



For Information Contact:

Lydia Sermons-Ward, 703-907-8640

press@psych.org

Jim Rosack, 703-907-7862

jrosack@psych.org

For Immediate Release:

May 31, 2007

Release No. 07-43

Augmenting Drug Treatment Increases Recovery Prospects for Elderly Patients with Depression

Arlington, Va. – The addition of a second medication to (or “augmentation of”) the treatment plan of elderly patients with depression who either failed to respond to initial treatment, or relapsed early, results in a significant increase in the likelihood of recovery after the second drug is added, a new study has found. However, researchers found that recovery after augmentation was slower in patients who did not respond to the first treatment, especially those with more medical conditions, or those who had anxiety. These new findings are reported in the June issue of *The American Journal of Psychiatry (AJP)*, the official journal of the American Psychiatric Association.

The likelihood, speed, and predictors of recovery in elderly patients with depression following the addition of a second medication are examined in “Recovery From Major Depression in Older Adults Receiving Augmentation of Antidepressant Pharmacotherapy” by Mary Amanda Dew, Ph.D., Charles F. Reynolds III, M.D., and colleagues at the University of Pittsburgh School of Medicine. The augmentation study included 105 adults age 70 or older who had major depressive disorder and had experienced inadequate responses or early relapses after standardized treatment with the SSRI antidepressant paroxetine and interpersonal psychotherapy.

Three drugs were used as augmenting agents: the antidepressants sustained-release bupropion and nortriptyline, and the mood stabilizer lithium. The choice of which agent to give to each patient was based on each patient’s medical status and history. In the absence of medical contraindications, sustained-release bupropion was the first-line augmenting agent, followed by nortriptyline, and then lithium. Thirty-six patients did not receive augmentation, primarily because of unwillingness or due to the presence of comorbid medical conditions.

The percent of patients who recovered was lower for those who received augmentation because of inadequate response to the initial treatment (50 percent) than for those who had early relapses (67 percent) or those who did not require augmentation at all (87 percent). The patients with insufficient initial responses also recovered more slowly, over a median of 28 weeks, compared to those with early relapses and those not requiring augmentation, whose median recovery time was 24 weeks. The patients with inadequate initial responses also had a modestly higher level of side effects.

An editorial on the study by Susan Schultz, M.D., an *AJP* deputy editor, discusses the challenge of coexisting medical conditions in depressed older adults.

AJP editor-in-chief Robert Freedman, M.D., noted, “These results suggest that depression in the elderly is as treatable as depression in younger people, provided that the same vigorous approaches are used. Results in this trial, restricted to older patients, are quite similar to those we saw in the STAR-D trials in younger patients.”

The study was supported by National Institute of Mental Health grants MH-071944, MH-43832, MH-37869, MH-65416, MH-067710, MH-069430, and MH-072907. Other funding received by the authors is disclosed in the article itself.

Note to Editors: Contact APA's Office of Communications and Public Affairs at 703-907-8640 or 703-907-7862; or by email at press@psych.org for a copy of the article and accompanying editorial.

About the *American Journal of Psychiatry*:

The *American Journal of Psychiatry*, the official journal of the American Psychiatric Association, publishes a monthly issue with scientific articles submitted by psychiatrists and other scientists worldwide. The peer review and editing process is conducted independently of any other American Psychiatric Association components. Therefore, statements in this press release or the articles in the Journal are not official policy statements of the American Psychiatric Association. The Journal's editorial policies conform to the Uniform Requirements of the International Committee of Medical Journal Editors, of which it is a member. For further information about the Journal visit www.ajp.psychiatryonline.org.

About the American Psychiatric Association:

The American Psychiatric Association is a national medical specialty society whose more than 38,000 physician members specialize in diagnosis, treatment, prevention and research of mental illnesses including substance use disorders. Visit the APA at www.psych.org and www.HealthyMinds.org.

###