Target Patient's Physical Symptoms of Depression

BY DAMIAN McNAMARA
Miami Bureau

BOCA RATON, FLA. — Targeting physical symptoms of depression in a primary care setting increases the likelihood of treatment response and remission, according to a multicenter study.

Somatic symptoms of depression are getting increased attention as part of a drive to achieve asymptomatic remission, said Sidney H. Kennedy, M.D. He and his associates hypothesized that alleviation of physical symptoms of depression would improve response and remission rates.

They assessed 205 patients undergoing open-label antidepressant treatment for 8 weeks in 47 primary care settings. Patients were being treated with venlafaxine, citalopram, fluoxetine, paroxetine, sertraline, bupropion, or mirtazapine. Mean patient age was 43 years, and 64% were female. A total of 157 patients completed the study.

At baseline, and every 2 weeks thereafter, researchers compiled an aggregate somatic score for each patient based on eight items culled from the Hamilton Depression Rating Scale (HAMD). This shorter instrument (HAMD-S) assessed gastrointestinal somatic symptoms; weight loss; early, middle, and late insomnia; general somatic symptoms; somatic anxiety; and hypochondriasis.

Two other scales—the Montgomery Asberg Depression Rating Scale (MADRS) and the Clinical Global Impression Scale for Improvement and Severity of Illness—were used to measure depression severity.

Results were presented during a poster session at a meeting of the New Clinical Drug Evaluation Unit sponsored by the National Institute of Mental Health.

HAMD-S scores decreased from a mean of 10 at baseline to 3 at week 8, a statistically significant difference. There was a significant correlation between improvements on the HAMD-S and overall reductions in MADRS total score, response score, and remission score. Both HAMD-S and MADRS findings correlated with Clinical Global Impression Scale findings.

"The bottom line is we showed that physical symptoms responded comparably with the other symptoms," said Dr. Kennedy, a psychiatrist with the University Health Network, Toronto.

The HAMD-S and MADRS scales, however, have not been validated as somatic subscales, Dr. Kennedy cautioned. This is a possible limitation of the study.

The study was funded by Wyeth Pharmaceuticals. Dr. Kennedy is a consultant and speaker for the company. ■

Depression Common in Teen Mothers

LOS ANGELES — Half of adolescent mothers experience significant depression in the first year after giving birth, according to a study of 417 young mothers followed for 48 months.

The study included roughly equal numbers of Mexican American, African American, and Caucasian mothers who were enrolled within 48 hours of giving birth and then surveyed with a Beck Depression Inventory at 3, 12, 24, and 48 months. Each returned at least three of the four surveys, R. Michelle Schmidt, M.D., said at the annual meeting of the Society for Adolescent Medicine.

The prevalence of depression, defined as moderate to severe symptoms on the inventory, was highest at 3 months (37%), said Dr. Schmidt of Baylor College of Medicine, Houston. After that, the prevalence steadily declined to 21% at 48 months.

Overall, 50% of the subjects had depression in the first year, and 57% had depression at some point during the study.

Depression, when it was present, appeared to persist. Eighty percent of those with depression at 3 months were also depressed at two or more other reporting periods. Moreover, 88% of those depressed at 48 months had been depressed at 12 months, and 15% had depression at every follow-up.

African American subjects had a prevalence of depression only half that of the two other groups at 3 months, and the prevalence among the African American subjects at 48 months was higher than it was at 24 months (20% vs. 16%).

—Timothy F. Kirn