How do we treat the major depressive disorder?

Francisco Portillo, Carolina Garnier, Juan Castaño, David Córcoles, JM Gines, JM Arcega, Belén Díaz, Luis Miguel Martín, Antoni Bulbena

CSM Sant Martí Sud. Institut de Neuropsiquiatria i Adicions (INAD). Barcelona, Spain

Introduction

Antidepressants are currently the mainstay of treatment for depression; however, almost two thirds of patients with Major Depressive Disorder (MDD) will fail to achieve remission with initial treatment. As a result, a range of augmentation and combination strategies have been used in order to improve outcomes for patients.

Early achievement of symptomatic remission is critical to long-term success of treatment. Residual symptoms and partial response are associated with an increased risk of relapse, faster time to relapse, a more severe and chronic course, and increased functional impairment.

Objectives

Firstly to describe the characteristics of those patients with MDD diagnosis. Secondly, to describe the use of the different drugs in its treatment in an outpatient mental health center.

Methods

Using a sample of 100 patients with MDD who have been visited in Baracelona's Sant Martí Sud outpatient mental health center during 2008, sociodemographical (gender, age) and clinical data (psychoactive drugs) are analyzed with SPSS 15.0 statistical package.

Results

There is a predominancy in the female gender (68% vs 32%) with a global average age of 57,34 ± 1 2,2 years.
Regarding the use of **antidepressants** it is observed predominancy in the treatment in monotherapy (62%): with de following distribution of frequencies: Firstly, dual-action agents (58.1% of the sample). Out of these, venlaxafine (72%) and duloxetine (27.7%). Secondly, SSRIs (30.6% of the sample). Out of these: escitalopram (31.5%), followed by fluoxetine (26.3%), and citalopram and paroxetine (each one 15.7%). Thirdly, tricyclics antidepressants (9.7%): imipramine and amitriptiline (50% each).
Regarding the combined antidepressants treatments (38% of the sample), it is observed a predominancy in the combination of both dual-action agents (28.1%), followed by the combination of a SSRI with a dual-action (18.8%) and the combination of SSRI with "other" antidepressants (15.6%). (Figures 1 and 2)
Benzodiazepines are used in the 76% of the sample. Firstly, diazepam (25%), followed by dipotassic clorazepate (23.7%), clonazepam (14.5%) and alprazolam (10.5%). (Figure 3)
Antipsychotics are used in the 27% of the sample. Their frequencies: quetiapine and olanzapine (29.6% each one), risperidone (26%) and paliperidone (3%). (Figure 4)
Mood stabilizers are used in 14% of the sample with the following distribution by frequencies: topiramate in the first place (50%) followed by lithium, carbamazepine and pregabaline (14.28% each of them), in the last place lamotrigine (7.1%). (Figure 5)
Methylphenidate is used in 3% of the sample. (Figure 6)

