

IMPACT OF EARLY SUSTAINED REMISSION ON PATIENT-REPORTED OUTCOMES OF PRIMARY CARE PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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Abstract

Objectives. Major Depressive Disorder (MDD) is associated with impaired patient functioning and significant reductions in Health-Related Quality of Life (HRQL). Antidepressant treatments aim to increase patient rates of sustained remission as early as possible, and our objective was to study the impact of early sustained remission on patient's HRQL.

Methods. 250 patients treated with selective serotonin reuptake inhibitors (SSRIs) and fulfilling DSM-IV criteria for MDD were selected for an observational eight-week follow-up study. Patient assessments included the Montgomery-Åsberg Depression Rating Scale (MADRS), and the HRQL Short-Form 36-Item (SF-36) and EuroQoL (EQ-5D) scales. The MADRS was conducted at baseline and at weeks 2, 3, 4 and 8. The HRQL scales were given at baseline and weeks 4 and 8. Remission was defined as a MADRS score of 12 or less. Five subgroups (G1 through G5) were identified: remitters at week 2 (G1), week 3 (G2), week 4 (G3), week 8 (G4) and non-remitters at week 8 (G5). Multivariate analyses of variance were used to assess the HRQL differences among groups after adjustment on centre and baseline MADRS scores.

Results. The distribution of patients among groups was 6.7% (G1), 50.4% (G2) and 42.9% (G3). After adjustment, HRQL assessed by EQ-5D was significantly higher for remitters (G1: 0.81±0.08; G2: 0.79±0.16; G3: 0.77±0.20; G4: 0.71±0.21; G5: 0.57±0.28; p<0.001). The same results were found with the SF-36 Physical and Mental Composite Summary scores (p<0.001 for both) and the SF-36 subscales (p<0.001). Early sustained remitters reported higher EQ-5D scores (G1+G2 versus G3+G4, p<0.05).

Conclusion. The results of this observational study clearly show the substantial effects of sustained remission on HRQL in MDD. Time to sustained remission has a major impact on patients' HRQL and could become a prerequisite for approval and reimbursement of new antidepressant compounds.

Background

Major Depressive Disorder (MDD) is common in primary care and is associated with impaired patient functioning and significant reductions in patients' Health-Related Quality of Life (HRQL)^{1,2}. The concept of HRQL has become an important criterion in evaluating therapeutic strategies, since its aim is to assess the impact of patients' health status on their everyday life. Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), are effective in reducing depression severity³ and in increasing patient functioning, as well as their HRQL⁴.

Sustained remission has become a major clinical endpoint in randomised clinical trials comparing antidepressant compounds⁵, but the impact of early sustained remission on patients' HRQL has not been established.

Objective

To assess the impact of early sustained remission on HRQL of primary care patients suffering from MDD.

Methods

Study Description

Data from a multicentre, observational, eight-week study of primary care SSRI-treated patients with a DSM-IV diagnosis of MDD were used. Clinical efficacy was assessed by the Montgomery-Åsberg Depression Rating Scale (MADRS), which was given at baseline and at weeks 2, 3, 4 and 8. Patient-reported outcomes consisted of the Medical Outcome Study 36-Item Short-Form Health Survey (SF-36) and the EuroQoL scales. These two HRQL instruments were completed by the patient at baseline and at weeks 4 and 8.

Remission was defined as a MADRS score of 12 or less. Five subgroups (G1 through G5) were identified: remitters at week 2 (G1), week 3 (G2), week 4 (G3), week 8 (G4) and non-remitters at week 8 (G5). Early remission was the sum of G1 and G2.

Patient Reported Outcomes

The SF-36 is a widely used generic profile consisting of 36 items⁶, which is divided into eight subscales: Physical Functioning (PF), Role-Physical Limitations (RP), Bodily Pain (BP), General Health (GH), Vitality (VT), Mental Health (MH), Role-Emotional Limitations (RE), and Social Functioning (SF). From these eight subscales, two composite summary scores can also be computed: Physical Composite Summary (PCS), and Mental Composite Summary (MCS). All these scores range between 0 (the worst HRQL) and 100 (the best HRQL).

The EuroQoL scale is a generic preference-based HRQL instrument that computes an index based on the rating of five items⁷. This index ranges from 0 (death) to 1 (perfect health).

Statistical analyses

After a descriptive analysis of the five groups in terms of sociodemographic and clinical characteristics, multivariate analyses of variance were performed to assess the differences in HRQL after adjustment on centre and baseline MADRS scores. Effect sizes were subsequently computed to assess the magnitude of HRQL changes according to Cohen's classification⁸.

