A Key Opinion Leader Survey of Major Depressive Disorder (MDD) with Anhedonia in Canada: Frequency, Management and Burden of MDD with Prominent Anhedonia

Dr. Roger McIntyre[1], Kobina Quansah[2], Aysegul Erman[2], Sarah Jane Harrison[2], Cloé Esposito[3], Avril Gouault Laliberté[3], Claudia Theriault[3], Catherine Beauchemin[3]

[1]Department of Psychiatry, University of Toronto, Toronto, ON, Canada,, [2] Janssen Canada Inc., [3] PeriPharm Inc., Montréal, QC, Canada

ABSTRACT

Objectives: Major Depressive Disorder (MDD) is a debilitating illness, with many patients exhibiting anhedonia (or loss of interest and pleasure) as a core symptom. To better understand its impact, a survey was conducted to gather Canadian healthcare providers' (HCPs) insights on the prevalence, clinical features, diagnosis, burden, treatment, and unmet needs of MDD with anhedonia.

Methods: Conducted between March and July 2024, this survey included 45 HCPs across Canada, who were interviewed by phone or virtually. The survey was approved by an independent institutional review board.

Results: Most HCPs (93%) surveyed were psychiatrists and 80% reported challenges in diagnosing MDD with anhedonia. Among MDD patients with anhedonia, 44% experience prominent anhedonia (PA), which is recognized as a burdensome symptom. Escitalopram is the preferred first-line treatment for MDD patients with PA. Aripiprazole, bupropion, and brexpiprazole were identified as adjunct treatments; however, no clear consensus emerged on the best option for patients. Fifty four percent of MDD patients with PA are primarily covered by public insurance. One third reported that insurance coverage was occasionally a treatment barrier. Remission, defined as few to no MDD symptoms, typically requires >2 lines of treatment, and 52% indicated that relapse commonly occurs after remission. Over 70% stated MDD with PA severely impacts quality of life and workplace productivity. Approximately 41% of patients are employed and on disability. Half of MDD patients with PA exhibit suicidal thoughts/behaviors, and 22% require psychiatric hospitalization. At present, the greatest unmet need for both HCPs and MDD patients with anhedonia is the extensive expertise required to manage this complex condition and the difficulties in accessing treatments that address patients' specific needs.

Conclusions: Managing MDD with anhedonia is complex and requires a tailored approach, which is currently hindered with no available anhedonia-specific MDD treatments and guidelines.

RATIONALE

- MDD is a highly debilitating psychiatric disorder, affecting 12% of the Canadian population during their lifetime.[1]
- Anhedonia is a core symptom of MDD, which has been associated with poorer disease prognosis and suboptimal treatment responses to antidepressants.[2]
- Currently, there is no Global or Canadian guideline on the management of MDD patients with anhedonia specifically.

OBJECTIVES & METHODS

- The objective of this survey was to gather comprehensive insights into the prevalence, clinical characteristics, diagnosis, burden, treatment patterns, and unmet needs associated with MDD characterized by anhedonia in Canada.
- Email invitations were sent to HCPs across all Canadian provinces and territories after which one-on-one videoconference or telephone interviews lasting between 30 minutes and one hour were conducted between March and July 2024.
- Eligible HCPs were required to be either a psychiatrist, general practitioner or licensed nurse practitioner, and have treated at least one adult patient with MDD and anhedonia.
- Interviews followed a predefined discussion guide containing 35 questions. The survey was approved by an independent institutional review board.

RESULTS & DISCUSSION

Participant Characteristics

- A total of 45 interviews were completed including HCPs from various provinces across Canada, with the majority located in Ontario, Quebec, British Columbia and Alberta reflecting the higher density of population in these provinces.
- Most respondents were highly experienced psychiatrists working in academic medical centers or psychiatric hospitals, making the sample predominantly from the public healthcare setting.
- Respondents were highly involved in professional activities relating to MDD with a notable proportion having contributed to MDD-specific treatment protocols or guidelines.

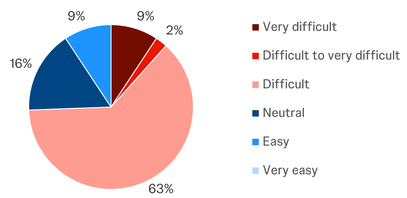
Table 1. HCP Characteristics

Characteristics	Response (%)
Speciality	
Psychiatrist	42 (93%)
GP/Family doctor	2 (4%)
Nurse practitioner	1 (2%)
Number of years in practice	
< 5 years	2 (4%)
5 to 10 years	7 (16%)
≥ 10 years	31 (69%)
Professional activities related to MDD or MDD with anhedonia	
Any	31 (69%)
Contributed to or been published in peer-reviewed journals	26 (58%)
Participated in a pharmaceutical company advisory board	22 (49%)
Presented or chaired at a congress/conference	21 (47%)
Contributed to treatment protocols/guidelines	20 (44%)
Participated in clinical trials as lead principal investigator for new therapies	15 (33%)

Lexicon & Diagnosis

- The HCPs interviewed reported that 70% of their MDD patients exhibited anhedonia, with 44% of these patients experiencing it as a prominent symptom. This aligns with findings from clinical trials and observational studies.[3]
- A majority of HCPs (56%) agreed that anhedonia is labeled as prominent when it presents as a burdensome, acute, and core symptom of the patients' depression.
- Patients with comorbidities such as substance-use disorders, personality disorders and anxiety disorders were identified as having an increased prevalence of MDD with anhedonia.
- A majority of respondents indicated that diagnosing MDD patients with prominent anhedonia (PA) is currently challenging, primarily due to the symptom overlap between MDD and other conditions.

