

Psychotropic medications to patients with treatment-resistant depression (TRD) in France

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Background

- Although clinical characteristics of TRD patients have been widely described (1), the epidemiologic situation and the treatment strategies used in real-world remain poorly documented since definitions of TRD were heterogeneous across studies.
- However, it is well known that the clinical and economic burden is amplified among TRD patients, who are associated to increased impairment and morbidity, and less likely to respond to a subsequent sequence of therapy (2).

Objective

- In this study, we conducted a retrospective large-scale population-based study with the French nationwide claims database to estimate the prevalence of TRD and to examine treatment strategies used by practitioners in real-world settings.

Methods

- Data were drawn from a sample of the French nationwide claims database (SNDS database), including four French regions (Bretagne, Normandie, Loire-Atlantique, and Grand-Est), accounting for 27% of the national population. Regions were selected based on their heterogeneity in terms of incidence rates of Major Depressive Disorder (MDD) and care-settings utilization (hospital and outpatient psychiatric wards).
- Adult with a TRD episode in 2019 were identified from a representative sample of the French population. After exclusion of patients with psychotic or bipolar disorders, Parkinson's disease, and dementia observed during an historical period (2015-2018), TRD was defined by:
 - 3 successive sequences of different antidepressants (AD), or
 - The dispensing of several different AD together, or
 - an AD with an augmenting agent over the same treatment period.
- Augmenting agents included lithium, antiepileptic drugs without a prior history of epilepsy, antipsychotic drugs and thyroid hormones without a prior history of hypothyroidism.
- The prevalence rate was estimated, and treatment patterns were described by treatment class and molecule.
- TRD prevalence was estimated and extrapolated to the national level, with age and gender standardization. A sensitivity analysis was conducted by excluding patients being prescribed AD probably for other primary diagnosis than MDD (anxiety disorders, alcohol use disorder with comorbid depression, or chronic pain) identified with concomitant treatment along with AD.
- Treatment strategies and cotreatments on the last observed prescription during TRD episode for the year 2019 were reported for the overall population.

Results

- 66,810 patients were identified with TRD, accounting for 23.9% of patients treated for depression. Mean age was 56 years with 63.7% of women.
- Standardized prevalence was estimated at 35.1 per 10 000 patients, and 25.8 per 10,000 patients when excluding patients probably treated for another primary diagnosis than depression.
- Association of an AD with an antipsychotic was the most frequently used strategy, with SSRIs and second-generation antipsychotics being the most often prescribed

Table 1. Description of TRD patients

| Characteristics | N=66,810 |
|------------------------------|---------------|
| Gendre Female | 42590 (63.7%) |
| Age (Mean, SD) | 56.7 (15.9) |
| LTD for MDD | 43083 (64.5%) |
| LTD duration (years) | Mean (sd) |
| | 8.9 (9.2) |
| Psychiatric conditions | |
| Mental disabilities | 2152 (3.2%) |
| Severe Addictive disorder | 9436 (14.1%) |
| Alcohol | 7452 (11.2%) |
| Tobacco | 2304 (3.4%) |
| Cannabis | 835 (1.2%) |
| Other | 1940 (2.9%) |
| Co-treatment in 2019 | |
| Anxiolytics | 27677 (41.4%) |
| Opioids | 5776 (8.6%) |
| Alcohol dependance trt | 1655 (2.5%) |
| Duration of episode (months) | |
| Mean (sd) | 19.4 (12.8) |

Table 2. Anxiolytics and sedatives cotreatments

| Strategy | N=66,810 |
|--------------------------------|---------------|
| AD alone | |
| Benzodiazepines | 11225 (16.8%) |
| H1-antagonists | 768 (1.1%) |
| Cyamemazine | 57 (0.1%) |
| Other anxiolytics | 228 (0.3%) |
| 2 ADs combined or AD augmented | |
| Benzodiazepines | 22078 (33.0%) |
| H1-antagonists | 1454 (2.2%) |
| Cyamemazine | 3844 (5.8%) |
| Other anxiolytics | 459 (0.7%) |
| ≥2 ADs combined +/- augmented | |
| Benzodiazepines | 3970 (5.9%) |
| H1-antagonists | 204 (0.3%) |
| Cyamemazine | 903 (1.4%) |
| Other anxiolytics | 80 (0.1%) |

