Clinical Factors Associated with Response to Treatment in a Population of Depressed Patients Treated in General Practice: the Hedonie Study

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Introduction: In major depressive disorder (MDD), response and remission are the goals of treatment strategies.

Aim: To describe factors associated with response and remission in MDD, we conducted a longitudinal study exploring response to treatment in a large sample of depressed patients in general practice.

Method: General practitioners (GPs) recruited depressed patients consecutively and evaluated them using the QIDS-SR and the Snaith-Hamilton Pleasure Scale. Patients were treated with agomelatine and evaluated after 6 to 8 weeks. Response was identified as a 50% improvement in QIDS score and remission as a QIDS score below 5 at endpoint. We conducted a logistic regression to identify the variables associated with response and remission.

Results: 1752 patients were included (62.4% women, 37.6% men). Average QIDS-SR score was 15.7 (SD=4.3). The average duration of the current episode was 6.1 weeks (SD=6.2) and it was the first episode for 65.7% of the patients. In 91.15% of the patients, anhedonia was considered as severe (score above 5). Level of anhedonia, duration of the episode and recurrence were associated with a higher probability of response to treatment (respectively $p < .0001$, $p = 0.0181$ and $p = 0.0323$). Remission was correlated with the absence of recurrence and professional activity ($p < .0001$).

Conclusion: Level of anhedonia and the characteristics of the episode are associated with the probability of achieving a response. Taking into account these parameters in order to specify treatment strategies is one way to improve the course of MDD.