Major depressive episode characteristics according to the number of prior episodes: baseline analysis of the RéPONSe cohort study

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P.M. Llorca [1], B. Gay [2], C. Spadone [3], S. Mouchabac [4], A. Crochard [5], P. Blin [6], F. Rouillon [7]

1. CHU Gabriel Montpied, Psychiatry, Clermont-Ferrand, France. - 2. Victor Segalen Bordeaux II University, General Practice, Bordeaux, France. - 3. Saint-Louis Hospital, Psychiatry, Paris, France. 4. Saint Antoine Hospital, Psychiatry, Paris, France. - 5. Lundbeck France, Medical affairs, Paris, France. - 6. Nukléus, Pharmaco-epidemiology, Paris, France. - 7. Sainte-Anne Hospital, Psychiatry, Paris, France.

RéPONSe was an observational cohort study in general practice which primary objective was to compare the 3-month antidepressant treatment response for patients with a Major Depressive Episode (MDE) according to the number of prior MDEs.

The second objective and aim of this poster was to describe the baseline characteristics of patients according to the number of prior MDEs.

METHOD

A random sample of GP had to include prospectively the first 4 patients for whom they decided to initiate an antidepressant treatment for a MDE diagnosis (DSM-IV criteria). These patients had to be followed-up for 3 months after inclusion visit. Questionnaires were completed by GP and patient at inclusion, one month and three months.
Patients were described and classified according to their prior MDE history: first MDE, second MDE, third MDE and fourth or more MDE.

STUDY POPULATION

Between April and December 2010, **2 663 GPs included 10 287 patients.** Among these patients, the following patients were excluded from the analysis:

- **737 with no information about age and gender,**
- **32 with no antidepressant at inclusion visit,**
- **198 with no confirmed MDE** (less than the 5 needed criteria according to DSM-IV),
- **86 with bipolar disorders or other severe psychiatric disorders**,
- **550 retrospective inclusions**,
- **773 with no information about prior MDE number.**

For the 7 911 analysed patients, prior MDE number distribution is described on figure 1.

Baseline patients characteristics, current MDE characteristics and medical management according to prior MDE number are presented on table 1, 2, 3 and on figure 2 and 3.
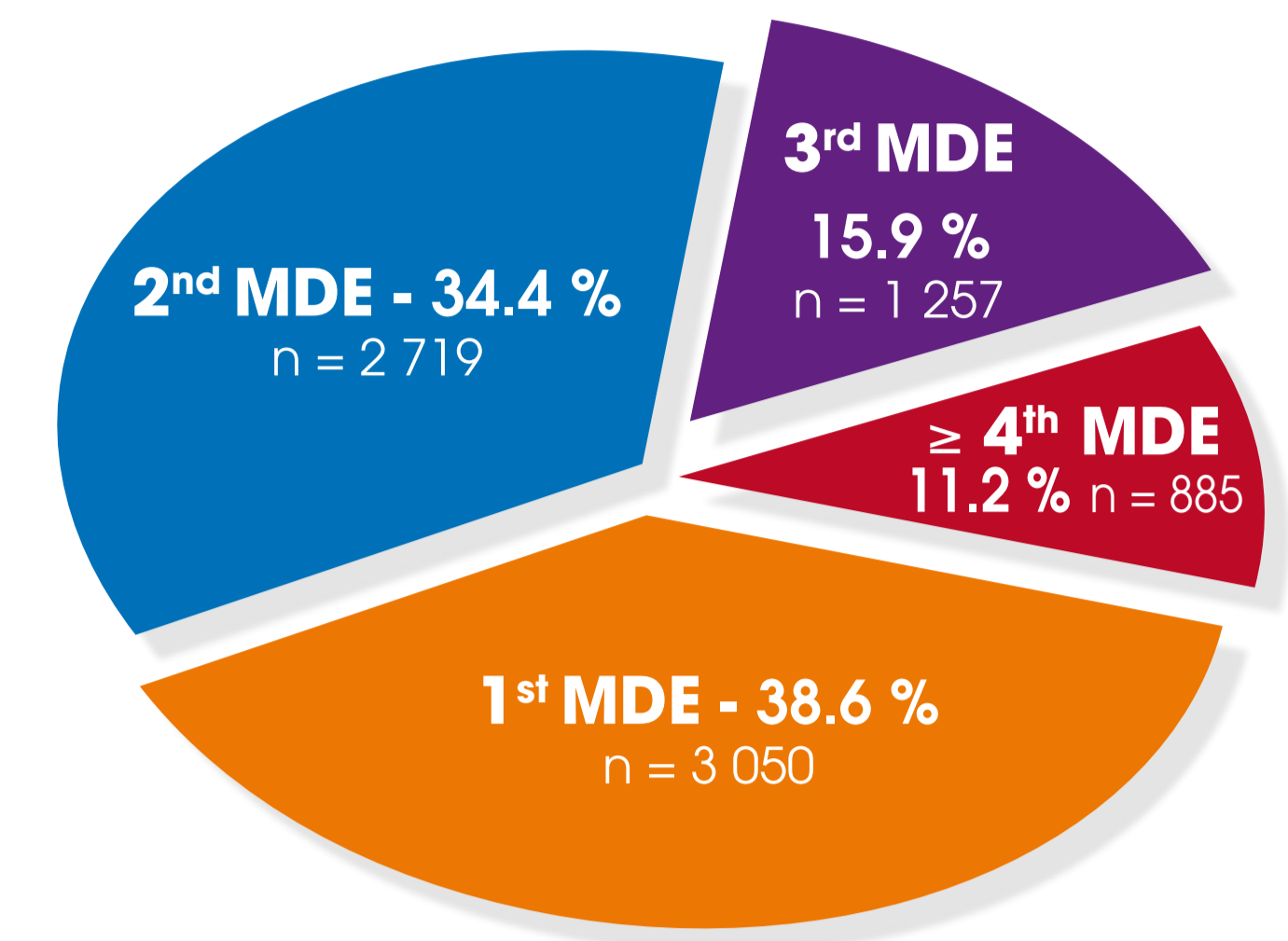

