**Results:** 336 and 340 pts were randomised to ESK-NS and QTP-XR; 334 and 336 were included in the safety population. Over the 32-week study, a TEAE of weight increase was reported in fewer pts treated with ESK-NS than QTP-XR (9 [2.7%] vs 42 [12.5%]), leading to treatment discontinuation in 0 vs 6 (1.8%) pts, respectively. Incidences of weight increase TEAEs were balanced across pts categorised as normal, overweight or obsese by baseline body mass index (BMI; **Figure**). A weight decrease TEAE was reported in 7 pts (2.1%) in the ESK-NS arm vs 0 pts in the QTP-XR arm. Mean (standard deviation [SD]) weight at baseline was 76.4 (16.2) kg (ESK-NS; n=334) vs 79.1 (16.9) kg (QTP-XR; n=336). At Wk32, mean weight was maintained (76.5 [16.3] kg) in ESK-NS treated pts (n=249; mean [SD] change from baseline: 0.1 [4.0] kg) and increased (80.7 [15.6] kg) in QTP-XR treated pts (n=203; mean [SD] change from baseline: 2.5 [5.1] kg).

Image:

Figure. Incidence of weight increase TEAEs during ESCAPE-TRD by treatment arm and baseline BMI category
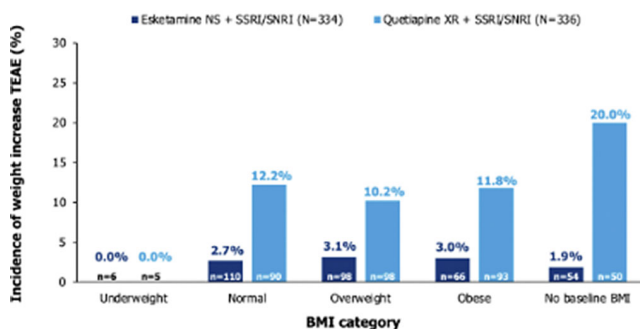
Safety set. Patients categorised according to BMI at baseline (underweight: <18.5 kg/m²; normal: 18.5–<25 kg/m²; overweight: 25–<30 kg/m² and obese: ≥30 kg/m²). Weight increase TEAEs were based on weight relative to screening. Data reported as observed; n numbers refer to total numbers of patients in a BMI category at baseline.

Conclusions: Increase in weight was uncommon with ESK-NS; weight increases were more common with QTP-XR and resulted in more treatment discontinuations. Weight increase was independent from baseline BMI.

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A scoping review of the literature on the prevalence and correlates of anxiety and depression among undergraduate health science students

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**Introduction:** Health science students in post-secondary institutions experience high levels of depression and anxiety due to increased stress levels, workload, low socioeconomic status, and history of family mental illness, among other factors. Given the significant negative impact that depression and anxiety can have on undergraduate health science students, it is essential to understand the prevalence and correlation of these conditions in this population.

Objectives: This scoping review aims to identify, document and analyze the literature on the prevalence and determinants of anxiety and depression among undergraduate health sciences students and identify gaps in knowledge for future research.

Methods: The scoping review was planned and executed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for the Scoping Reviews statement. A comprehensive and systematic search was carried out for five databases, namely MEDLINE, Scopus, EMBASE, CINAHL and PubMed.

Results: From the literature identified by our search strategy, the lowest prevalence for anxiety was 5.8%, and the highest was 82.6%, with a median of 44.25%. The prevalence of depression ranged from a high of 88.8% to a low of 2.1%, with a median value of 34.8%. Our analysis revealed that correlates of anxiety and depression among health science students include sociodemographic factors such as age, sex, gender, relationships, ethnicity and family history, personal health conditions, and academic and socioeconomic issues.

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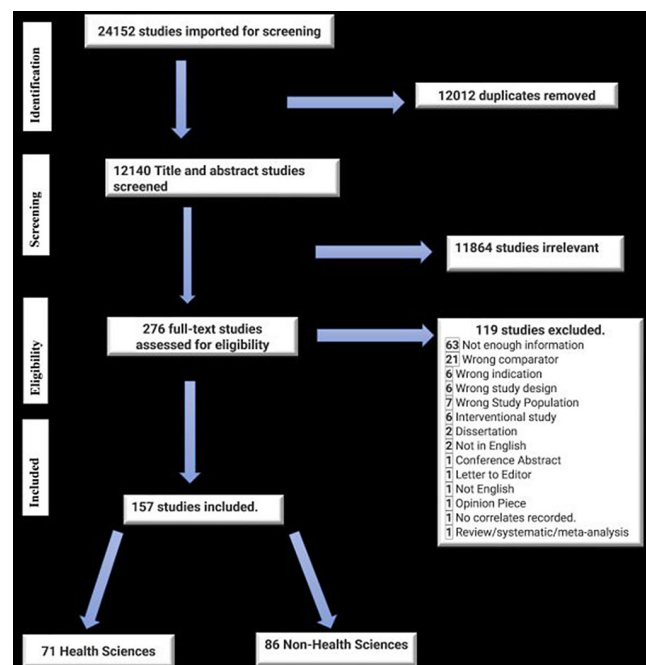
Conclusions: With the high incidence of anxiety and depression among health science students, there is an increasing need to find practical remedies to support these students. It is also essential for policymakers and university authorities to implement interventions such as supportive text messages and other strategies geared toward providing support and improving the psychological well-being of health science students.

Disclosure of Interest: None Declared