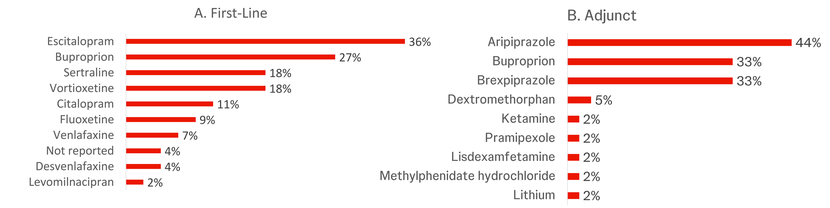
Figure 1. Perceived Ease of Treating MDD with PA



Management

- All respondents highlighted the preference for utilizing both non-pharmacological and pharmacological approaches to treatment MDD with PA.
- Escitalopram is the preferred first-line treatment for MDD patients with PA. Aripiprazole, bupropion, and brexpiprazole were identified as adjunct treatments; however, no clear consensus emerged on the best option for patients.
- HCPs find that patients are more likely to discontinue their first-line treatments due to lack of efficacy than adverse events with 43% mentioning it happens commonly or very commonly.
- HCPs find treating MDD with prominent anhedonia challenging, often due to the multiple treatment lines needed to achieve remission and the frequency of relapse once it is achieved.

Figure 2. Preferred Pharmacological Treatments



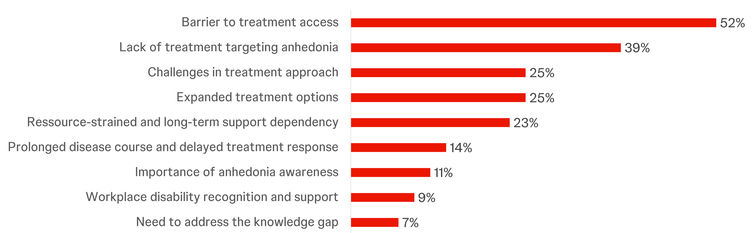
Burden

- Patients with MDD and PA are burdened by a wide range of symptoms, with patients often suffering from fatigue and sleep disturbances.
- HCPs reported that half of their patients with MDD and PA experience suicidal thoughts or have demonstrated suicidal behaviours, with almost a quarter of these patients requiring psychiatric hospitalization at some point throughout their life.
- As a result, MDD with PA has a severe impact on patients' quality of life and social functioning, and a substantial impact on patients' workplace productivity.
- The significant burden of MDD with PA leads to over 40% of patients being on disability while employed, and more than 30% remaining entirely unemployed.
- Over half (54%) of MDD patients with anhedonia are primarily covered by public insurance.

Unmet Need

- All HCPs felt that there are barriers currently hindering the management of MDD patients with prominent anhedonia.
- Among them, 52% highlighted treatment access as a major factor, which includes accessibility to non-pharmacological options, which requires specific infrastructure and may not be covered by insurance.
- The lack of treatments targeting anhedonia was also a major factor hindering access with 93% of respondents agreeing there is a current need for additional therapies geared towards anhedonia for MDD patients.

Figure 3. Unmet Needs in the Management of MDD Patients with PA



CONCLUSION

- Managing MDD with anhedonia, which is associated with a high burden, is complex and requires a tailored approach. However, this is currently hindered by the lack of anhedonia-specific MDD treatments and guidelines.

REFERENCES

1. Lam RW. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults: Réseau canadien pour les traitements de l'humeur et de l'anxiété (CANMAT) 2023 : Mise à jour des lignes directrices cliniques pour la prise en charge du trouble dépressif majeur chez les adultes. Can J Psychiatry. 2024 Sep;69(9):641-687. doi: 10.1177/07067437241245384. Epub 2024 May 6. PMID: 38711351; PMCID: PMC11351064.
2. Pizzagalli DA. Toward a Better Understanding of the Mechanisms and Pathophysiology of Anhedonia: Are We Ready for Translation? Am J Psychiatry. 2022 Jul;179(7):458-469. doi: 10.1176/appi.ajp.20220423. PMID: 35775159; PMCID: PMC9308971.
3. Cao B. Pharmacological interventions targeting anhedonia in patients with major depressive disorder: A systematic review. Prog Neuropsychopharmacol Biol Psychiatry. 2019 Jun 8;92:109-117. doi: 10.1016/j.pnpbp.2019.01.002. Epub 2019 Jan 3. PMID: 30611836.