Fig. 1. Antidepressant monotherapy

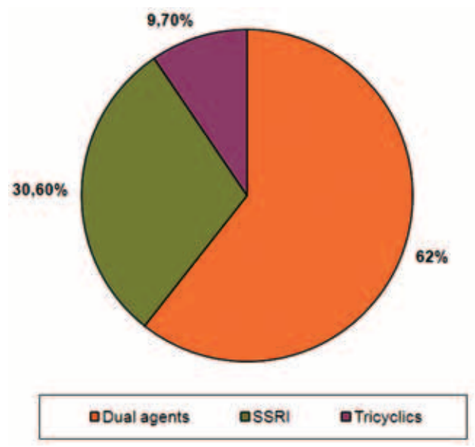


Fig. 2. Combined antidepressant treatment

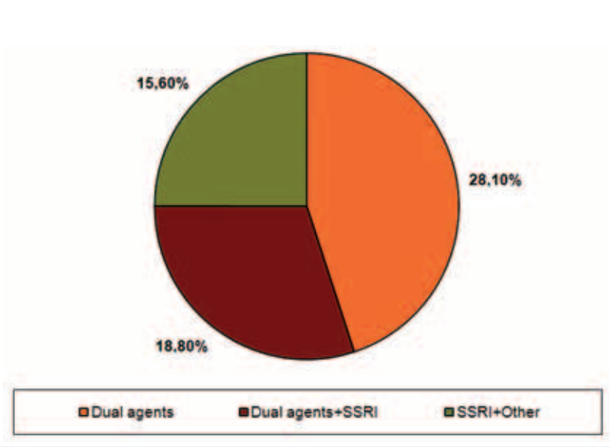


Fig. 3. Benzodiazepines

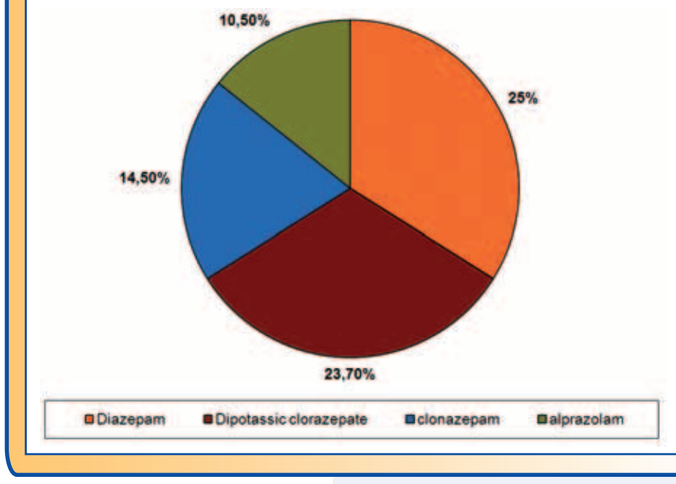


Fig. 4. Antipsychotics

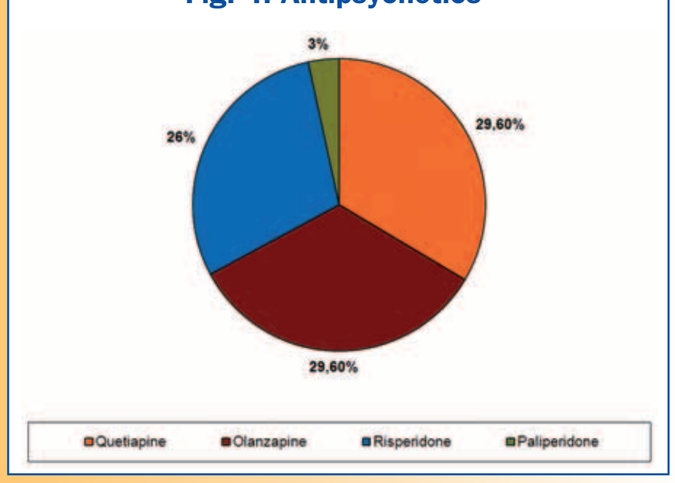


Fig. 5. Mood stabilizers

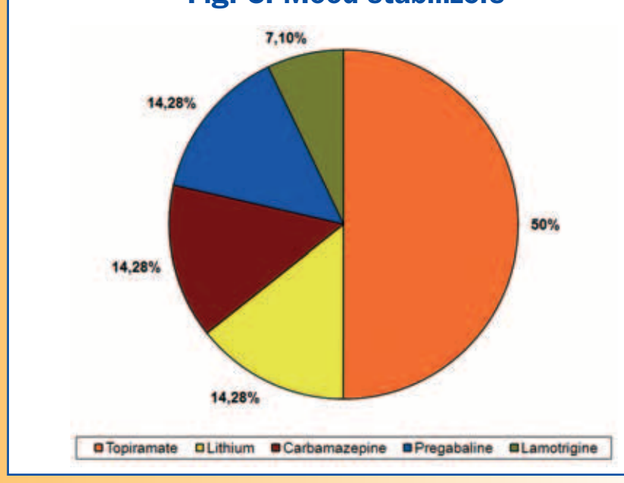
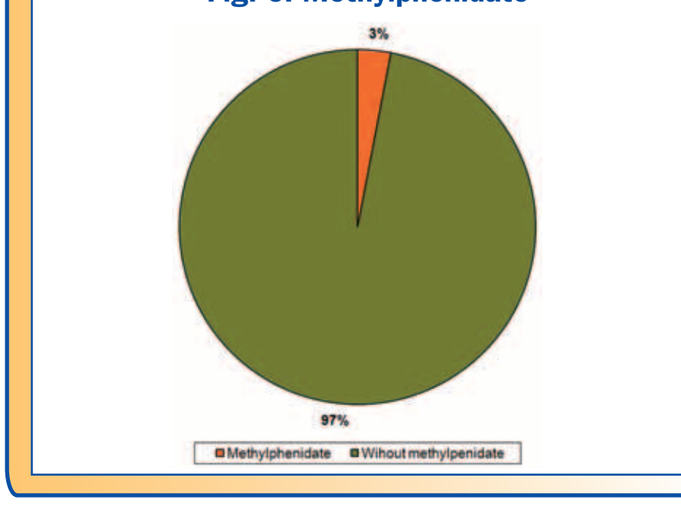


Fig. 6. Methylphenidate



Conclusions

There is a predominancy in **antidepressive** monotherapy, according to recommendations of prestigious guidelines of treatment. Within monotherapy there is a predominancy in the use of dual-action agents, followed by the use of SSRIs, according to results obtained in a meta-analysis of 93 studies comparing dual-action agents with SSRIs, in which is showed a small although significant advantage for dual-action agents, with a pooled response rate of 63.6% for dual action agents vs 59.3% for SSRIs.
It is observed an important frequency in the use of **antipsychotic** treatment for MDD, in relation with the fact that there is scientific evidence supporting the use of the two antipsychotics predominantly used in our sample (olanzapine and quetiapine) for adjunctive treatment in the absence of psychotic symptoms.
In our sample the frequency of use of lithium is similar to the registered for the several **mood stabilizers** (lithium, carbamazepine and pregabaline: 14.28% each of them). However, lithium addition is recommended as a first choice for resistant depression.
The use of **methylphenidate** is still not frequent in our sample as augmentation strategy of the antidepressive treatment. However initial results show that its use can be useful in resistant depression.

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INAD Institut de Neuropsiquiatria i Addiccions
Parc de Salut MAR Barcelona