Medications for Anxiety and Depression

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Disclosures

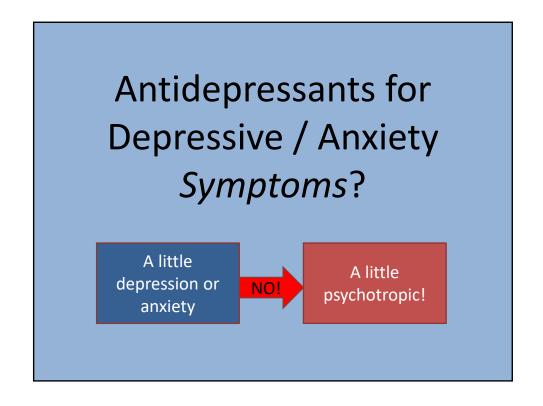
I am an employee of the VA.

I have no conflicts of interest to report.

Overview

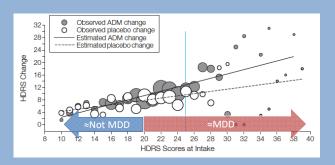
Should our patient be on a medication?

If so, which one, and at what dose?



Mild Depression

Antidepressants have little effect compared to placebo unless there is major depression



Fournier, J. C., et al. 2010 Antidepressant drug effects and depression severity: a patient-level meta-analysis. *JAMA* 303, 47–53.

Mild / Subthreshold Depression

I.M. Cameron et al. / Journal of Affective Disorders 166 (2014) 48-58

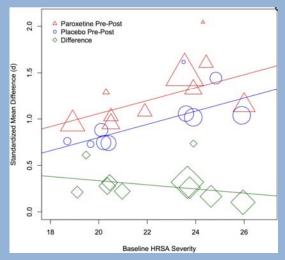
	Antidepressant		Placebo		Risk Ratio		Risk Ratio				
Study or Subgroup	Events	Total	Events	Total	M-H, Fixed, 95% CI	l .	M-H,	M-H, Fixed, 95% CI			
1.2.1 Sub Threshold	470.0										
Judd2004 Fluox 10-20mg	3	81	4	80	0.74 [0.17, 3.20]	1	-	-			
Rapaport2011 Cital 20mg	4	27	2	25	1.85 [0.37, 9.24]			+	_		
Burrows2002 Parox 10-30mg	2	12	0	12	5.00 [0.27, 94.34]	ì		_	+	_	
Barrett2001 Parox 20-40mg	6	38	0	39	13.33 [0.78, 228.76]	1		+	-	_	
1.2.2 MMD											
Dunlop 1990 fluox 20mg	8	107	9	56	0.47 [0.19, 1.14]	1	_	+			
Dunlop 1990 fluox 40mg	20	105	9	56	1.19 [0.58, 2.43]	i		-			
Dunlop 1990 fluox 60mg	23	104	9	56	1.38 [0.68, 2.77]	l		+			
						+	-	_	-	-	
						0.002	0.1	1	10	500	
						Favour	urs Antidepressant Favours Placebo				

Cameron IM, et al, 2014. Efficacy and tolerability of antidepressants for sub-threshold depression and for mild major depressive disorder. *Journal of Affective Disorders*, 166, 48-58.

Mild anxiety

"Normal"?
Adjustment (disorder)
Conditions or medications that mimic an anxiety disorder





Sugarman et al, 2014. The Efficacy of Paroxetine and Placebo in Treating Anxiety and Depression: A Meta-Analysis of Change on the Hamilton Rating Scales. *PLoS One* 9(8): e106337.t

Publication Bias in Antidepressant <u>Trials</u>

Publication Status		Effect Size	95% CI	Q (1)	p
Paroxetine - Placebo	Published	0.32	[0.23, 0.40]	3.90	.048
	Unpublished	0.17	[0.06, 0.29]		
Paroxetine	Published	1.19	[1.12, 1.27]	3.52	.061
	Unpublished	1.32	[1.21, 1.44]		
Placebo	Published	0.86	[0.79, 0.94]	18.63	<.001
0 D	Unpublished	1.15	[1.04, 1.25]		

Sugarman et al, 2014. The Efficacy of Paroxetine and Placebo in Treating Anxiety and Depression: A Meta-Analysis of Change on the Hamilton Rating Scales. *PLoS One* 9(8): e106337.

