Treatment-Resistant Depression: Expert Consensus Identified Real-World Experience and Individualized Care as Key Considerations for Novel Treatments in Major Depressive Disorder

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INTRODUCTION

Treatment-resistant depression (TRD) is defined as major depression disorder (MDD) in adults who have not responded (i.e., have not achieved specified clinical improvement, e.g., 50% reduction of thebaseline depressive symptoms score) to at least two antidepressant trials and at least one trial of adequate dose and duration (as per current major depressive episode diagnostic criteria), up to three trials with different antidepressants, have had MDD for > 12 months, and have no clear etiology. Although experts in psychiatry regard TRD with strong concern due to its clinical heterogeneity, current guidelines do not provide specific treatment recommendations for TRD patients.

METHODS

- The study was initiated between May and December 2020 and utilized the Delphi method, a structured, iterative, and anonymous process for achieving consensus among experts. A total of 77 psychiatrists were invited to participate (Figure 1: Psychiatrist Participation). These experts were requested to identify and define patient factors influencing treatment duration with ESK in patients with TRD.
- The study was presented at the National Network of Depression Centers Annual Conference, September 21-22, 2021. All copyrights remain those of the copyright holder.

OBJECTIVES

- To obtain expert clinical opinion on the appropriate duration of treatment with ESK in individual patients with MDD or to assess treatment duration with ESK in patients with TRD and determine whether any correlation exists between treatment duration with ESK and clinical improvement or recovery from MDD.
- To identify factors related to treatment duration with ESK and define potential recommendations regarding duration of treatment with ESK in patients with TRD.

RESULTS

Delphi Panel Recommendations

- Panelists agreed that a patient’s previous history of treatment failures was predictive of the need for longer duration of treatment with ESK.
- The estimated duration of the continuation phase was considered to be longer for TRD versus nontreatment-resistant MDD (TRD, mode response: 90-100% of patients; agreement: 90%; MDD, < 80% of patients; agreement: 80%). The panelists agreed that there is insufficient evidence to provide a time estimate (mode response: not attained significant clinical improvement) to ≥2 antidepressant therapies of adequate dose and duration in the current major depressive episode (as per current major depressive episode diagnostic criteria). A maximum treatment duration of 3 months was recommended only for patients who did not attain rate of ≥2 antidepressant therapies of adequate dose and duration in the current major depressive episode (as per current major depressive episode diagnostic criteria). These patients were recommended to continue treatment with ESK for an additional period of 3 months, an approach consistent with the study of the current MDD treatment duration.

CONCLUSIONS

- Psychiatrists with expertise in treating patients with TRD recognize the need for, and value, a variety of individualized treatment and real-world data specific to patients with TRD and treatment-resistant depression.

References


DISCLOSURES

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