Real-World Treatment Experiences and Expectations by Symptom Severity in Patients With Major **Depressive Disorder**

Roger McIntyre,¹⁻³ Yang Zhao,⁴ Graham Eglit,⁴ Herriot Tabuteau,⁴ Peyton Weems,⁴ Andrew Smith,⁵ Gregory Mattingly⁶

¹University of Toronto, Toronto, ON, Canada; ²University of Toronto, Department of Psychiatry, Toronto, ON, Canada; ³University of Toronto, Department of Pharmacology, Toronto, ON, Canada; ⁴Axsome Therapeutics, Inc., New York, NY, USA; ⁵Depression and Bipolar Support Alliance (DBSA), Chicago, IL, USA; ⁶Midwest Research Group, St. Charles, MO, USA

Objective

To examine real-world treatment experiences and expectations by symptom severity among patients with MDD

Conclusions

- Using a large recent survey with 385 participants with MDD, 49% and 36% of the participants were found to exhibit severe/very severe and moderate symptom severity, respectively
- Participants with severe/very severe or moderate symptom severity were less likely to report satisfaction with symptom relief, confidence in their treatment, belief in receiving optimal care, and ability to work or complete daily activities, and were more likely to experience side effects and report a moderate to high burden of these effects vs participants in the none/mild group
- All participants identified weight gain, cognitive impairment, and sexual dysfunction as the most impactful side effects, and improved functionality, increased interest/pleasure, and reduced feelings of hopelessness/anxiety/agitation as the treatment goals
- More than 80% of all participants desired treatment responses that were either immediate or within one week

- 1. McIntyre R, et al. World Psychiatry. 2023;22(3):394-412.
- . Tolentino JC and Schmidt SL. Front Psychiatry. 2018;9:412752.
- 3. Karrouri R, et al. WJCC. 2021;9(31):9350. 4. Yang H, et al. Front Psychiatry. 2022;13:915689.

Acknowledgments

recisionHEOR contributed to the survey development. Curtis Moore, MSc, of Nucleus Global, an INIZIO company, provided editorial support for the poster, under the direction of the authors, funded by Axsome Therapeutics, Inc

Disclosures

RM has received research grant support from CIHR/GACD/National Natural Science Foundation of China (NSFC); speaker/consultation fees from Lundbeck, Janssen, Alkermes, Neumora Therapeutics, Boehringer Ingelheim, Sage, Biogen, Mitsubishi Tanabe, Purdue, Pfizer, Otsuka, Takeda, Neurocrine, Sunovion, Bausch Health, Axsome, Novo Nordisk, Kris, Sanofi, Eisai, Intra-Cellular Therapies, Inc., NewBridge Pharmaceuticals, AbbVie, and Atai Life Sciences. He is a CEO of Braxia Scientific Corp.

YZ, GE, HT are employees of Axsome Therapeutics, Inc. AS has nothing to disclose.

GM has received consultant fees or honoraria from AbbVie, Acadia, Alkermes, Avanir, Axsome, Boehringer, Eisai, Emalex, Ironshore, Intra-Cellular, Janssen, Lundbeck, Medgenics, Neos, Neurocrine, NLS-1 Pharma AG, Otsuka, Redax, Rhodes, Roche, Sage, Shire, Sunovion, Supernus, Takeda, Teva, and Trispharma.



can QR code or access //www.axsomecongresshub.com/NEI2024 .shtml view or download a PDF of this poster or access nal information



INTRODUCTION

- with an increased risk of suicidal thoughts^{1,2}
- Despite numerous approved treatment options, many patients with MDD struggle to achieve desired improvement due to delayed therapeutic effects and side effects³
- Symptom severity ranges from mild to very severe, correlating with functional impairment and reduced quality of life⁴

RESULTS

Participant Characteristics

- Overall, 385 participants completed the survey; nearly half reported having severe/very severe depression symptoms (n=190 [49.4%]) (**Table 1**)
- Participants in the none/mild group were significantly older than those with severe/very severe and moderate symptom severity (p<0.05)
- Participants in the severe/very severe group were significantly more likely to be on medical leave or unemployed, on a later line of therapy, and to be on their current treatment for a briefer period than those in the none/mild group (all p<0.05)