Adjustment Disorder

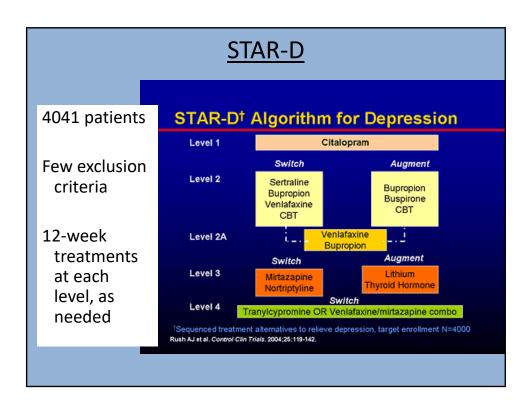
"The use of psychotropic drugs such as antidepressants, in adjustment disorder with anxious or depressed mood is not properly supported and should be avoided."

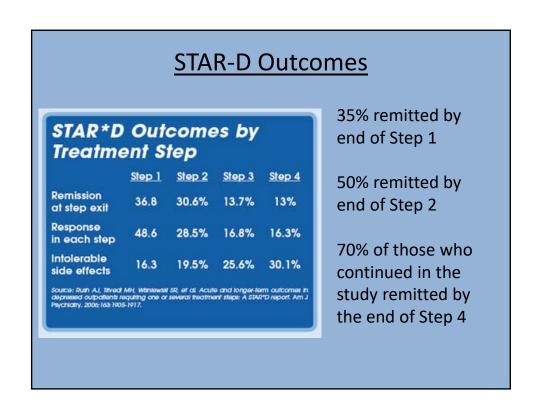
Carta MG, Balestriere M, Murru A, Hardoy MC. Adjustment disorder: epidemiology, diagnosis, and treatment. *Clin Pract Epidemiol Ment Health*, June 2009; 5-15.

Psychotropics are not indicated for *symptoms* of depression or anxiety unless the diagnostic criteria for a disorder are met.

Psychotropics are not indicated for responses to stressful life events.

Medication Treatment Approaches for Major Depression





STAR-D Take-Homes

Keep trying! If symptoms do not improve after 3 months, change the treatment!

In practice, SSRIs all have very similar efficacy. Consider side effects, especially withdrawal.

The algorithm itself does not seem to matter that much.

Placebos

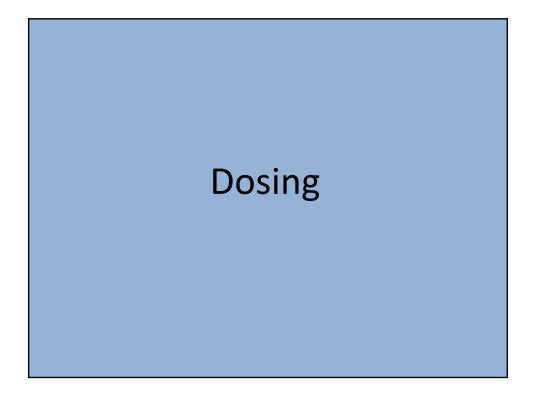
Antidepressant trials show high placebo response rates

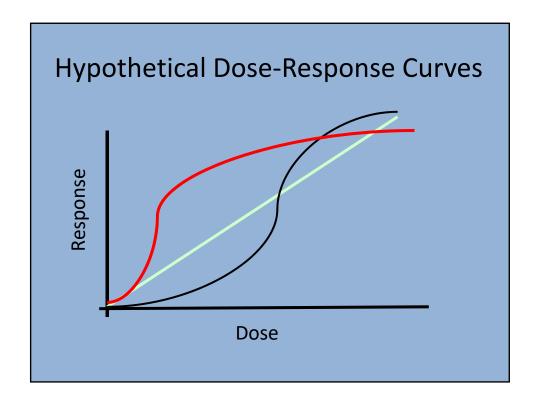
Participants taking a placebo have better results than participants on waiting lists

