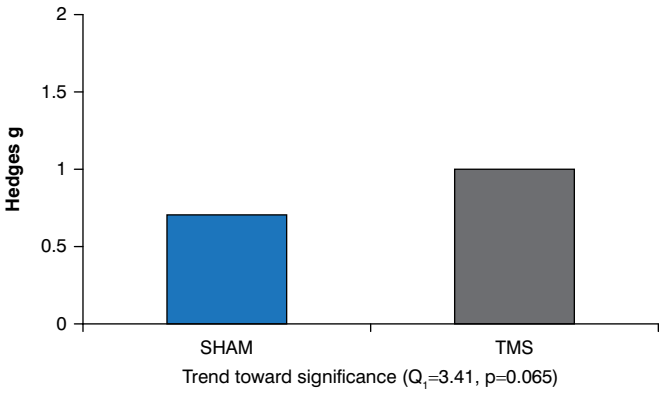
Figure 1. Posttreatment Between-Group Effect



TMS=transcranial magnetic stimulation.
Reproduced with permission from GJ Diefenbach, PhD.

The results of this meta-analysis indicate that TMS is superior to sham for treating anxiety symptoms in patients with depression, and Dr. Diefenbach concluded that it is important to consider expanding TMS treatment to anxiety disorders. She also indicated that it is important for investigators in future studies to include anxiety assessments in their TMS research, to evaluate changes in individual symptoms, response rates, and anxious depression status.

Electroconvulsive Therapy Improves Major Depression More Than Drugs Alone

Written by Nicola Parry

Lucas Primo de Carvalho Alves, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil, presented a poster with results of a study demonstrating that electroconvulsive therapy (ECT) improves the symptoms of major depression more than pharmacological therapy alone [APA 2014 (poster NR5-06)].

The primary indication for use of ECT is in patients with depressive disorders who relapse despite the use of prescription medications. Although meta-analytical studies have demonstrated the efficacy of ECT in treatment of depressive disorders, it is challenging to successfully translate study results into clinical practice, particularly in patients with medical and psychiatric comorbid disease.

With this in mind, Alves and colleagues designed a study to evaluate the outcomes of ECT in severely depressed individuals admitted to a psychiatric inpatient facility.

To be included in the study, patients were required to be older than 18 years with a diagnosis of depression according to Mini International Neuropsychiatry Interview criteria. In total, 147 patients were enrolled and divided into 2 groups: ECT-treated (n=43; mean Hamilton Rating Scale for Depression [HAM-D] score, 25.05) and non-ECT-treated (n=104; mean HAM-D score, 21.61).

Primary outcomes were improvement in depression based on the HAM-D score; response (HAM-D improvement ≥50%); remission (HAM-D score ≤7); and duration of hospitalization.

Based on mean HAM-D score from admission, symptoms of depression were significantly improved in the ECT-treated group (p=0.004; mean HAM-D score at discharge, 7.7) compared with the non-ECT-treated group (mean HAM-D score at discharge, 7.5).

The mean duration of hospitalization was significantly higher for patients in the ECT-treated group (p<0.001; 35.48 days), compared with those in the non-ECT-treated group (24.57 days).

Although patients in the ECT-treated group had significantly higher depression scores at the time of admission to the study than those who did not receive ECT, at the time for discharge, patients in both groups had similar scores. Alves stated that this increased response rate highlights the efficacy and effectiveness of ECT in severely depressed patients.

He concluded that the longer hospitalizations in ECT-treated patients emphasizes the need for advance knowledge of clinical predictors of the response to ECT, to reduce the time between admission and the first session for patients who will benefit from ECT.

First-Line Antidepressants Produce Similar Responses in Major Depressive Disorder

Written by Nicola Parry

Radu V. Saveanu, MD, Leonard M. Miller School of Medicine, University of Miami, Miami, Florida, USA, presented results from the first half of the randomized controlled International Study to Predict Optimized Treatment in Depression [iSPOT-D; NCT00693849]. The study demonstrated that, for patients with major depressive disorder (MDD), escitalopram, sertraline, and venlafaxine extended release (XR) produced similar treatment response rates, with mild and similar side effects.

Although antidepressant medications (ADMs) are effective, their benefit could be enhanced by identifying pretreatment clinical or neurobiological features that predict response versus nonresponse to treatment, as well as features or moderators that help identify which specific treatment is the best match for a particular patient.