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The Importance of Pursuing Novel Treatments for Major Depressive Disorder

ReachMD Announcer:

You're listening to ReachMD. This medical industry feature, titled "The Importance of Pursuing Novel Treatments for Major Depressive Disorder," is sponsored by Otsuka. Here's Dr. Aderonke Pederson.

Dr. Pederson:

Welcome to ReachMD. I'm Dr. Aderonke Pederson. I'm a psychiatrist at Massachusetts General Hospital and an Assistant Professor of Psychiatry at Harvard Medical School. Today, I'll be discussing why it's so important that we continue seeking out new ways to manage major depressive disorder, or MDD for short.

For a little bit of background, major depressive disorder is a mental health condition that affects millions of Americans.¹ And for the past several decades, treatment has consisted mainly of antidepressant therapy and psychotherapy.^{2,3}

However, the outcomes patients experience leave much to be desired. In one meta-analysis, at two months after baseline, about one-third of patients treated with psychotherapy achieved remission. In another analysis of almost 18,000 adults, an estimated 44 percent of participants who self-reported being on at least one antidepressant for a minimum of three months reported remission.^{4,5}

Fifty to 80 percent of patients can expect to see recurrence of symptoms at some point during their lives.⁶

And those treated with pharmacotherapy experience not only suboptimal efficacy, but also adverse effects.^{2,5}

For patients with moderate or severe major depressive disorder, the mainstay of treatment is antidepressant therapy in tandem with psychotherapy.^{3,7} But there are many potential barriers to accessing treatment, including cost, an uneven geographic distribution and shortages of mental health care clinicians. There are also several disparities in care that often affect patients in underserved racial and ethnic groups and those of lower socioeconomic status, as well as the LGBTQIA+ community.^{7,8-10}

Additionally, treatment modalities that are considered invasive like transcranial magnetic stimulation and electroconvulsive therapy, or ECT can be especially challenging to access.^{11,12} For example, ECT involves general anesthesia which requires an escort for the patient after treatment.¹¹

Beyond all that, it's important to remember that major depressive disorder is comprised of different patient subtypes distinguished by their symptom clusters, biomarkers, and neurocognitive changes.¹³ And at the present time, we're not always able to differentiate between those subtypes and provide targeted therapy.¹³

But we're making strides in our understanding of major depressive disorder's pathophysiology in a way that could lead to developing novel treatment modalities, including ones that might target specific subtypes.¹³

That includes monitoring symptoms and delivering care digitally, which might help address intervention and access to care.¹⁴ So it's a very exciting time for those of us who treat patients with major depressive disorder. Through discovery and innovation, we may be able to better tackle many of the long-standing, unmet needs that our patients with this disorder face.

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