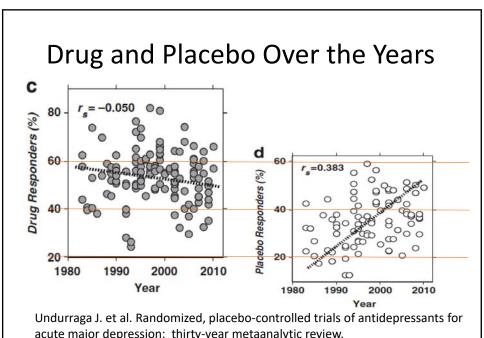
Study characteristics strongly influence placebo response rates:

- -More study sites
- -Less blinding (rater knows the treatment)
- -Lower probability / lower expectation of receiving placebo
- -More study visits

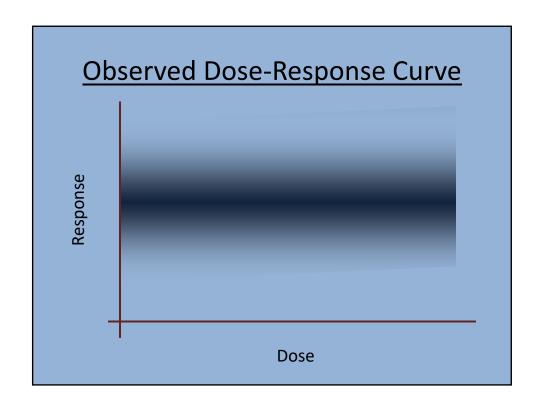
Capitalize on placebo response









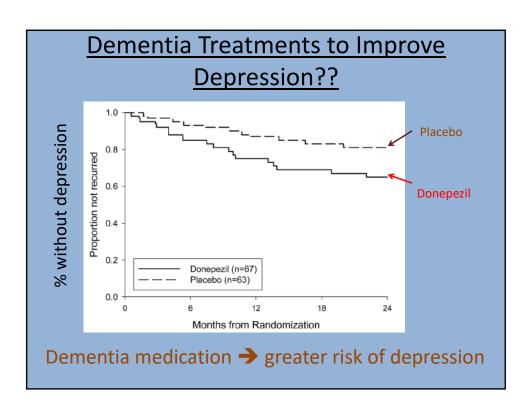


<u>Dementia Treatments to Improve</u> <u>Depression?</u>

Maintenance Treatment of Depression in Old Age: A
Randomized, Double-blind, Placebo-Controlled Evaluation of the
Efficacy and Safety of Donepezil Combined with Antidepressant
Pharmacotherapy

Charles F. Reynolds III, M.D., Meryl A. Butters, Ph.D., Oscar Lopez, M.D., Bruce G. Pollock, M.D., Ph.D., Mary Amanda Dew, Ph.D., Benoit H. Mulsant, M.D., Eric J. Lenze, M.D., Margo Holm, Ph.D., Joan C. Rogers, Ph.D., Sati Mazumdar, Ph.D., Patricia R. Houck, MSH, Amy Begley, M.A., Stewart Anderson, Ph.D., Jordan F. Karp, M.D., Mark D. Miller, M.D., Ellen M. Whyte, M.D., Jacqueline Stack, MSN, Ariel Gildengers, M.D., Katalin Szanto, M.D., Salem Bensasi, B.A., Daniel I. Kaufer, M.D., M. Ilyas Kamboh, Ph.D., and Steven T. DeKosky, M.D.

Cognitive boost → depression boost (?)



Hyponatremia and Antidepressants

9% of patients 65 years and older taking an antidepressant, regardless of type of antidepressant
Likely from effects on kidney, not brain
Unclear clinical consequences
More likely to be symptomatic than younger adults

Mannesse C.K., et al. Characteristics, prevalence, risk factors, and underlying mechanism of hyponatremia in elderly patients treated with antidepressants: A cross-sectional study. *Maturitas* 2013; 76: 357-363.

Sexual Dysfunction

Sexual dysfunction in 30-50% of SSRI/SRNI users

If you don't ask, patients usually won't volunteer

Problems with desire, excitement, orgasm, and/or resolution

Failure to ask about and discuss sexual side effects jeopardizes the therapeutic relationship

Key Points

- Medications are unlikely to provide benefit beyond a placebo effect unless there is a specific mental health disorder
- Dosing may not matter much
- Selection of a particular medication may not matter much, as long as you keep trying
- Cholinesterase inhibitors may make depression worse, not better
- Medications for depression and anxiety are not harmless
- In many cases, "watch and wait" is preferable to starting a psychotropic

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