

# Antidepressant treatment with sertraline for adults with depressive symptoms in primary care: the PANDA research programme including RCT

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## Plain English summary

### The PANDA research programme including RCT

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## Plain English summary

There were over 70 million antidepressant prescriptions in England in 2018, and there are concerns that they are overprescribed. The aim of the PANDA (What are the indications for Prescribing ANtiDepressAnts that will lead to a clinical benefit?) research programme was to provide general practitioners with improved guidance to help them make recommendations about the likely response to antidepressants.

We carried out two studies. In the first, we recruited 558 people with depressive symptoms and followed them for 6 weeks. We estimated a patient-centred measure of the minimal clinically important difference, an improvement that would be recognised by the patient. We found that the minimal clinically important difference was best expressed as about a 20% reduction in the patient's initial symptoms, but at lower symptoms the percentage change for the minimal clinically important difference became larger.

We also interviewed patients with open-ended interviews. They reported that the Patient Health Questionnaire-9 items failed to fully capture their experience of recovery from depression. Some patients struggled with how the questions were phrased and there was a lot of disagreement between self-reported improvement and change in Patient Health Questionnaire-9 items score. We concluded that clinicians should not rely on scales such as the Patient Health Questionnaire-9 items to assess improvement but should use additional questions and further clinical assessment before deciding on improvement.

Our second study was a randomised clinical trial (on 653 participants) to investigate the clinical effectiveness of sertraline, a commonly used first-line antidepressant. We found no evidence that sertraline was more effective than a placebo (an identical inactive capsule) at reducing depression symptoms by 6 weeks, but by 12 weeks we found some evidence for a reduction in depressive symptoms. However, we found strong evidence that sertraline was effective at reducing anxiety symptoms and that patients who took sertraline were more likely to report improvement and better mental health overall. Sertraline is a cheap intervention that had a high probability of being cost-effective. We found no evidence that the severity and duration of patients' depressive symptoms predicted their response to antidepressants or the cost-effectiveness of treatment.



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