Figure 1
Patients distribution according to prior MDE number

RESULTS

Patient age, proportion of women, people with a low level of education, unemployed people and patients with a low social level increased gradually and significantly from the 1st MDE group to the ≥ 4th MDE group.

Table 1 Patient baseline characteristics

	1st MDE n = 3 050	2nd MDE n = 2 719	3rd MDE n = 1 257	≥ 4th MDE n = 885	p
Sexe [2]: Men	34.4%	28.0%	25.1%	21.7%	***
Women	65.6%	72.0%	74.9%	78.3%	
Age (years) Mean ± SD [1]	47.1 ± 14.9	47.6 ± 13.3	49.8 ± 13.3	52.4 ± 13.1	***
Low level of education [2]	44.5%	46.4%	52.4%	59.8%	***
Professional activity [2]					***
Employee	64.2%	63.6%	58.5%	50.7%	
Unemployed	7.7%	9.3%	9.8%	11.2%	
At home	5.8%	7.2%	7.6%	7.7%	
Student	2.4%	1.5%	1.0%	0.2%	
Retired people	19.9%	18.4%	23.1%	30.1%	
Low social level [2]	15.1%	18.5%	22.5%	24.8%	***

(1) Variance analysis - (2) Chi2: *** (p < 0,001), SD: Standard Deviation

The frequency of different clinical characteristics increase gradually and significantly from the first MDE group to the ≥ 4th MDE group such as suicide family history, patients suicide attemps history, people with a CGI scale severity « severely or extremely ill », other psychiatric, addictive and somatic disorders.
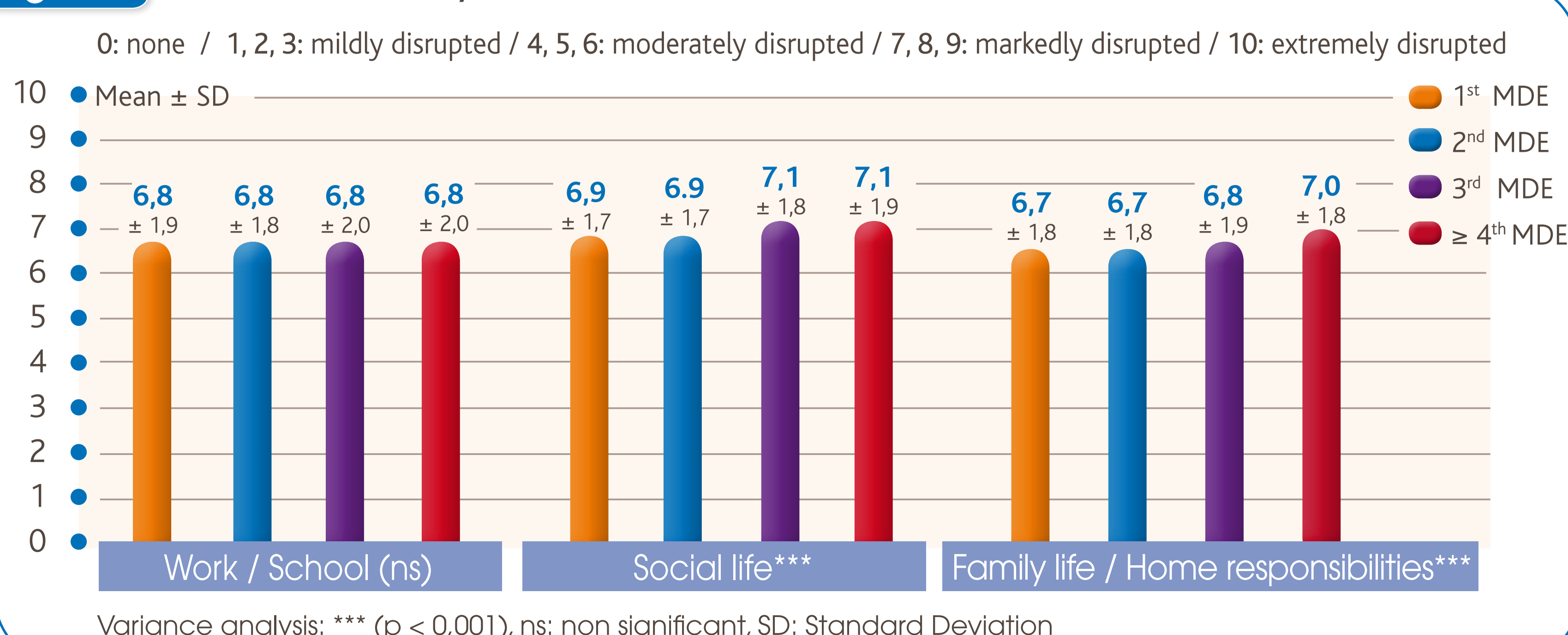
Table 2 Current MDE characteristics

