

# Clinician's opinion on Depression and role of Escitalopram in the management of depression

## ABSTRACT

**Background:** Depression is an emerging severe disorder and a serious public health problem, which can often go undetected. It is associated with many disease conditions. Increase in non-communicable diseases, suicide rate, has made its incidence to increase. These will have a negative impact on patient's quality of life and will increase the burden of morbidity and mortality.

**Objective:** The aim of this study was to gain a deeper understanding of the role of escitalopram in the management of depression by collecting clinical insights and expert opinion from Indian clinicians through a set of questionnaire.

**Methodology:** A cross sectional, questionnaire based study was conducted to collect opinion among doctors in the major Indian cities, about experience and satisfaction with current pharmacotherapy and role of escitalopram in the management of depression across India between June to October 2017. Convenient sampling method was used. The pretested questionnaire booklet titled CHEER (Clinicians Opinions on Depression and role of Escitalopram) study was sent to the doctors who were willing to participate. For this, physicians were requested to complete this survey and express their opinion towards the various aspect of managing depression.

**Results:** Totally, 177 out of 200 clinicians shared their experiences and opinion from all over India. As per survey data, 58.19% of clinicians reported that in their clinical practice, on an average, more than 15 patients were diagnosed with depression in a month. Around 75% of clinicians say that incidence of depression was more common in the female when compared to the male patients. Reports showed that incidence of depression was more common in urban educated patients (47.11%). Depression was seen more commonly in the age group of 31-40 years. About 58% of clinicians reported that counselling was as important as pharmacotherapy. The survey report suggested that more than 90% of clinicians prefer escitalopram as a first-line therapeutic agent for treating depression. More than 87% of clinicians prefer escitalopram in combination with clonazepam to treat co-morbidity of anxiety depression in their clinical practise.

**Conclusion:** The present survey report suggested that majority of clinicians (85%) preferred escitalopram to treat depression among the SSRIs and other antidepressants agents. Survey also showed that escitalopram has better efficacy and lesser adverse effects.

*Keywords: Depression, pharmacotherapy, SSRIs, Escitalopram, clonazepam*

## 1. INTRODUCTION

Depression is a widespread chronic medical illness that can affect thoughts, mood, and physical health. It is characterized by low mood, lack of energy, sadness, insomnia, and an inability to enjoy life [1]. In normal population, it is highly prevalent, often undiagnosed, and usually left untreated [2]. An estimated 16% of the general population will suffer depression sometime in their lifetimes. Each year 15%-25% of adults suffer major depression, with

women affected twice as often as men [3]. Suicide rates are nearly twice as high in depressed patients as in the general population [2]. The risk factors for depression are chronic medical illness, female sex, being single or divorced, brain disease, alcohol abuse, use of certain medications, and stressful life events [4].

Besides its direct health impacts, depression also affects academic and workplace productivity, cognitive performance, fulfilment of social and familial roles and quality of life [5,6]. A survey by Sargent-Cox K et al. has shown lifetime prevalence rates of depression range from 8-12% in most countries. World Mental Health Surveys has also reported that approximately 6% of people aged 18 years and above have had an episode of depression in the previous year. Currently, depression was one of the leading causes of disability and the fourth leading contributor to the global burden of disease [6,7]. Because there is no reliable diagnostic test, a careful clinical evaluation is essential [2]. Literature review suggested that the rates of depression in the countries like India and Pakistan are among the highest in the world [6,8].

Although depression was treatable, most patients with depression, particularly those from low and middle-income countries, are untreated. A plethora of antidepressants are available for treatment of depression, but they cannot be considered identical drugs. Evidence supports differences among individual drugs with respect to pharmacological action and health-related quality of life [5,6]. In recent decades, selective serotonin reuptake inhibitors (SSRIs) have become the first-line antidepressant drug for the treatment of depression and replaced tricyclic antidepressants and monoamine oxidase inhibitors due to fewer side-effects and ease of use [9].

Escitalopram is commonly referred to as an SSRI, but also has well-documented allosteric properties, and thus can be further classed as an allosteric serotonin reuptake inhibitor [10]. The efficacy of escitalopram has been demonstrated in major depressive disorder (MDD) in both primary care and specialist settings. A meta-analysis study conducted by Kennedy SH et al. reported that, escitalopram showed significant superiority in efficacy compared with the active controls and well tolerability [11]. However, there is a lack of studies expressing the clinical insights conducted among clinicians. Therefore, the aim of this study was to gain a deeper understanding of the role of escitalopram in the management of depression by collecting clinical insights and expert opinion from Indian clinicians through a set of questionnaire.

