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

Larisa Duffy,1* Gemma Lewis,1 Anthony Ades,2 Ricardo Araya,3 Jessica Bone,1 Sally Brabyn,4 Katherine Button,5 Rachel Churchill,6 Tim Croudace,7 Catherine Derrick,2 Padraig Dixon,2 Christopher Dowrick,8 Christopher Fawsitt,2 Louise Fusco,8 Simon Gilbody,4 Catherine Harmer,9 Catherine Hobbs,5 William Hollingworth,2 Vivien Jones,2 Tony Kendrick,10 David Kessler,2 Naila Khan,8 Daphne Kounali,2 Paul Lanham,11 Alice Malpass,2 Marcus Munafo,12 Jodi Pervin,4 Tim Peters,2 Derek Riozzie,11 Jude Robinson,13 George Salaminios,1 Debbie Sharp,2 Howard Thom,2 Laura Thomas,2 Nicky Welton,2 Nicola Wiles,2 Rebecca Woodhouse4 and Glyn Lewis1

1Division of Psychiatry, University College London, London, UK
2Bristol Medical School, University of Bristol, Bristol, UK
3Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, UK
4Department of Health Sciences, University of York, York, UK
5Department of Psychology, University of Bath, Bath, UK
6Centre for Reviews and Dissemination, University of York, York, UK
7School of Nursing and Health Studies, University of Dundee, Dundee, UK
8Institute of Psychology Health and Society, University of Liverpool, Liverpool, UK
9Department of Psychiatry, University of Oxford, Oxford, UK
10Primary Care and Population Sciences, Faculty of Medicine, University of Southampton, Southampton, UK
11Patient and public involvement contributor, UK
12Department of Psychology and Integrated Epidemiology Unit, University of Bristol, Bristol, UK
13Department of Sociology, Social Policy and Criminology, University of Liverpool, Liverpool, UK

*Corresponding author larisa.duffy@ucl.ac.uk
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Plain English summary

There were over 70 million antidepressent 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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This report

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