Age, years, mean (SD)^a

Women, n (%)

Time since diagnosis, n (%)^a

<5 years

5-10 years

>10 years

White

On medical leave/unemplo

Public insurance

Private insurance

Monotherapy

Line of therapy, n (%)^{a,b}

First

Second

Third

Fourth or more

Time on current treatment

<5 years

5-10 years

>10 years

p<0.05 b Denominator of percentage restricted to participants on current MDD-related treatment; none/mild, n=50; moderate, n=115; severe/very severe, n=167. c Reflects medication with longest duration of treatment for respondents on adjunctive therapy. SD, standard deviation

 Major Depressive Disorder (MDD) is a prevalent and debilitating psychiatric disorder characterized by persistent sadness or loss of interest, often accompanied by changes in weight, sleep patterns, energy levels, and diminished quality of life; it's also associated

MDD symptoms vary in intensity, affecting treatment outcomes and individual experiences²

METHODS

Study design

- A survey was developed with input from two clinical experts in MDD and patients through the Depression and Bipolar Support Alliance (DBSA)
- Adults with a self-reported diagnosis of MDD, and current or past use of MDD medications completed the survey from December 2021 to January 2022
- MDD symptom severity was measured by the 16-item Quick Inventory of Depression Symptomology (QIDS-SR-16)

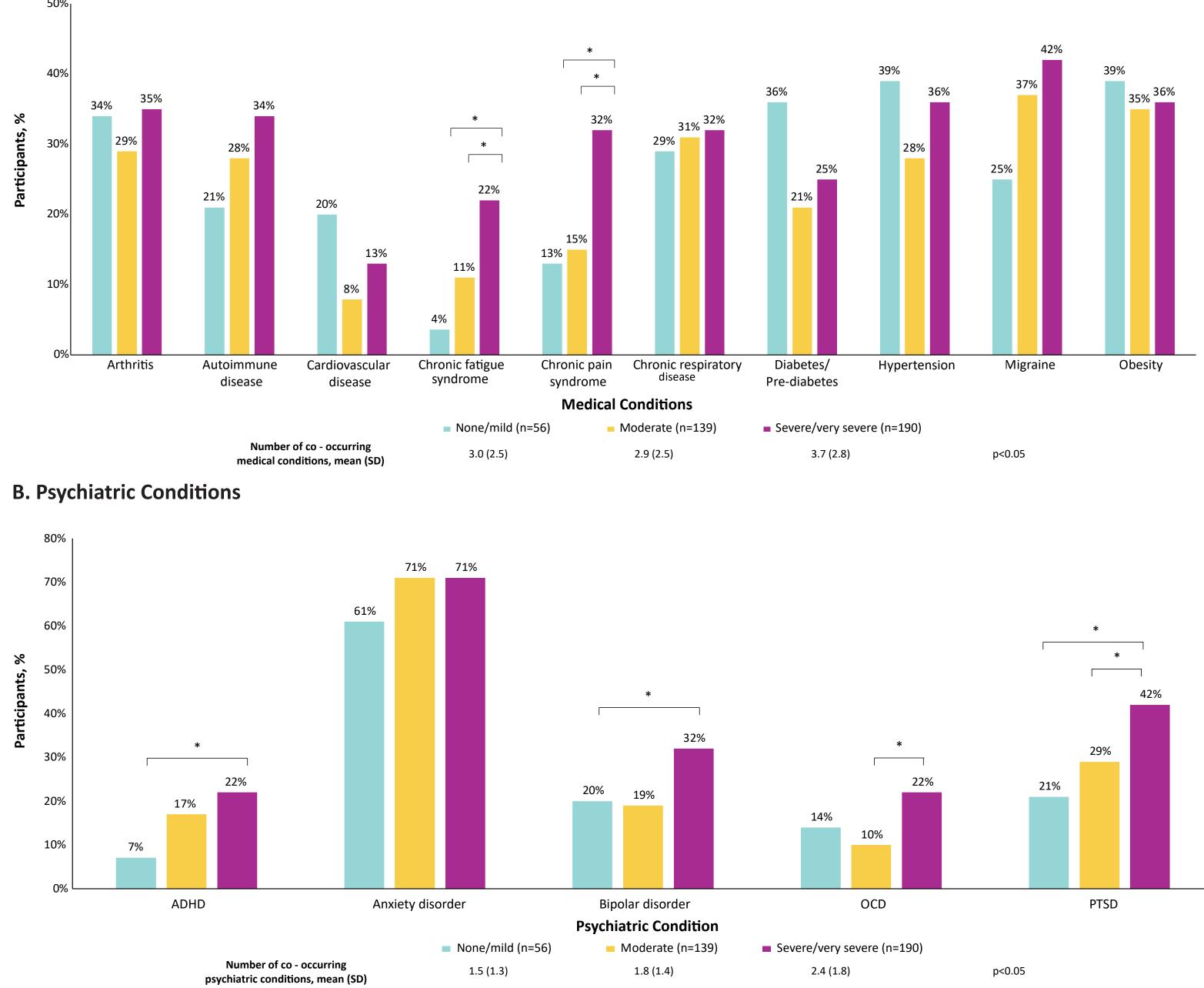
Table 1. Participant Demographics and Characteristics

