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IMPACT OF THE NUMBER OF CHANGES OF THERAPEUTIC STRATEGY ON IMPROVEMENT IN DEPRESSED PATIENTS. DRIA STUDY

M. Garcia-Toro¹, E. Valmisa², J. Galan³, S. Ros⁴

¹Hospital Sont Llatzer, Palma de Mallorca, ²Unidad Gestión Clínica Salud Mental, Hospital Universitario Puerto Real, Puerto Real, ³AstraZeneca Farmaceutica Spain, Madrid, ⁴Hospital del Mar, Barcelona, Spain

Introduction: The STAR*D is a pragmatic clinical trial that showed lower remission rate and higher relapse rate when more strategies were used.[1]

Objectives and aims: Assess clinical improvement in symptoms related to depression, anxiety and sleep, based on the number of strategies used.

Methods: Descriptive, non-interventional, prospective study including outpatients diagnosed with Major Depressive Disorder (MDD) with sub-optimal response to standard antidepressants. In those patients a change on the therapeutic strategy (switch of antidepressant, combination of antidepressants, augmentation or a combination of previous strategies) had to be considered necessary. Follow-up period was 22-26 weeks.

Results: 364 patients were included by 58 psychiatrists, 336 were analyzed (92.3%) and 315 (86.5%) completed the follow-up.

MEAN	1_STRATEGY	2_STRATEGIES	3_STRATEGIES
Depression (MADRS)	24.37	19.15	14.45
Anxiety (HAM-A)	17.91	14.65	10.94
Clinical Global Impression (CGI-S)	2.65	1.89	1.25
Sleep disorder (PSQI)	6.78	2.525	2.38
REMISSION RATE			
Depression (MADRS<7)	47.12%	25.88%	6.45%
Anxiety (HAM-A<6)	63.44%	25.88%	12.50%
Clinical Global Impression (CGI-S=1)	42.41%	16.67%	3.13%
Sleep disorder (Good sleeper)	63.84%	35.44%	33.33%

[Difference last visit vs. basal]

p< 0.0001 in all measures

Conclusions: The more changes on strategies used the less improvement on clinical symptoms and remission rates.

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