Results

Following the study protocol, 95 general practitioners recruited 250 patients for inclusion in this observational study. A total of 17 patients (6.7%) achieved remission at week 2, 42 (16.8%) at week 3, 31 (12.4%) at week 4, and 53 (21.2%) at week 8. 107 (42.8%) were non-remitters at week 8. No statistically significant differences were found between these groups in relation to gender, age or baseline MADRS scores.

SF-36 Physical and Mental Composite Summary scores, as well as EuroQoL, were statistically significantly improved for early remitters and remitters compared to non-remitters (Figures 1,2 and 3).

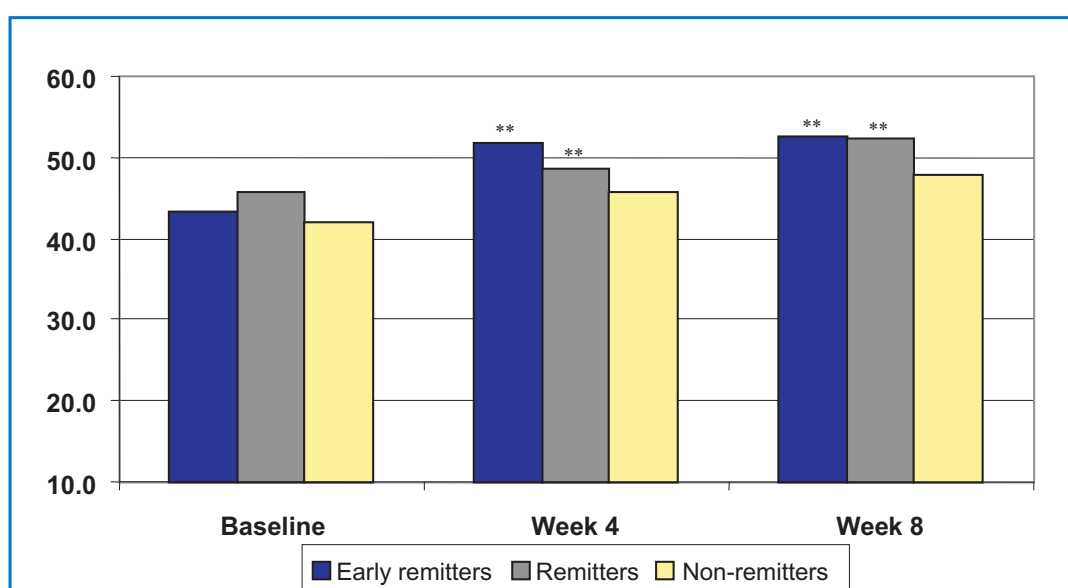


Figure 1: Mean SF-36 PCS score at Baseline, Week 4 and Week 8

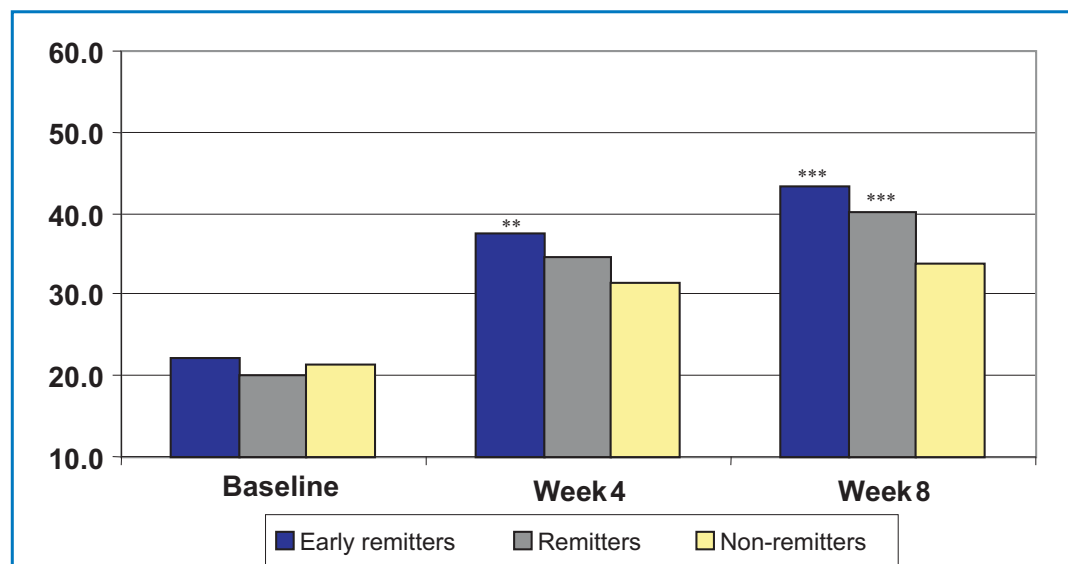


Figure 2: Mean SF-36 MCS score at Baseline, Week 4 and Week 8

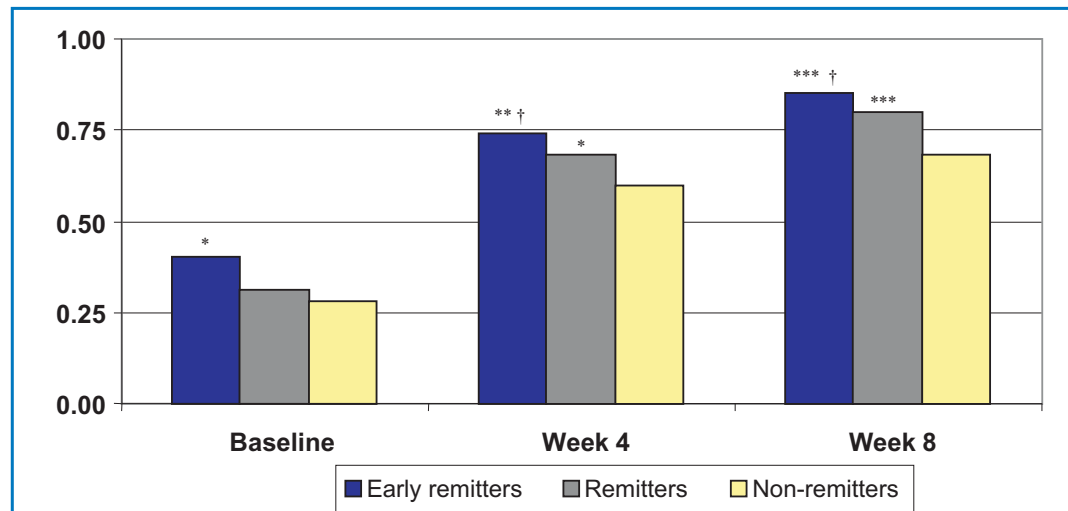


Figure 3: Mean EuroQoL score at Baseline, Week 4 and Week 8

The estimated effect sizes indicated small to large improvements for all groups. Effect sizes for early remitters were greater than those obtained in the remitters group. This indicates a greater HRQL improvement during the first four weeks of treatment and a continuous meaningful improvement in HRQL for early remitters using EuroQoL compared to the other scores (Table 1).

Table 1: Effect Sizes and Magnitude of Improvement of EuroQoL and SF-36

