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Addressing Unresolved Symptoms of Depression

ReachMD Announcer:
You're listening to ReachMD. This medical industry feature, titled "Addressing Unresolved Symptoms of Depression" is sponsored by Otsuka and Lundbeck. Here's Dr. Clay Jackson.

Hi, I'm Dr. Clay Jackson. Today, I'll discuss some important challenges when treating patients with major depressive disorder, or MDD for short, and then review some solutions to optimize patient outcomes.

First, let's talk about the burden of MDD. MDD affects about 8.4 percent of American adults each year. And of those adults affected, 68.1 percent report severe impairment.[1]

Now if we look at the first-line treatments available for MDD, those include selective serotonin reuptake inhibitors, also known as SSRIs, serotonin norepinephrine reuptake inhibitors, or SNRIs, and dopamine norepinephrine reuptake inhibitors.[2,3]

These treatment classes target one or two monoamine neurotransmitters out of norepinephrine, serotonin, and dopamine. But none target all three—which may explain in part why only about one-third of patients achieve MDD remission with first-line antidepressant monotherapy.[2,4]

In fact, approximately 50 percent of patients continue to experience unresolved symptoms after receiving first-line treatment for MDD.[4-6]

These symptoms may include depressed mood, anxiety, concentration difficulties, changes in appetite, and low energy levels, all of which may impact patient treatment plans and the likelihood of remission.[7-11]

Now, I'd like to take a moment to talk about a recent survey of patients who didn't achieve remission on antidepressant treatment. In patients who expressed frustration with their medication, one-third reported wanting to stop treatment, while 15 percent reported medication nonadherence.[12]

In addition to their impact on treatment plans, unresolved symptoms can also lead to poor prognoses.[7]

They can also be associated with increased economic burden, impairment of work and relationships, more chronic depressive episodes, and worsened functional outcomes.[2,6,13]

So, in my opinion, the need is clear for providers to be vigilant and pursue a targeted treatment approach early in the illness trajectory for patients with unresolved symptoms and those at risk of relapse.

Additionally, we can personalize treatment plans by adjusting the current medication's dose, switching to a different antidepressant, or augmenting current treatment with an additional agent. Non-pharmacologic considerations include adding physical exercise, cognitive behavioral therapy, or multidisciplinary care.[2]

Now regarding switching antidepressants, the STAR*D trial demonstrated the effect of switching antidepressant medications in patients who started on an SSRI. The trial showed that the rate of response diminished with each change to a new medication.[4]

And after the third treatment change, only 16.8 percent of patients achieved an adequate response.[4]

With that being said, some cases of an inadequate response to antidepressant monotherapy could require adding a second antidepressant.[2] Augmenting with an adjunct medication, such as an atypical antipsychotic, is also an option.[2]

So by recognizing the need for early intervention, our goal is to reduce the time spent in a depressed state and potentially improve patient outcomes.[7]

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