	None/mild (n=56)	Moderate (n=139)	Severe/very severe (n=190)
	54.8 (12.2)	45.6 (12.3)	44.6 (12.2)
	41 (73)	111 (80)	155 (82)
) a			
	11 (20)	28 (20)	43 (23)
	4 (7)	33 (24)	46 (24)
	41 (73)	78 (56)	101 (53)
	46 (82)	117 (84)	148 (78)
oyed ^a	9 (16)	38 (27)	80 (42)
	22 (39)	50 (36)	83 (44)
	25 (47)	75 (57)	84 (47)
	40 (80)	64 (56)	89 (53)
	10 (20)	27 (23)	32 (19)
	19 (38)	25 (22)	37 (22)
	7 (14)	24 (21)	20 (12)
	8 (16)	33 (29)	69 (41)
t, n (%) ^{a, b, c}			
	20 (40)	49 (43)	90 (54)
	12 (24)	40 (35)	57 (34)
	18 (36)	26 (23)	20 (12)

Co-occurring Conditions

- Participants in the severe/very severe group had significantly more co-occurring conditions than those in the none/mild or moderate group (p<0.05) (Figure 1)
- There were significant differences in chronic pain syndrome, chronic fatigue syndrome, ADHD, bipolar disorder, OCD, and PTSD across severity groups (all p<0.05)

Figure 1. Participants With Co-Occurring Conditions by Symptom Severity A. Non-Psychiatric Condition

