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ADJUNCT QUETIAPINE XR IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: A POOLED ANALYSIS OF DATA FROM PATIENTS WITH ANXIOUS DEPRESSION

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Objective: This pooled analysis evaluated efficacy of adjunct quetiapine XR (QTP-XR) in subgroups of patients with anxious depression and lower levels of anxiety.
Methods: Pooled data from two 6-week, double-blind, randomised, placebo-controlled trials (D1448C00006/D1448C00007) in patients with inadequate response to antidepressants were analysed. Patients received adjunct QTP-XR (150 or 300mg/day) or placebo+antidepressant (SSRI or SNRI). Using criteria defined in the STAR*D study, analyses conducted in patients with anxious depression or lower baseline anxiety levels (HAM-D anxiety/somatic factor score >/=7 and < 7, respectively) included LSM change at Week 6 in: MADRS total (primary endpoint), HAM-A and CGI-S total scores.
Results: For patients with anxious depression (n=697; 76% patients), adjunct QTP-XR 150mg/day (-14.44, p< 0.01) and 300mg/day (-15.09, p< 0.001) significantly improved MADRS total scores versus placebo+antidepressant (-11.78) at Week 6, with significant improvement demonstrated from Week 1 onwards. Significant improvements were seen in HAM-A (QTP-XR 150mg/day: -9.05, p< 0.01; 300mg/day -9.43, p< 0.01) and CGI-S total scores (QTP-XR 150mg/day: -1.60, p< 0.001; 300mg/day -1.63, p< 0.001) versus placebo+antidepressant (-7.40, -1.22, respectively) at Week 6.
A smaller subgroup (n=222; 24% patients) had lower baseline anxiety levels. At Week 1, adjunct QTP-XR (150mg/day -9.09; p< 0.01; 300mg/day -8.60; p< 0.05) significantly improved MADRS total score versus placebo+antidepressant (-5.93). At Week 6 there were no significant changes (QTP-XR 150 mg/day -14.49; p=0.243; 300mg/day -14.01; p=0.388) versus placebo+antidepressant (-12.78).
Conclusions: For patients with anxious depression, adjunct QTP-XR (150 and 300mg/day) was effective at reducing symptoms of anxiety and depression, with symptom improvement observed from Week 1 onwards.AstraZeneca funded.

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