



Title: Long-Term Antidepressant Treatment Without Active Management Hardly Induces Remission: Presented at ECNP

"Long-Term Antidepressant Treatment Without Active Management Hardly Induces Remission: Presented at ECNP"

By Judith Moser, MD BARCELONA, Spain -- September 1, 2008 -- A Scottish study identified a group of patients in primary care who are on long-term and stable treatment with selective serotonin reuptake inhibitors (SSRIs). A substantial proportion of patients displayed prevailing residual depressive and anxiety symptoms as well as sleep problems in spite of their treatment. Alan Wade, MD, CPS Clinical Research Centre, Glasgow, Scotland, presented the study at a poster session on September 1 here at the 21st European College of Neuropsychopharmacology (ECNP) Congress. Patients who were prescribed standard doses of antidepressants by their general practitioners without active management due to repeat prescriptions were identified from prescribing records in the West of Scotland. Patients were invited to complete a questionnaire; 316 out of 893 questionnaires were completed and returned (35%). Each patient completed a Hospital Anxiety and Depression Scale (HADS). Simple Laekert questionnaires enquired about specific sleep symptoms; furthermore, the response to individual questions was analysed. Dr. Wade reported on the data of the 256 patients registered to receive an SSRI. Eighty percent of these patients had received the prescription due to depression and 40% due to anxiety. "More than half of the patients had been on the SSRIs for 12 months, and almost all of them for more than 6 months," Dr. Wade said. If patients are to have a good quality of life, it is important that the antidepressant treatment leads to remission with a minimal number of residual symptoms. Nevertheless, as the HADS results showed, most of the patients still displayed significant residual symptoms, despite the long-term treatment. As Dr. Wade noted, only about one-third of these patients was normal from the point of view of depression and one-quarter of the patients was normal from the point of view of anxiety. Seventeen percent of patients still showed severe depression and 29% severe anxiety. No significant association was reported between the duration of SSRI treatment and the mean anxiety and depression scores. Anxiety and sleep symptoms were prominent in over half of the population and interfered with the patients' daily lives as reported by them. Only a minority of patients were satisfied with their sleep, and 29% perceived their sleep problem as a significant stressor. The majority of patients (61.19%) had not reported their sleep problems to the general practitioner. Of those who had, 50.59% received a hypnotic medication. Treatment of insomnia often turned out to be helpful but led to long-term use in half of the patients. "The patients adjusted their lifestyles to this chronic illness," Dr. Wade

concluded. "They are just not actively treated well enough to get really well, so there are several questions to be asked in the future." Funding for this study was provided by Servier. [*Presentation title: Wellbeing of Patients Prescribed Long-Term SSRIs by General Practitioners in the UK. Abstract P2c016*]

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