



Extended Research Article

Clinical and cost-effectiveness of lithium versus quetiapine augmentation for treatment-resistant depression in adults: LQD a pragmatic randomised controlled trial

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Plain language summary

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Plain language summary

Many people with depression experience limited benefits from initial antidepressant medications and psychological therapies. There is some evidence suggesting that adding another type of medication to an antidepressant might be beneficial for reducing depressive symptoms. Lithium and quetiapine are two of the most commonly used treatments in the National Health Service to add on to antidepressants. This study aimed to test whether adding lithium or adding quetiapine was more effective in reducing symptoms of depression, and whether there were differences in how long patients stayed on the added medications. We also compared the cost of the treatments to the National Health Service and to society (e.g. time off work due to health problems). Adults whose depression had not responded to at least two trials of antidepressants at the recommended dose and duration were eligible to take part. Two hundred and twelve participants were included in the study and had an equal chance of being prescribed either lithium or quetiapine. We assessed participants over 12 months, including weekly assessments of their depression and several visits to the hospital. Over the 12-month study period, we found that adding quetiapine to patients' antidepressant treatment led to a greater improvement in symptoms of depression than adding lithium. There was no difference in how long the two groups stayed on the medications, or the number of side effects: around 50% of those who started taking lithium and 39% of those who started taking quetiapine stopped taking the medication within 12 months, usually due to side effects. Quetiapine provided a greater benefit for patients at a lower cost than lithium. The results suggest that overall, adding quetiapine may be a better option than adding lithium for those who are still suffering with depression after taking two or more courses of antidepressants.

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This article

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