

Treatment trajectory in people with major depressive disorder from diagnosis to 12 months post-diagnosis

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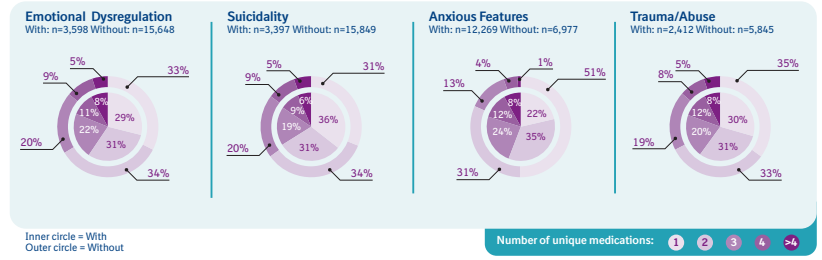


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KEY CONCLUSIONS

- 71% of patients with major depressive disorder (MDD) were prescribed >1 medication at baseline
- Patients with emotional dysregulation, anxiety, suicidality, or trauma/abuse were often prescribed different medication combinations compared with those without
- Patients with emotional dysregulation, anxiety, and trauma/abuse were more likely to receive ≥3 medications than those without (Figure 1)
 - There may be a clinical unmet need for subtype specific augmentation agents to complement existing treatment options

Figure 1. Number of unique medications prescribed stratified by MDD features subtype



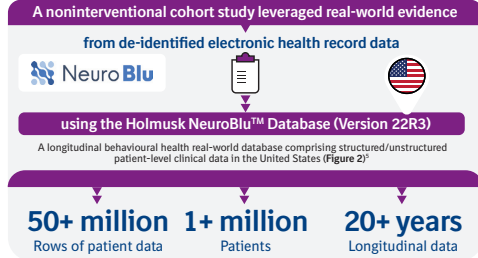
POSTER AIM

Presented are data characterising the treatment trajectory for patients in the US with MDD over a 12-month period, focusing on those with emotional dysregulation, suicidality, anxiety, and trauma/abuse

INTRODUCTION

- CONTEXT**
 - MDD is a highly heterogeneous disorder, with a diverse range of presentations [1, 2]
 - In the US, the lifetime prevalence of MDD is estimated to be 20.6%, with almost 90% of lifetime cases considered moderate or severe [3]
- UNMET NEED**
 - Despite the range of medications available approximately 1 in 3 patients do not respond to treatment after 2 treatment steps [4, 5]
 - Reasons for this variation in treatment response are not well understood
- STUDY AIM**
 - To identify real-world insights into clinical presentation and treatments of patients with MDD

METHODS

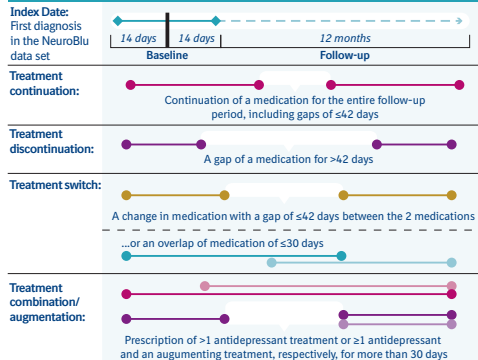


*A longitudinal behavioural health real-world database comprising both structured and unstructured patient-level clinical data

KEY ELIGIBILITY CRITERIA

- KEY INCLUSION CRITERIA**
- Aged ≥12 years
 - ≥1 diagnosis of MDD between 1999 and 2021 in the NeuroBlu database
 - ≥1 recorded clinical visit at or after 12 months from baseline
 - ≥1 psychotropic treatment prescribed at baseline and/or up to 12 months following baseline
- KEY EXCLUSION CRITERIA**
- Diagnosis of schizophrenia and related disorders, bipolar disorder, or neurodegenerative disease at any time

STUDY DEFINITIONS



ANALYSES PERFORMED

- Common treatment journeys in the 12-month follow-up period, including medication class, antidepressant, and antidepressant subclass
- Treatment journeys and prescription of multiple psychotherapeutic agents by MDD subgroups:



RESULTS

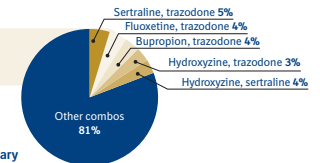
Patient characteristics

30,721 patients were identified and included in the analysis

41.8 (16.6) years Mean Standard Deviation age

Baseline medications

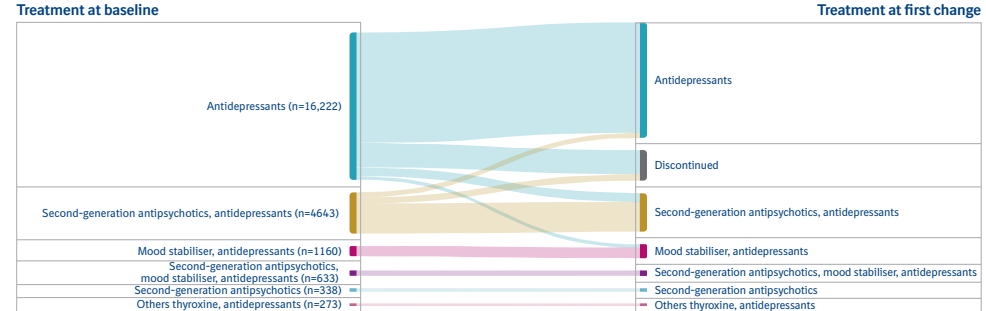
- The most common combinations were prescribed in <5% of patients, indicating substantial variation in medication combinations
- The number of medications prescribed increased with age, except for those aged >65 years
 - The frequency of common medication combinations prescribed at baseline are summarised as **supplementary material**; scan QR code to access.



Treatment journeys over 12 months

- The most common treatment journey was to remain on the same antidepressant or switch to a different antidepressant for the entire 12-month period (Figure 2)
- If patients were treated with antidepressants and mood stabilisers at baseline, these treatment regimens would likely continue (Figure 2)
- When considering common antidepressant subclass treatment journeys, patients were most likely to be prescribed the same antidepressant subclass for the duration (Supplementary Figure 1; scan QR code to access)
- 67% of patients had ≥1 change (including switch, combination, or augmentation) in treatment in the 12-month follow-up period
 - For patients who experienced a change in medication, augmentation of antidepressant treatment with a second-generation antipsychotic or mood stabiliser, or switch to antidepressant monotherapy were the most common changes (Figure 3)

Figure 2. Most commonly recorded treatment journeys of patients with MDD by medication class over a 12-month period or first change following baseline



Please note that only the most common journeys are represented in the diagram and therefore the patient count represented by the y-axis may not add up to the total patient count in the subgroup cohort.

Figure 3. Most commonly recorded treatment changes (combinations or switches only) of patients with MDD



Please note that only the most common journeys are represented in the diagram and therefore the patient count represented by the y-axis may not add up to the total patient count in the subgroup cohort.

ADDITIONAL CONCLUSIONS

- Medication combinations were frequently prescribed at baseline, but a wide variety was seen among these combinations
- The most common treatment journey in the 12 months following baseline was continuation
- For patients who switched medications, augmentation with second generation antipsychotics or mood stabilisers were the most common treatment journeys
- NeuroBlu data are obtained predominantly from secondary and tertiary treatment settings and do not include primary care treatment (scan QR code to view limitations in supplement)

REFERENCES

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DISCLOSURES

SSR, CW, and SDS are employees of Boehringer Ingelheim. LW, EOCP and JY are employees of Holmusk Europe Ltd. JW is an employee of Holmusk Technology Inc.

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