/improvement in the current major depressive episode. CGI-S: Clinical Global Impression-Severity; EOTC: European Observational TRD Cohort; MADRS: Montgomery-Åsberg Depression Rating Scale; TRD: treatment resistant depression.

FIGURE 2. TRD treatment strategies

Monotherapy

Involves one therapy of a single class approved for the treatment of MDD such as an oral antidepressant[3]

Combination Therapy

Involves the prescription of at least two antidepressants from multiple classes, such as an SSRI plus an alpha-2 receptor antagonist[3]

Augmentation

Involves the prescription of an antidepressant plus another agent that, while not primarily licensed as an antidepressant, may enhance the clinical response of the antidepressant therapy, such as an antidepressant plus an antipsychotic[3]

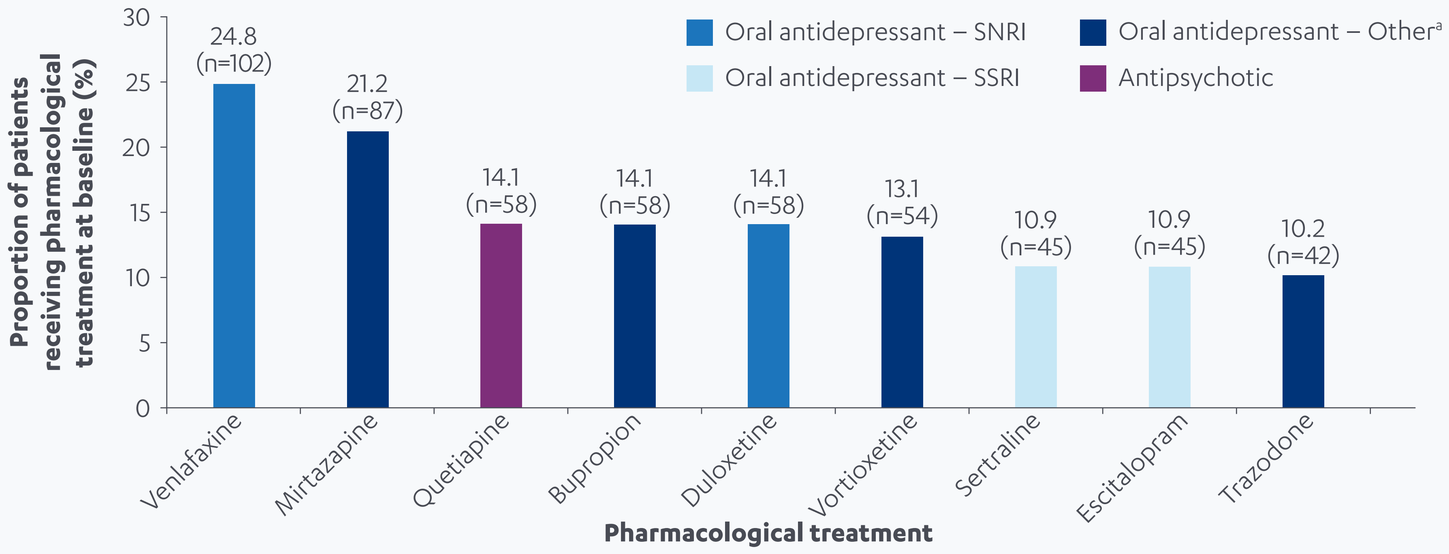
MDD: major depressive disorder; SSRI: selective serotonin reuptake inhibitor; TRD: treatment resistant depression.

TABLE 1. Baseline characteristics

Mean (SD), unless otherwise stated	All patients (N=411)
Socio-demographics	
Age, years	51.0 (10.8)
Female patients, % (n)	62.3 (256)
Psychiatric and medical history	
Age at diagnosis of MDD, years	37.2 (13.1)
Years since MDD diagnosis	13.7 (11.2)
Number of previous episodes	3.4 (5.6)
Duration of current MDE, weeks	
Mean	136.3 (203.8)
Median (min, max)	69.6 (10–2,242)
Clinical characteristics	
MADRS total score	31.8 (6.0)
Depression severity:[a] MADRS score category	
Severe, % (n)	32.6 (134)
Moderate, % (n)	67.4 (277)

[a]Severe depression was defined as a MADRS score >34; moderate depression was defined as a MADRS score of 20–34. MADRS: Montgomery-Åsberg Depression Rating Scale; MDD: major depressive disorder; MDE: major depressive episode; SD: standard deviation.

FIGURE 3. Most common pharmacological treatments



Some drugs were received in combination; therefore, the total is greater than 100%. Figure includes all pharmacological treatments received by ≥10% of patients at baseline. [a]'Other' includes oral antidepressants not classed as an SNRI or SSRI, such as tetracyclic antidepressants or serotonin modulators. SNRI: serotonin norepinephrine reuptake inhibitor; SSRI: selective serotonin reuptake inhibitor.

ABBREVIATIONS: **CGI-S**: Clinical Global Impression-Severity; **EOTC**: European Observational TRD Cohort; **MADRS**: Montgomery-Åsberg Depression Rating Scale; **MDD**: major depressive disorder; **MDE**: major depressive episode; **SD**: standard deviation; **SNRI**: serotonin norepinephrine reuptake inhibitor; **SSRI**: selective serotonin reuptake inhibitor; **TRD**: treatment resistant depression; **UK**: United Kingdom.

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