

Introduction

Assessing Antidepressant Efficacy: A Reexamination

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While treatment outcome has improved in patients with depressive and anxiety disorders since the introduction of the newer antidepressants including the selective serotonin reuptake inhibitors (SSRIs) and the serotonin-norepinephrine reuptake inhibitors (SNRIs), some special populations and those with specific subtypes of depression often remain treatment refractory. Also, some patients respond partially and continue to experience symptoms of depression. The purpose of this Supplement is to reexamine the issue of efficacy and completeness of response to antidepressant treatment.

Pharmacologic differences among antidepressants may partially explain why some subtypes of depression seem to respond preferentially to certain agents. John Feighner, M.D., delineates the shared attributes and differences in the mechanisms of action among antidepressants. The newest antidepressants, including SSRIs and SNRIs, target one or more specific brain receptor sites. Knowledge of antidepressant mechanisms may help clinicians bring about a more thorough and complete response to medication.

Antidepressant response is also affected by the subtype of depression. Alan F. Schatzberg, M.D., notes that issues in the definition of severe depression complicate assessment of the limited body of literature on the treatment of patients with melancholia and severe depression, and he reviews evidence on the efficacy of the newer antidepressants for this population.

Increasingly, the SSRIs and SNRIs have been shown to be efficacious for anxiety disorders as well as depression. Jack M. Gorman, M.D., and Justine Kent, M.D., discuss the use of the newer antidepressants for a broad spectrum of psychiatric illness, including panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, social phobia, posttraumatic stress disorder, dysthymia, and bulimia.

Although depression appears to have a negative impact on morbidity and mortality of coexisting medical illness, data are only beginning to emerge on the safety and effectiveness of newer classes of antidepressants in patients with coexisting medical conditions. My colleagues and I discuss depression in the medically ill and the elderly, emphasizing the need for a more complete and thorough response in those populations.

A substantial number of patients with depressive disorders do not respond completely to antidepressant treatment. Richard C. Shelton, M.D., reviews the options for dealing with nonresponsive, treatment-refractory patients. Although the time to response is often significantly delayed, most of these patients eventually remit.

In conclusion, Michael E. Thase, M.D., presents suggestions for changing the methodology of clinical trials of antidepressants to provide clinicians with an improved literature for assessing the efficacy and the likelihood of a response in the diverse population that presents for treatment.

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Presented at the symposium "Assessing Antidepressant Efficacy: A Reexamination," held January 20-21, 1998, Phoenix, Ariz., which was supported by an unrestricted educational grant from Wyeth-Ayerst Laboratories.