Comparative efficacy and tolerability of lurasidone for the management of bipolar depression: a systematic review and network meta-analysis

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BACKGROUND

- Seven studies from the NICE SLR were retained for inclusion in this NMA. The SLR update identified a total of 2,456
- MJ Ostacher is Associate Professor of Psychiatry at Stanford University School and
- 2
- No statistically
- The analysis suggested no statistically significant differences in the incidence of EPS for lurasidone versus aripiprazole
- In the base case analysis, quetiapine immediate release and extended release formulations were pooled in one
- Both fixed and random effects models were fitted and model fit was assessed using the Deviance Information
- Sensitivity analysis
- Sensitivity analysis explored the effect of distinguishing between quetiapine immediate release (QIR) and extended
- Clinical Global Impressions

METHODS

Identification of trials: The 2014 systematic literature review (SLR) performed by the National Institute for Health and Care Excellence (NICE) of antipsychotics used for the management of bipolar depression was conducted to identify any new evidence that may be relevant for the period extending up to the period ending May 2014.

- Interventions and outcomes included as defined above (lurasidone, quetiapine, olanzapine, aripiprazole, ziprasidone and with bipolar depression).
- Studies were included in the NMA if they fulfilled the following criteria:
  - 3
  - Acute and mixed episodes of bipolar depression.
  - United States or Europe

Objectives

- To summarize clinical evidence for the efficacy and tolerability of lurasidone compared to other antipsychotics

Outcomes

- The second largest study (Lombardo et al 2012, Study 2) reported incidence of EPS only for Lurasidone and Aripiprazole

RESULTS (CONT.)

Table 1. Patient Baseline Characteristics

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment Group</th>
<th>Aripiprazole (mg/day)</th>
<th>Lurasidone (mg/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>Aripiprazole 30</td>
<td>2.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Study 2</td>
<td>Aripiprazole 30</td>
<td>2.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Study 3</td>
<td>Aripiprazole 30</td>
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</tr>
<tr>
<td>Study 4</td>
<td>Aripiprazole 30</td>
<td>2.0</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Figure 1. Network of evidence

Figure 2. Forest plots for base-case results (efficacy outcomes)

Figure 3. Forest plots for base-case results (tolerability outcomes)

DISCUSSIONS

- MJ Ostacher is Associate Professor of Psychiatry at Stanford University School and one of the authors of this study.

REFERENCES

- 1

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