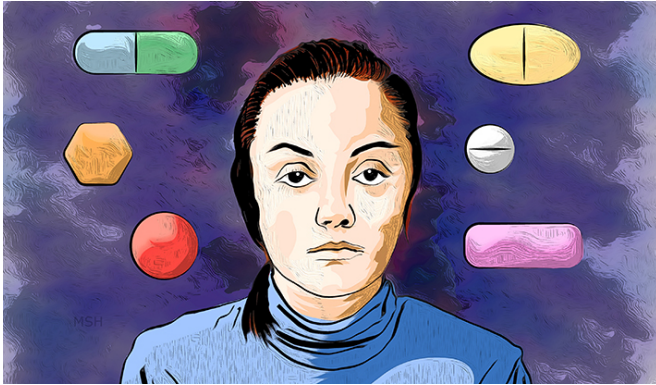


# Data on depression suggest possibility of personalized treatments

23 February 2017, by Bill Hathaway



Credit: Michael S. Helfenbein

Depression is a complex disorder, characterized by clusters of symptoms that respond to treatment with varying degrees of success and are likely to reoccur after initial remission. However, a group of Yale researchers, combing through data on 9,000 depressed patients, found evidence that it may be possible to develop personalized treatments and maintain a successful clinical response, they report in two separate studies published this month.

"We know that [patients](#) can experience depression in very different ways, and they may not even have many symptoms in common," said Adam Chekroud, a doctoral student in the Yale Department of Psychology and lead author of the latest study published Feb. 22 in the journal *JAMA Psychiatry*. "We wanted to know whether antidepressants work well on all of these different symptoms, or whether they are better suited to some than others."

The study found effects of antidepressants varied among patients, depending upon their symptoms. For instance, one drug might work well for symptoms of low mood or feelings of anxiety, but not on "atypical" symptoms, such as thoughts of

suicide or cognitive impairments like an inability to concentrate. Using questionnaires filled out by doctors and patients, the researchers were able to identify clusters of symptoms that emerged in different trials. The group used advanced statistical analysis to determine which antidepressants worked best for different sets of symptoms.

"Different symptoms of depression may have different underlying biologies and may dictate distinct kinds of treatments," said Dr. John Krystal, the Robert L. McNeil Jr. Professor of Translational Research and Professor of Psychiatry and of Neuroscience. "This method may allow doctors to help optimize medication treatments for individuals."

"Patients who undergo treatment may believe that medications work for everyone and that when you get better you will stay better," said Krystal. "But in the real world, treatment of depression is a roller coaster ride."

Only about 20% of patients who continue to take antidepressants will stay in remission, and 47% of patients continue to show some instability in their mood. And one out of every three of patients were at high risk of relapsing into depression. The researchers found that the risk of relapse was particularly high among women, who were 59% more likely than men to have a recurrence of depressive [symptoms](#). Those who continued to take [antidepressants](#) were only slightly better off than those who discontinued use.

"Although there was an advantage for patients who continued taking medications, it is clear that we need to think about additional strategies to maintain remission in patients once they recover from an episode of [depression](#)," said Ralitza Gueorguieva, senior research scientist in biostatistics and first author of the paper about relapse published Feb. 13 in the journal *Lancet Psychiatry*.

**More information:** Ralitza Gueorguieva et al.  
Trajectories of relapse in randomised, placebo-  
controlled trials of treatment discontinuation in  
major depressive disorder: an individual patient-  
level data meta-analysis, *The Lancet Psychiatry*  
(2017). DOI: [10.1016/S2215-0366\(17\)30038-X](https://doi.org/10.1016/S2215-0366(17)30038-X)

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