# **Comparative Effectiveness of Sertraline, Fluoxetine vs Escitalopram** in USA population with major depressive disorder COLLEGE OF PHARMACY PHARMACEUTICAL INSTITUTE OF PUBLIC HEALT<sup>1</sup>

92.00%

90.00%

88.00%

86.00%

84.00%

Fluoxetine

Escitalopram

Improved rate Unchanged rate Declined r

Figure 4

### **Background & Objective**

- $\succ$  As many as 40% patients suffering from depression fail to respond to conventional therapy, which consists of using a single antidepressant agent at an adequate dose and duration<sup>1</sup>.
- $\succ$  This study evaluated the trend and effectiveness of the most commonly prescribed Sertraline, Fluoxetine and Escitalopram on psychological distress among various subgroup population based on age, race and sex using a nationally representative sample.

#### Method

- > The Medical Expenditure Panel Survey (MEPS) household component longitudinal data files from panel 17-23 (2012-2019) were used.
- $\succ$ The impact of the medicines on psychological distress was assessed using change in Kessler Index (K6) scores, which were measured only in rounds 2 and 4 of each panel. Changes in K6 scores  $\leq$  6 were identified as improvement, 7-12 (unchanged) and, > 12 (decline) in psychological distress.
- >Multinomial logistic regression was conducted using change in K6 scores as a dependent variable. Independent variables included type of medication, age, gender, and race.



Figure 1: schematic diagram of study participants

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Medical Conditions File: Patients who are not diagnosed with depression were excluded.

**Prescribed Medicines File:** Patients not taking medications to treat depression, those on other prescribed medications in 1<sup>st</sup>, 4<sup>th</sup> and 5<sup>th</sup> round

**Full year longitudinal files**: Patients <19 years old and those with missing responses on K6



Sertraline

All the medications effectively improved psychological distress, with Fluoxetine having the highest improvement rate. While Sertraline and Escitalopram were less likely to improve psychological distress than Fluoxetine, result was statistically insignificant possibly because of smaller sample size. Further study is needed to assess the comparative effectiveness and health-care utilization of these medications.

1. Antidepressant Use Among Persons Aged 12 and Over: United States, 2011–2014. (2017). Centers for Disease Control and Prevention. Retrieved October 11, 2021 https://www.cdc.gov/nchs/products/databriefs/db283.htm 2. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K. R., Rush, A. J., Walters, E. E., & Wang, P. S. (2003). The Epidemiology of Major Depressive Disorder. JAMA, 289(23), 3095. https://doi.org/10.1001/jama.289.23.3095

	Results				
uoxetine and	Escitalopram from	n 2012-2018 among	depressed	oatients	
-Fluoxetine	Escitalopram	- <del>×-</del> Total			
¥	<u>*</u>	*			
ear 2014	Year 2015 Figure 2	Year 2016	Year	2017 Year 2	2018
ants	Table 1 Multinomial logistic regression to predict improvement in K6 scores				
	Category Ref: Unchanged	OR (95% CI)	P-value	OR (95% CI)	P-value
	Drug ref: Fluoxetine				
	Escitalopram	0.66 (0.021-3.81)	0.247	0.426 (0.12-1.50)	0.185
	Sertraline	0.85 (0.06-3.324)	0.631	1.088 (0.28-4.10)	0.901
ram	Age ref: 20-39				
	40-59	0.991 (0.09-9.83)	0.994	1.842 (0.54-6.23)	0.325
scores	60-80	0.662 (0.05-7.92)	0.744	0.93 (0.293-2.97)	0.906
	Race ref: white				
	Black	5.32 (2.67-33.30)	0.016	8.79 (1.09-70.30)	0.040
	American Indian	6.22 (0.33-116.3)	0.221	1.50 (1.66-1.35)	0.00
	Asian	5.31 (0.22-125.7)	0.300	0.59 (0.068-5.16)	0.638
Overall ate	Multiple race	1.80 (0.356-9.09)	0.476	1.64 (4.70-5.74)	0.00

#### Conclusion & Future work

#### References