

ORIGINAL RESEARCH

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Efficacy of Duloxetine for the Treatment of Depression: Relationship to Most Recent Antidepressant Trial

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ABSTRACT ~ Objectives: To describe and examine, in a sample of depressed outpatients, the relationship between level of response to a previous SSRI or SNRI antidepressant trial and subsequent response to duloxetine hydrochloride. **Experimental Design:** Data collected from a multicenter trial that evaluated the safety and efficacy of duloxetine for the treatment of major depressive disorder were analyzed to determine the relationship between response to previous antidepressant treatment and degree of response to duloxetine. Eighty-two patients, with documented antidepressant usage history, were included in the analysis. Participants were required, at baseline of the duloxetine treatment protocol, to be ≥ 18 years of age and meet criteria for major depressive disorder. Patients, whose data were included in these analyses, were classified as belonging to one of the three groups based on the most recent antidepressant treatment received: nonresponders, partial responders, and responders without remission. Time to first response, first remission, sustained response, and sustained remission during the first 12 weeks of duloxetine treatment were compared across patient groups. **Principal Observations:** Response and remission with duloxetine treatment ranged between 57 and 68% and 29 and 57%, respectively, and did not differ significantly across previous response levels. An additional analysis, collapsing the partial responder and responder without remission groups, indicated significantly lower rates of remission in those patients who demonstrated

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*nonresponse to the most recent antidepressant treatment. **Conclusions:** Findings suggest that patient's response to duloxetine, when used as a switch treatment, may not be significantly influenced by degree of response to the most recent antidepressant treatment. Psychopharmacology Bulletin. 2008;41(1):34-45.*

INTRODUCTION

At least one-third, and possibly up to one-half, of patients treated for major depressive disorder do not respond adequately to an initial antidepressant trial.^{1,2} Existing pharmacotherapeutic options for nonresponders or partial responders to an initial antidepressant trial include a plethora of augmentation and combination strategies,³ as well as switching to an agent of the same or different class. Which of these options a clinician chooses is often based on factors other than extant empirical findings.^{4,5} The optimal next step treatment in such situations has yet to be established, but rates of response to each subsequent pharmacotherapy trial appear to diminish considerably.^{6,7}

In many cases of non- or partial response, switching antidepressant treatments is a prudent treatment choice, especially when a patient has experienced burdensome side effects from the initial treatment or is uneasy about taking more than one medication.⁸ The selection of which agent to switch to does not, unfortunately, rest on substantial empirical evidence. Few controlled trials have been conducted to directly compare within and between switch and augmentation options for inadequate responders to an initial antidepressant trial. The APA practice guideline for major depressive disorder⁹ recommends switching to an agent of a different class in the event that two antidepressants of the same class have been ineffective, a scenario that clinicians often face in practice.

With the advent of a newer class of antidepressants, selective serotonin (5-HT) and norepinephrine (NE) reuptake inhibitors (SNRIs), clinicians enjoy a broader range of treatment options for depressed patients. While some small studies suggest efficacy of SNRIs for patients who have not responded adequately to an initial SSRI treatment,^{10,11} this has not been established by large-scale, controlled trials. Additionally, the benefit of SNRI to SNRI switch is unknown, although existing literature and clinical experience may suggest the usefulness of such a treatment strategy.

To determine the usefulness of next step treatment options, it is critical to understand accurately patients' history of antidepressant treatment. Often a patient is considered to have "failed" an antidepressant trial, but further examination reveals that the trial was of inadequate duration or dosage (or both). It is important in clinical practice for the

treating physician to document by means of careful data gathering the nature of and response to previous antidepressant treatments. The relationship between response to past and current treatments will help guide clinicians' choices of which strategy may work best in the case of a patient who does not respond to any given antidepressant trial. The objective of this study was to describe and examine the relationship between level of response to a previous adequate SSRI or SNRI trial and subsequent response to duloxetine hydrochloride in a sample of depressed outpatients.

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