Treatment of depression - newer pharmacotherapies

Agency for Healthcare Research and Quality

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The ultimate purpose of this report is to help clinicians make informed choices about newer antidepressant drugs and herbal therapies, and to aid organizations developing clinical guidelines for the treatment of depression. The report provides a comprehensive evaluation of the benefits and adverse effects of newer pharmacotherapies and herbal treatments for depressive disorders in adults and children. The report focuses on 29 newer antidepressant drugs and 3 herbal remedies. Older antidepressants and psychosocial therapies are considered only when they are compared directly to a newer antidepressant.

Authors' conclusions
This evidence report clearly shows newer antidepressants are effective treatments for major depression and dysthymia. They are efficacious in treating depressive disorders in mental health as well as primary care settings. Newer antidepressants have similar efficacy and total dropout rates compared to older antidepressants. Because of similar efficacy, both newer and older antidepressants should be considered when making treatment decisions. When selecting antidepressants, clinicians should consider costs, the small but statistically significant differences in dropouts due to adverse effects, the lack of information about relative benefits compared to alternative therapies (e.g., psychosocial and herbal), and the individual patient’s preferences and tolerance for particular adverse effects. Health policy planners should consider these factors and advocate for cost-effectiveness studies to better guide the allocation of health care dollars.

For patients with other forms of depression, such as subsyndromal or mixed anxiety depression, and for special populations, such as children and adolescents, data on newer pharmacotherapies are insufficient to guide treatment decisions. Clinicians who choose to generalize efficacy data from adult patients with major depression to such patients should do so with care.

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