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https://reachmd.com/programs/cme/advancing-care-innovative-therapies-for-residual-symptoms-in-mdd/26465/

Released: 07/15/2024
Valid until: 07/15/2025
Time needed to complete: 1h 03m

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Advancing Care: Innovative Therapies for Residual Symptoms in MDD

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Goldberg:
Hi everyone. This is CME on ReachMD. I'm Dr. Joe Goldberg. Joining me today is my friend and colleague, Dr. Manpreet Kaur Singh.

Welcome, Manpreet.

Dr. Singh:
Thank you so much for having me, Joe. Glad to be here.

Dr. Goldberg:
Pleasure. So, Manpreet, why don't you tell us about innovative therapies for residual symptoms of major depression?

Dr. Singh:
I am so glad to talk about this topic, Joe, because there's a real interest in central nervous system drug development now more than ever by a variety of different stakeholders. So even though we don't have anything necessarily specifically looking at residual symptoms per se, I'm very hopeful that the landscape of novel therapeutics that is going to come in the coming years will have some benefit to folks who are experiencing residual symptoms.

We already talked about the fact that residual symptoms could come from a variety of sources, whether it's just subtherapeutic trials, pseudo refractory depressions, or if it's really because we just don't have the right treatments for this very heterogenous condition or comprehensive treatments for current depressions as they present to us clinically. I can feel very hopeful that the new generation of treatments might actually be potentially better than what we have available and that we can potentially hope for some trials to systematically look at refractory symptoms. What do you think?

Dr. Goldberg:
So I too share the excitement with new things that are coming down the pike. There's great interest, as you know, in the glutamatergic system, and presumptively – we have to say presumptively – we have emerging compounds dextromethorphan with bupropion, it has some NMDA receptor antagonist properties a la ketamine. There's great interest in the emerging role for psychedelics. We have some nonexperimental newer pharmacologies in depression. Vortioxetine, for example, which some people think of as having particular value when it comes to cognition and depression, maybe through its mechanism in the 5-HT7 receptor. There's the relatively newer serotonergic drug, vilazodone, which is one of the drugs that's been shown to be particularly helpful when anxiety at baseline is present. Usually, anxiety puts the kibosh on antidepressant response. But those are 2 examples of newer agents where I might be thoughtful about targeting attentional processing with one or targeting baseline anxiety with another.

You know, I think one of the things about the dextromethorphan/bupropion combination is it’s very well tolerated, you know, what one

thinks about some potential sparing of a lot of the adverse effects with a lot of the other agents that are out there. Don't yet know much about that compound in difficult-to-treat depression or residual depression, but it's getting wider uptake.

We should say a word about digital therapeutics. You want to say a word about digital therapeutics?

Dr. Singh:
What do you want to say about digital therapeutics? What I would say initially is that, you know, post pandemic, we've had a lot of nice recognition that access to care is a problem and we need to find and diversify ways that we can get care to patients, in the hands of patients, and technology is certainly a useful source for that. And when we've been able to operationalize manualized therapies, psychotherapies that are long waitlisted, otherwise digital therapeutics end up becoming a viable option, at least to begin with. And then, of course, telehealth has liberated us from having to see patients in a brick-and-mortar building.

Dr. Goldberg:
I'm intrigued by some of the neuropsychology of digital therapeutics. I mean something that, for instance, takes an executive functioning task and really makes you hone the skill, to my mind, is quite logical. How they'll fit into the broader landscape for residual symptoms and as augmentations to pharmacology, I think, awaits more experience of some of these newer things. We'll put them into practice and see how they fare.

But as we said in an earlier episode, this is a time of great advancement in our field, and so it's not so hard to instill a sense of hope and optimism for our patients, even when residual symptoms may be hard to treat in the here and now.

Well, we're out of time, but thank you for joining us today. And we hope this has been helpful. We'll see you again soon.

Announcer:
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