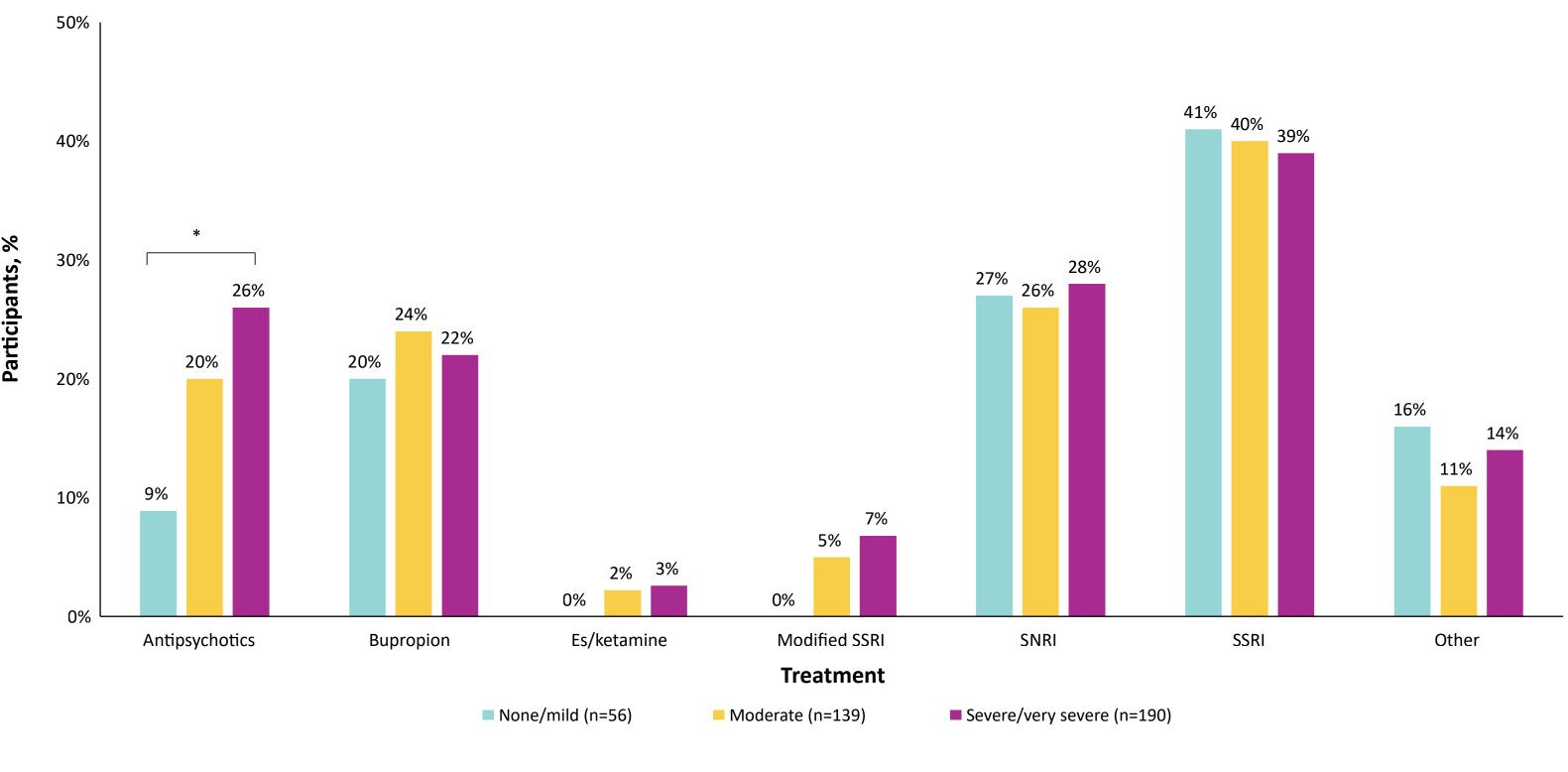


ADHD, attention-deficit hyperactivity disorder; OCD, obsessive-compulsive disorder; PTSD, post-traumatic stress disorder.

MDD-Related Treatments

- Of 332 (86%) participants currently receiving MDD-related treatment, 193 (58%) were receiving monotherapy treatment
- The most common current treatments were SSRIs (39%), SNRIs (27%), bupropion (22%), and antipsychotics (22%) (Figure 2)

Figure 2. Current MDD-Related Treatments by Symptom Severity



**p<*0.05 MDD, major depressive disorder; SNRI, serotonin-norepinephrine reuptake inhibitor; SSRI, selective serotonin reuptake inhibitor.