	Early Remitters		Remitters		Non-remitters	
	W4 / BL	W8 / W4	W4 / BL	W8 / W4	W4 / BL	W8 / W4
SF-36 PF	0.70 (M)	0.25 (S)	0.60 (M)	0.36 (S)	0.35 (S)	0.14 (N)
SF-36 RP	1.53 (L)	0.36 (S)	0.98 (L)	0.45 (S)	0.60 (M)	0.43 (S)
SF-36 BP	0.90 (L)	0.26 (S)	0.79 (M)	0.44 (S)	0.57 (M)	0.17 (N)
SF-36 GH	0.81 (L)	0.40 (S)	0.96 (L)	0.62 (M)	0.52 (M)	0.37 (S)
SF-36 VT	2.43 (L)	0.37 (S)	1.67 (L)	0.78 (M)	1.36 (L)	0.33 (S)
SF-36 MH	2.75 (L)	0.50 (M)	1.98 (L)	0.87 (L)	1.52 (L)	0.37 (S)
SF-36 RE	2.10 (L)	0.34 (S)	1.94 (L)	0.38 (S)	0.89 (L)	0.31 (S)
SF-36 SF	1.83 (L)	0.38 (S)	1.73 (L)	0.72 (M)	1.28 (L)	0.38 (S)
SF-36 PCS	0.72 (M)	0.24 (N)	0.55 (M)	0.41 (S)	0.35 (S)	0.24 (N)
SF-36 MCS	3.10 (L)	0.42 (S)	2.09 (L)	0.37 (S)	1.51 (L)	0.32 (S)
EuroQoL	1.46 (L)	0.57 (M)	2.00 (L)	0.32 (S)	1.12 (L)	0.36 (S)

(L): large change; (M): moderate change; (S): small change; (N): no change

Conclusions

- The results show a statistically significant positive impact of early sustained remission on primary care patients' perceptions of their HRQL.
- The EuroQoL scale captures more changes that are meaningful when assessed across time than those revealed by the SF-36 Composite Summary scores and subscales.
- Early sustained remission is a major clinical outcome positively linked to patients' overall well-being.

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