

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

Vimont Alexandre¹, Biscond Margot¹, Leleu Henri¹, Sánchez-Rico Marina², Hoertel Nicolas^{2,3,4}, Llorca Pierre-Michel⁵

1. Public Health Expertise - Cencora, Paris, France; 2. AP-HP, DMU Psychiatry and Addictology, Corentin-Celton Hospital, Issy-les-Moulineaux, France; 3. Paris Cité University, Faculty of Medicine, Paris, France; 4. INSERM, UMR 1266, IPNP, Paris, France; 5. Department of Psychiatry, CHU Clermont-Ferrand, CNRS, Clermont Auvergne INP, Institut Pascal (UMR 6602), University of Clermont Auvergne, 63000 Clermont-Ferrand, France

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.

This poster is for informational purposes only. Readers are kindly requested to cite this original work when referencing the concepts, data, or methodologies presented herein.

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

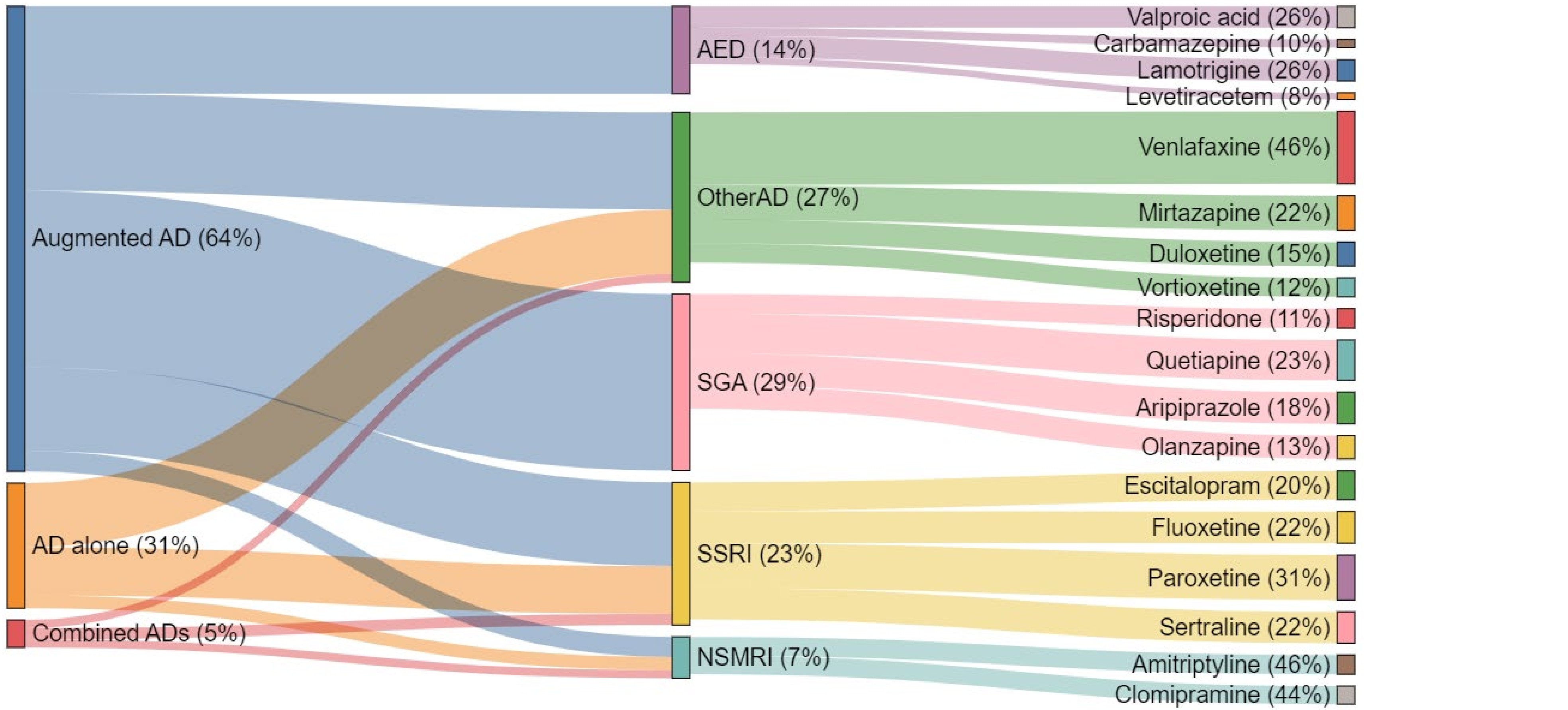
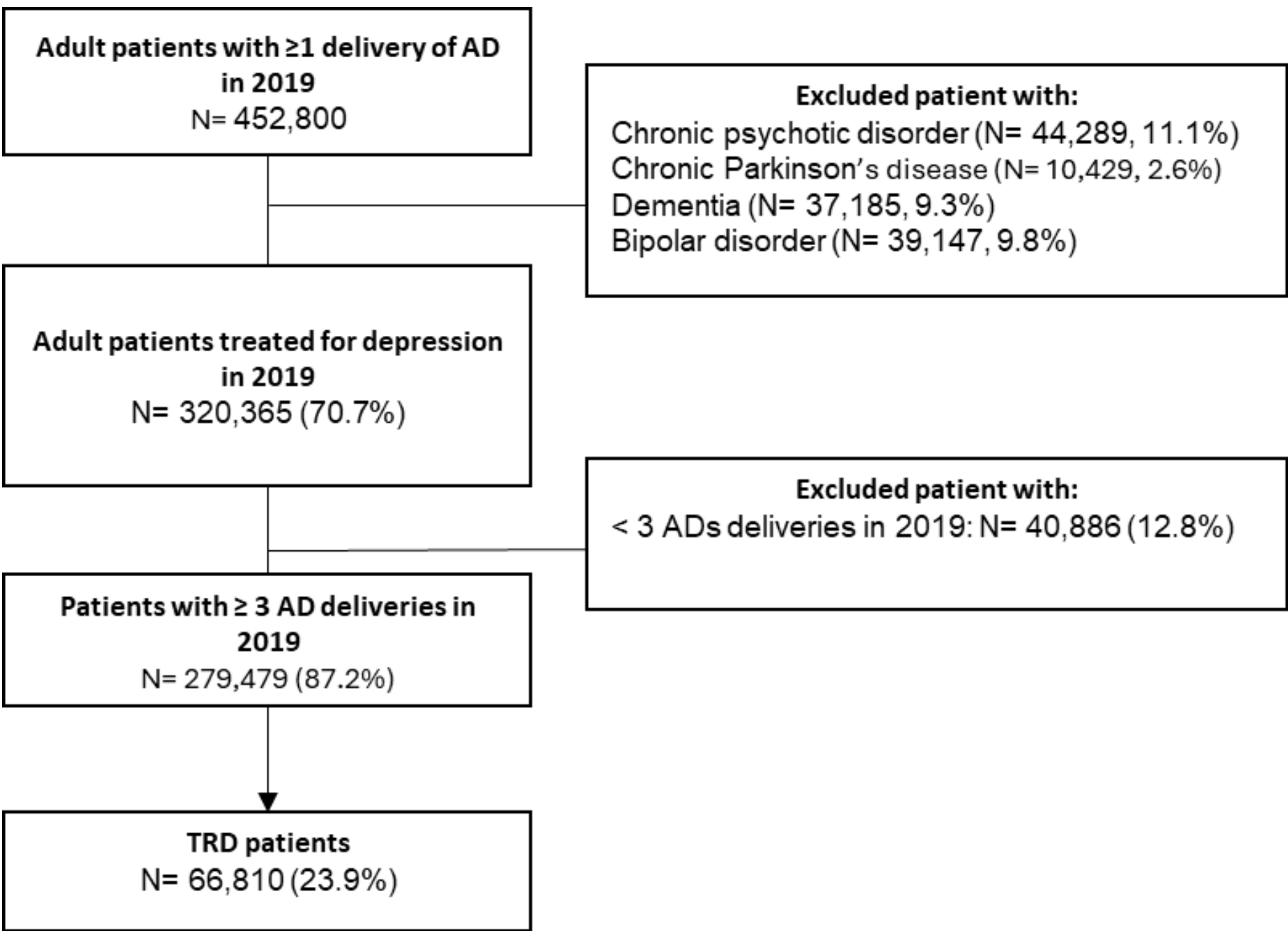


Figure 1. Flow chart of included patients



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

- Mrazek DA, Hornberger JC, Altar CA, Degtiar I. A review of the clinical, economic, and societal burden of treatment-resistant depression: 1996-2013. *Psychiatr Serv.* 2014 Aug 1;65(8):977–87.
- Rush AJ, Trivedi MH, Wisniewski SR, Nierenberg AA, Stewart JW, Warden D, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. *Am J Psychiatry.* 2006 Nov;163(11):1905–17.