	1st MDE n = 3 050	2nd MDE n = 2 719	3rd MDE n = 1 257	≥ 4th MDE n = 885	p
Number of DSM-IV criteria [1] Mean ± SD	6.7 ± 1.2	6.8 ± 1.2	6.9 ± 1.2	7.1 ± 1.3	***
Suicide family history [2]	16.8%	42.2%	49.6%	58.2%	***
Patient suicide attemps history [2]	0.8%	8.5%	16.4%	27.4%	***
At least one kind of suicide thought [2] (current MDE)	38.5%	46.9%	51.6%	60.1%	***
Other Psychiatric disorder [2]	1.5%	4.2%	7.3%	11.5%	***
Addiction [2]	9.0%	13.7%	17.2%	19.8%	***
Other serious somatic disease [2]	11.5%	12.8%	15.7%	21.3%	***
Number of treatments [1] (except Psychotropics)	1.0 ± 1.7	1.2 ± 1.8	1.6 ± 1.9	1.8 ± 2.1	***
CGI scale severity [2] « severely or extremely ill »	10.3%	13.4%	18.4%	23.1%	***

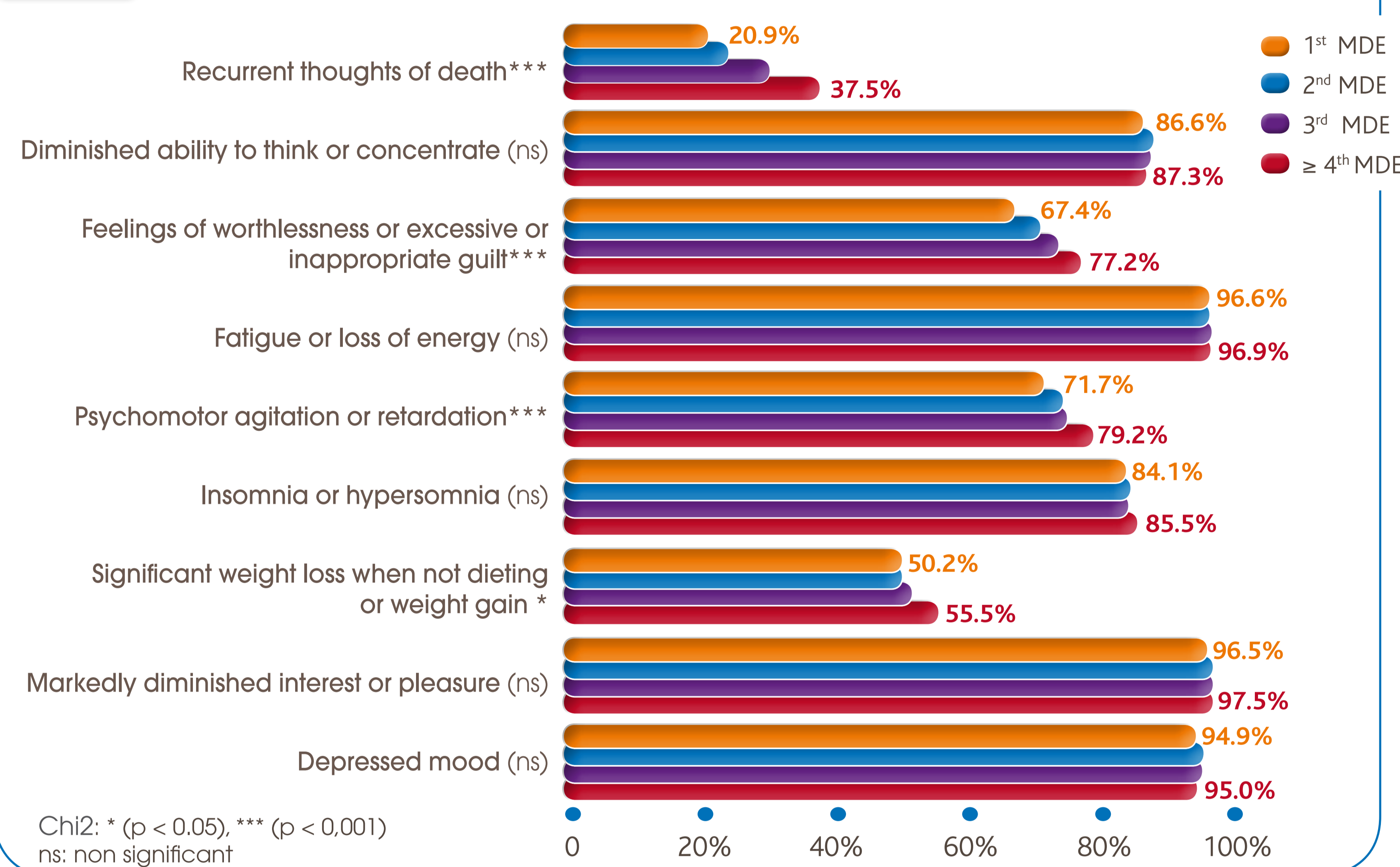(1) Variance analysis - (2) Chi2: *** (p < 0,001), SD: Standard Deviation

According to patients assessment using the Sheehan Disability Scale, symptoms have moderatly or markedly disrupted patient work/school, social and familiy life. Increasing number of prior MDEs is associated with a small gradual impact on their family life and social life, and no difference on their work/school.

Figure 2 Sheehan Disability Scale

0: none / 1, 2, 3: mildly disrupted / 4, 5, 6: moderately disrupted / 7, 8, 9: markedly disrupted / 10: extremely disrupted

Variance analysis: *** (p < 0,001), ns: non significant, SD: Standard Deviation

Number of DSM-IV criteria of MDE increased gradually and significantly from 1st MDE group to the ≥ 4th MDE group. Four criteria are concerned by a significant increase between each group: psychomotor agitation or retardation, feelings of worthlessness or excessive or inappropriate guilt and recurrent thoughts of death and significant weight loss when not dieting or weight gain.