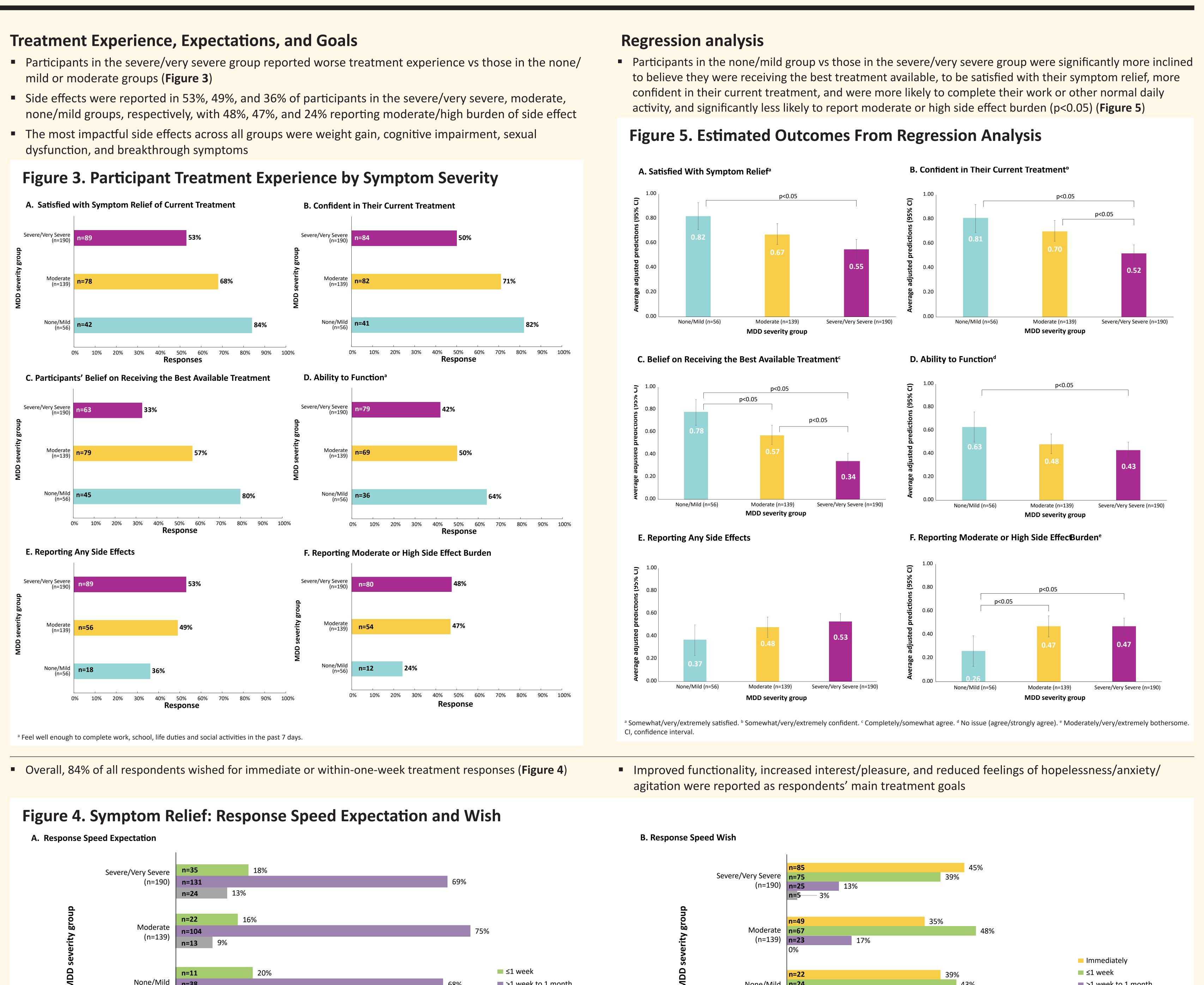
Outcomes

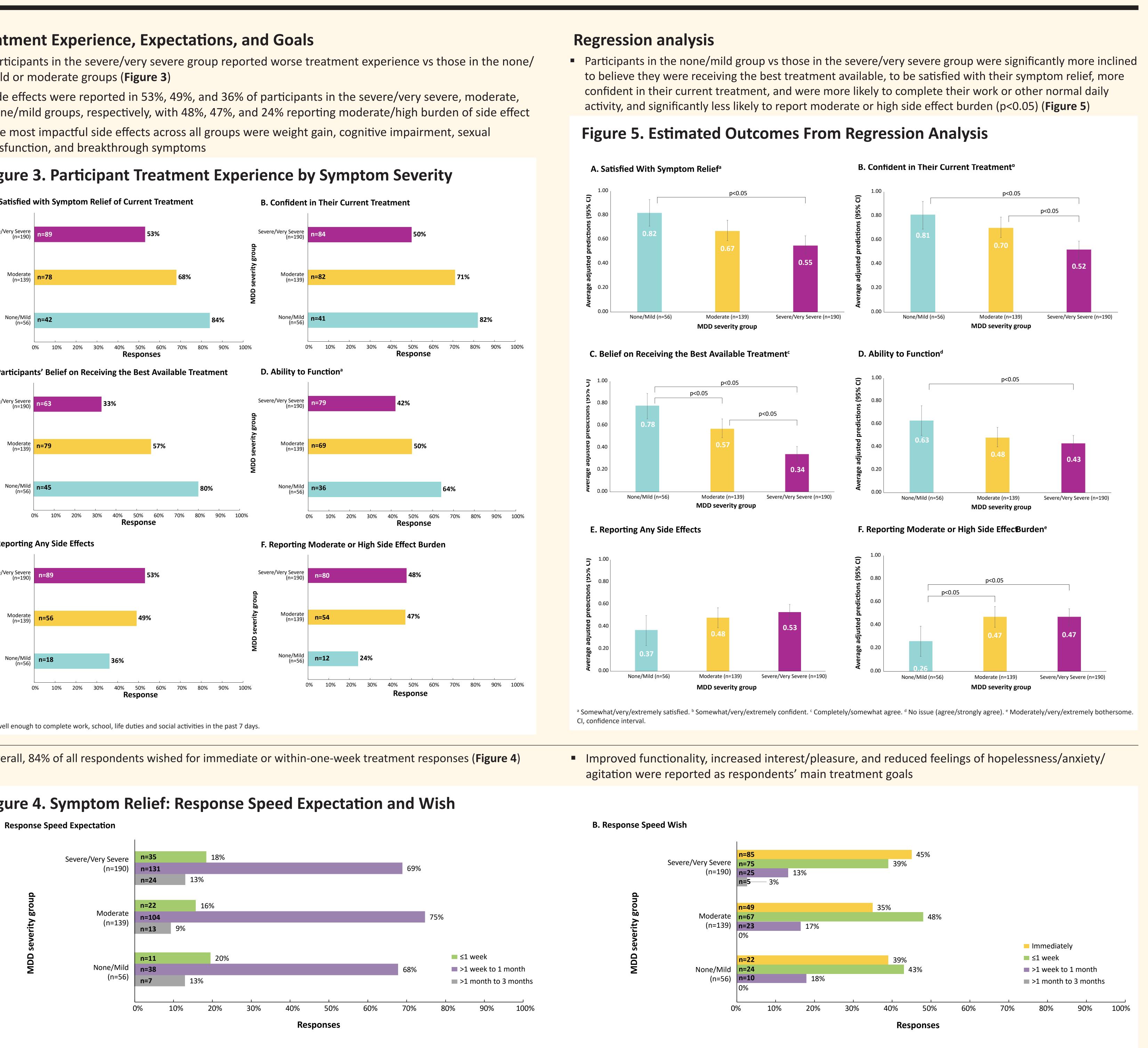
- Patient demographics and comorbid medical conditions associated with MDD Current and past MDD-related treatments
- Line of therapy and time on treatment for current MDD-related treatment Current treatment experience
- Satisfied with symptom relief: somewhat/very/extremely satisfied
- Confident in their current treatment: somewhat/very/extremely confident Believe receiving the best available treatment: completely/somewhat agree
- Ability to function (work or daily activities): no issue (agree/strongly agree)
- Any side effect
- Reporting moderate or high side effect burden: moderately/very/extremely bothersome

Analyses

- Treatment response expectations and treatment goals

- mild or moderate groups (Figure 3)
- dysfunction, and breakthrough symptoms





■ Three symptom severity groups were constructed based on QIDS-SR-16 total score: none/mild (≤10), moderate (11-15), and severe/very severe (≥16)

• Descriptive analyses were conducted with means and standard deviations (SD) for continuous variables, and counts and percentages for categorical variables

Treatment experience outcomes were analyzed using logistic regression adjusting for age, gender, autoimmune disorders, diabetes, cardiovascular disease, chronic pain, chronic fatigue, migraine, attention-deficit hyperactivity disorder (ADHD), anxiety, obsessivecompulsive disorder (OCD), and post-traumatic stress disorder (PTSD); predicted values between symptom severity groups were tested with a significance level set at 0.05, using a two-tailed approach and adjusting for multiple comparisons