Introduction

Major depressive disorder (MDD) is often associated with somatic comorbidities, as for example cardiovascular disease. A bidirectional relationship has been described with increased rates of cardiovascular morbidity and mortality in depressed patients (1,2), supporting the need of adequate antidepressant (AD) treatment. Aim of the presented subgroup-analysis of two non-interventional-studies was to evaluate effectiveness and tolerability of agomelatine, a melatonin agonist and 5-HT2C antagonist with proven antidepressant efficacy (3), in patients with MDD and cardiovascular comorbidities (CV).

Methods

Patients: Pooled data of two German non-interventional studies over 12 weeks (W12), VIVALDI and VIVALDI-Praxis, with outpatients >18 yrs and first or recurrent depressive episode were analysed in the subgroup of patients with cardiovascular comorbidities. Patients were treated with agomelatine 25 mg/once daily at bedtime with possible dose increase, if necessary.

Measures: Antidepressant effects were evaluated by short version Montgomery-Asberg-Depression-Rating-Scale (svMADRS) and Clinical-Global-Impression-Scale (CGI). Adverse drug reactions (ADR) were documented by standardized ADR-forms at every visit, liver transaminases at baseline, at week 6 (W6) and 12 (W12), if available. Statistical analysis was performed by descriptive methods.

Results

a) Baseline Data

31.6% of the total population (TP) reported cardiovascular comorbidities (multiple entries possible), mainly hypertension and coronary heart disease. Baseline data were comparable between TP and CV concerning gender, pretreatment or comorbidisation with AD as well as co-medication with other psychotropic drugs. TP and CV showed no imbalance in dosage of agomelatine with 72.2% / 71.6% (W3), 64.3% / 63.6% (W6) and 64.2% / 63.3% (W12) of patients taking 25 mg/day.

b) Antidepressant effect

At study-start patients of TP / CV showed moderate - severe symptoms of depression (total-score svMADRS 31.4±31.4) with comparable improvement during treatment (response and remission presented below). 77.4%/77.0% responded to agomelatine treatment (W12) according to CGI (CGI-I≤2) and 32.0%/29.2% were classified as remitters (CGI-S=1 or 2), svMADRS

Conclusion

In the cohort of depressed patients with cardiovascular co-morbidities, agomelatine was associated with similar improvement of depressive symptoms (svMADRS and CGI), response and remission-rates compared to the total population. Independent of psychotropic and somatic co-medication, agomelatine showed general tolerability in routine practice over 12 weeks.

References

3. Taylor, D. et al. (2014) BMJ 348:g1088. doi: 10.1136/bmj.g1088

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