CLINICAL PREDICTORS OF ANTIDEPRESSANT RESPONSE AND REMISSION IN TREATMENT RESISTANT DEPRESSION

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ABSTRACT

AIM: The aim of this study was to identify predictors of antidepressant response/remission in Treatment Resistant Depression (TRD) prospectively assessed patients and to compare results to ones obtained in a previous study on TRD patients retrospectively assessed (1).

METHODS: 417 patients who failed to respond to a previous antidepressant were firstly included in a 6-week treatment with venlafaxine; secondly, those who failed to respond were treated for a 6-week treatment with escitalopram. MINI, HDRS, MADRS, CGI-S and CGI-I were administered.

RESULTS: In the first phase, non responders and non remitters to venlafaxine main features were higher rate of side effects, higher baseline CGI-S and higher current suicidal risk level. In the second phase, non responders and non remitters to escitalopram reported higher duration of current episode, higher baseline CGI-S, higher rate of current suicidal risk, higher rate of comorbidity anxiety disorders and higher rate of antecedents of second degree affected by bipolar disorder.

CONCLUSIONS: Some clinical variables have been identified as associated with treatment non response/non remission in TRD. They could guide clinicians to a more aggressive treatment when present.

Assessment and statistical analyses

Mini International Neuropsychiatric Interview (MINI) was administered at baseline. MADRS, Hamilton Rating Scale for Depression (HRSD), Clinical Global Impression Severity (CGI-S) and Improvement (CGI-I) scales were administered from baseline to week 12. Other information has been collected at baseline, such as socio-demographic features, psychiatric antecedents and previous treatments.

Statistical analyses on responders and remitters at the endpoints of the study were performed using Chi2, Student t test and stepwise regression.

RESULTS

Sample

A sample of 417 MDD patients (mean age: 47.0±12.5 years; males: 33.0%; Caucasians: 93.0%) was prospectively assessed. Included patients must: 1) be non responders to at least 1 antidepressant treatment (except venlafaxine or escitalopram), 2) have a Current Major Depressive Episode of moderate or severe severity according to DSM-IV-TR criteria, 3) have a total score ≥22 at the Montgomery and Asberg Depression Rating Scale (MADRS). Patients were excluded if: 1) they were non responders to a combination of 2 antidepressants, 2) they have any current psychiatric disorder other than MDD as a principal diagnosis, 3) they received not allowed treatments (benzodiazepines – more than 25mg/day of diazepam of equivalent within the last week, antipsychotics, mood stabilizers, ECT within the past 6 months, formal psychotherapies started in the month preceding inclusion).

Table - Variables associated with treatment response/remission to venlafaxine and escitalopram versus variables associated with treatment resistance in a previous retrospective study on an independent MDD sample (1).

Venlafaxine treatment (4-6 weeks)

1) Age
2) Episode number
3) Anxiety disorder
4) MADRS >2 degree antidepressant
5) Any psych. antecedent
6) Leucocyte count (Day 0)
7) Side effects (Day 14, 24, 42)
8) CGI severity (Day 14)
9) CGI improvement (Day 14)
10) Dose (Day 14, 24, 42)

Escitalopram treatment (6 weeks)

1) Age
2) Episode number
3) Anxiety disorder
4) MADRS >2 degree antidepressant
5) Any psych. antecedent
6) Leucocyte count (Day 0)
7) Side effects (Day 14, 24, 42)
8) CGI severity (Day 14)
9) CGI improvement (Day 14)
10) Dose (Day 14, 24, 42)

PREVIOUS RETROSPECTIVE STUDY (1)

Treatment resistance

SAME FACTORS:

1) Current anxiety disorder (no OCD)
2) Panic disorder

DIFFERENT FACTORS (not all assessed in the present study):

1) Severe intensity versus moderate
2) M Hyperactivity
3) Social phobia
4) Recurrent episodes
5) Early age at onset
6) Melancholic features
7) Non response to first AD treatment
8) Personality disorder

CONCLUSIONS

Through the present investigation some clinical variables have been identified as associated with treatment non response/non remission in TRD. If we compare these findings with the ones previously reported by the same group (GSRD) in a retrospective investigation on an independent sample (1), we find some similarities: specifically, current suicidal risk and comorbid anxiety disorders, in particular panic disorder, seem to be predictors of treatment non remission/resistance in two sample of TRD patients, prospectively and retrospectively followed. However, the issue of selection of patient subgroups after each failure should be considered when interpreting features associated with each step resistance.