Figure 3 Current MDE characteristics (DSM-IV criteria)

Chi2: * (p < 0.05), *** (p < 0.001)
ns: non significant

A gradual significant difference was also observed between each group of prior MDE number for anxiolytic, hypnotic and anti-psychotic co-prescriptions as well as psychiatric and psychotherapeutic follow-up (previously/currently and requested during GP visit).

Table 3 Medical management

	1st MDE n = 3 050	2nd MDE n = 2 719	3rd MDE n = 1 257	≥ 4th MDE n = 885	p
Anxiolytic co-prescription	67.6%	72.4%	73.6%	79.5%	***
Hypnotic co-prescription	38.9%	45.8%	49.8%	53.9%	***
Antipsychotic co-prescription	1.5%	2.7%	5%	8.9%	***
Followed-up by GP for more than 5 years	56.8%	56.8%	66.6%	72.6%	***
Psychiatric follow-up					***
Previously	4.2%	36.2%	54.6%	67.4%	
Currently	2.7%	5.3%	10.2%	17.3%	
Requested during GP visit	13.5%	18.6%	22.2%	25.3%	
Psychotherapy					***
Previously and/or currently	6.4%	20.3%	28.4%	36.4%	
Requested during GP visit	20.4%	24.3%	25.9%	27.7%	

Chi2: *** (p < 0,001)

For all these parameters, no significant difference was observed between men and women.

CONCLUSION

For patients diagnosed and treated by GP, the increasing number of prior MDEs is significantly associated with an increase in:
- mean age, women rate, non-working people and low socio-economic status rates,
- current MDE severity,
- number of DSM-IV criteria,
- psychotropic co-prescription,
- current psychiatric/psychotherapeutic follow-up,

but had few or no impact on family life, social life and work/school patient assessment.