Figure 2. Treatment strategies, drug classes and molecules in TRD patients

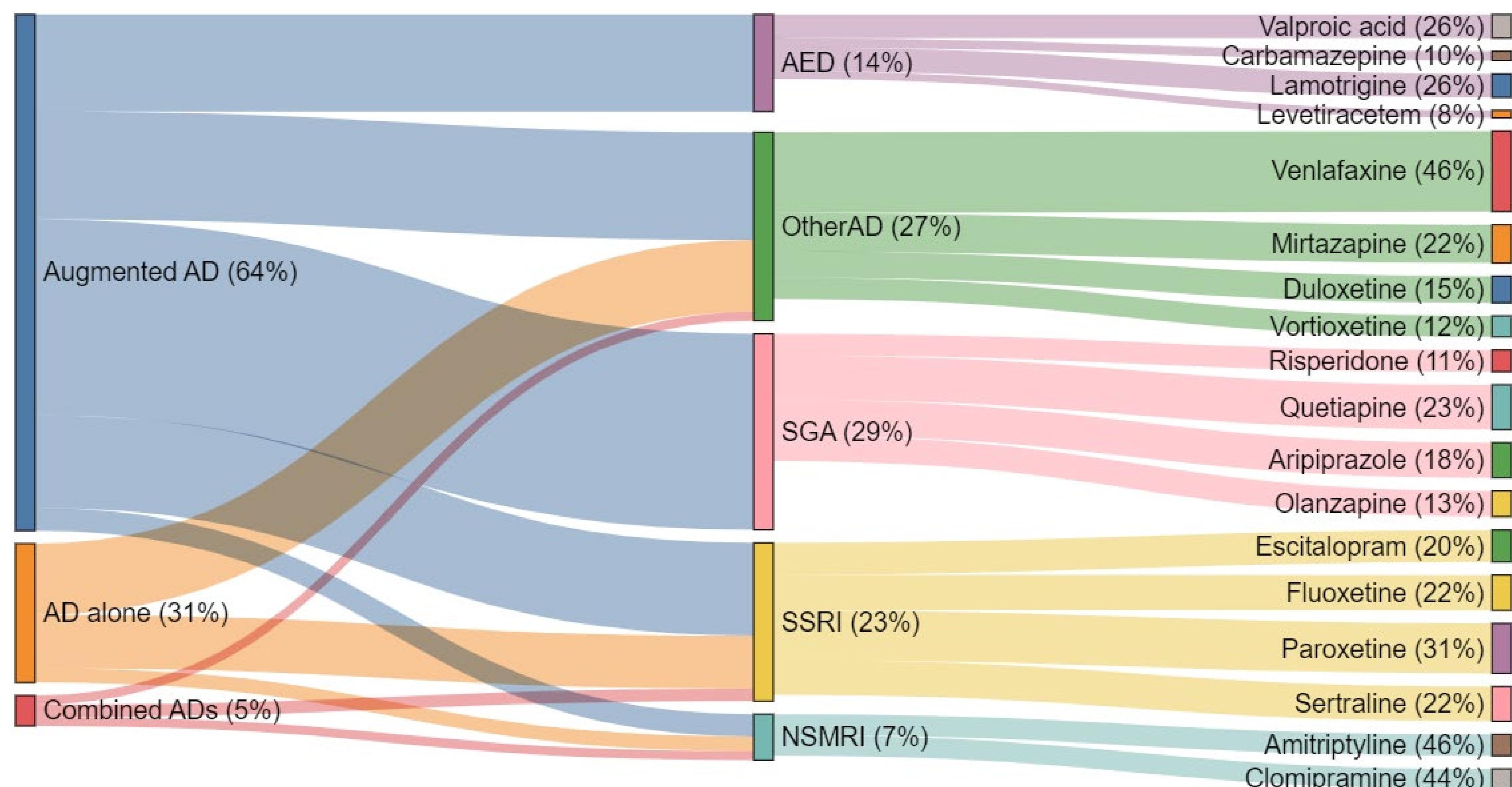
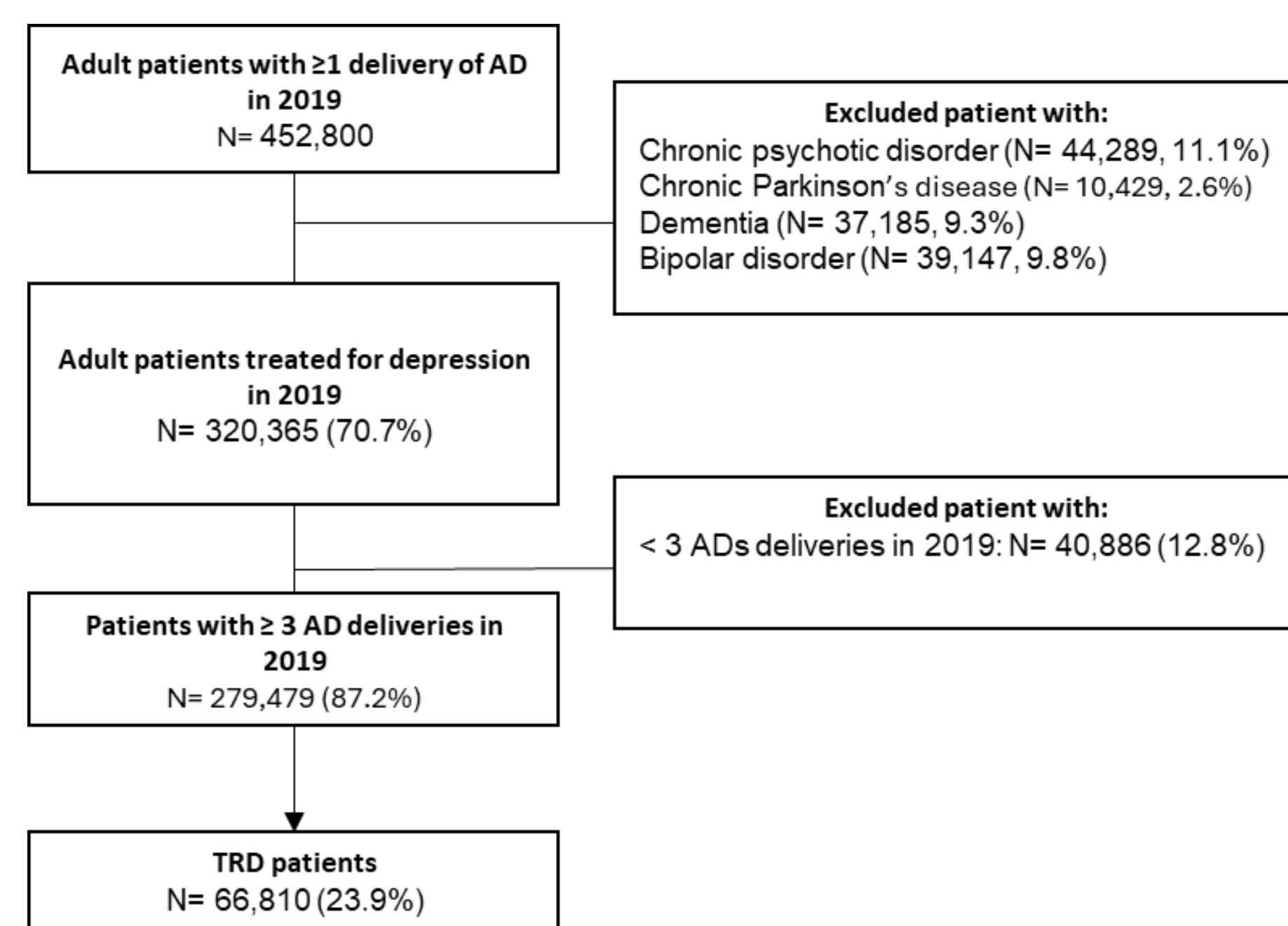


Figure 1. Flow chart of included patients



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Conclusions

- This study provides robust population-based estimates of the prevalence of TRD in the French population.
- Description of treatment patterns highlight the widespread use of second-generation antipsychotics as augmenting agent of antidepressants.

References

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