## **2. MATERIALS AND METHODS**

We carried out a cross-sectional questionnaire based study among physicians in the major Indian cities. This Indian Survey on depression and role of escitalopram was conducted between June 2017 to October 2017.

### **2.1 Participants**

An invitation was sent to 200 leading physicians from major cities of all Indian states representing the geographical distribution. 177 physicians shared their willingness to participate and provide necessary data. Physicians were asked to complete the questionnaire without discussing with peers.

### **2.2 Questionnaire**

The questionnaire booklet titled The CHEER study (Clinicians Opinions on Depression and role of Escitalopram) was sent to the doctors who were willing to participate. The CHEER

study questionnaire included questions on incidence, co-morbidities, experience and satisfaction with current pharmacotherapy and role of escitalopram in the management of depression. The questionnaire was pretested. A pilot study was conducted involving 50 doctors before initiating the main study for validation of the questionnaire.

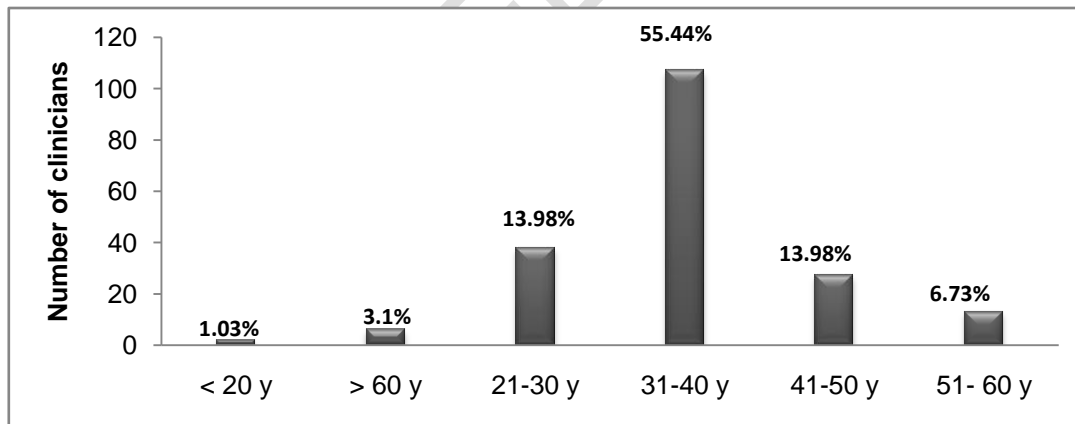
### 2.3 Statistical Methods

Statistical analysis was conducted by using descriptive statistics. Percentages were used to represent categorical variables. The frequency and percentage distributions of each variable were presented. Bar charts were created using Excel 2013 (16.0.13901.20400).

## 3. RESULTS

A total 177 clinicians out of 200 shared their experiences and opinion from all over India. As per survey data, 58.19% of clinicians reported that in their clinical practice, on an average more than 15 patients are diagnosed with depression in a month. Around 75% of clinicians say that incidence of depression is more common in the female when compare to the male patients. Whereas around 16% of clinicians reported that there is no gender difference in the incidence of depression and depression is seen common in both the gender.

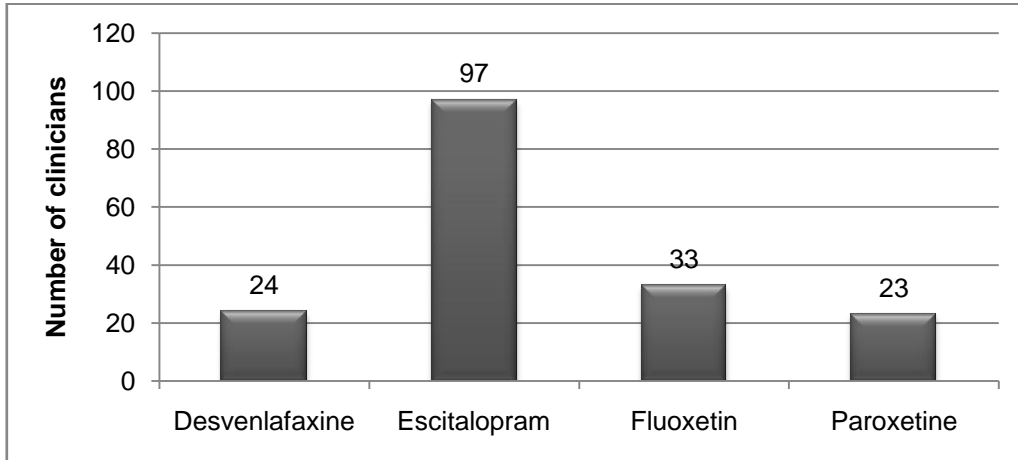
Most clinicians reported that incidence of depression is more common in urban educated patients (47.11% opinions) when compared to the rural educated, rural uneducated and urban uneducated patients. The incidence is lower in urban uneducated patients. Almost every clinician said that in their clinical practice depression is more commonly seen in the age group of 31-40 years and it is less commonly seen in the patient age less than 20 years (Figure 1).



**Fig. 1: Clinicians opinions on incidence of depression in different age group patients**

When clinicians were enquired about the importance of counselling in the management of depression, more than 58% clinicians say that counselling is as important as pharmacotherapy. Whereas around 16% of clinicians feel that counselling is more important than pharmacotherapy, less than 15% of clinicians say that counselling is not as important as pharmacotherapy. Some of the clinicians share that along with pharmacotherapy, behavioral therapy, cognitive behavioural therapy and supportive psychotherapy also helps in the management of depression.

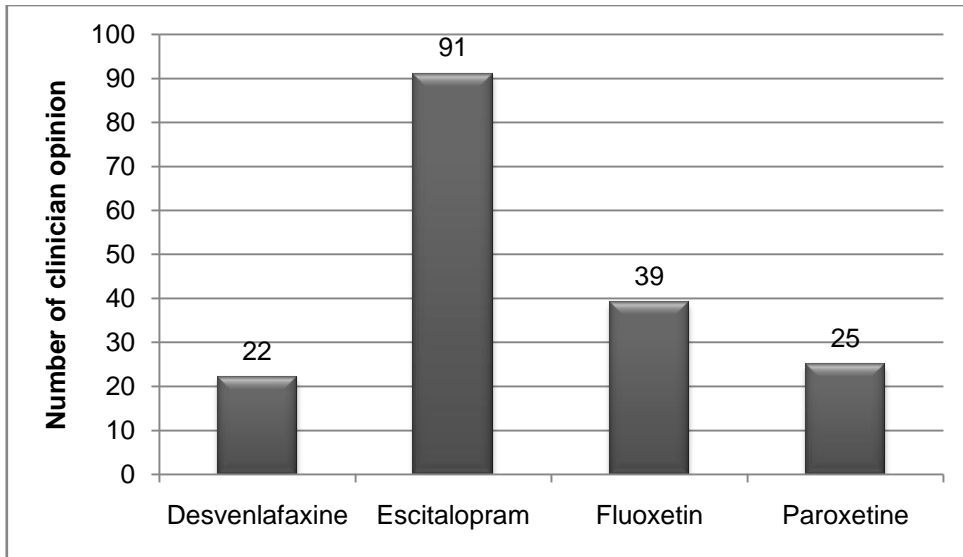
Numerous pharmacotherapy agents are available for treating depression. The pharmacotherapeutic agent used to treat depression mentioned by clinicians in the present survey includes desvenlafaxine, escitalopram, fluoxetine and paroxetine etc. The survey report suggests that more than 90% of clinicians prefer escitalopram as a first-line therapeutic agent for treating depression. Very few clinicians preferred desvenlafaxine, fluoxetine and paroxetine for depression (Figure 2).



**Fig. 2: Clinicians preference towards different drugs to treat depression**

Clinicians say that generalized anxiety disorder, pain disorder, posttraumatic stress disorder and social phobia are the most common co-morbid condition seen in patients presenting with depression. Generalized anxiety disorder is the predominant co-morbid condition seen in depression patients (66.48%).

More than 87% of clinicians prefer escitalopram in combination with clonazepam to treat co-morbidity of anxiety depression in their clinical practice. The other drug includes desvenlafaxine, fluoxetine and paroxetine in combination with clonazepam (Figure 3).



**Fig. 3: Clinicians preference towards different drugs in combination with clonazepam to treat co-morbidity of anxiety depression**

Escitalopram, clonazepam combination for 6 weeks (30.37%) and 12 weeks (30.37%) are the preferred duration by majority of clinicians in their practice. Majority of clinicians (47.25%) were reported that maintenance of escitalopram treatment with addition of cognitive therapy is strategy for the treatment-resistant depression. Other strategies to treat treatment-resistant depression include augmentation with lithium (17.03%), bupropion augmentation and switching to mirtazapine or nortriptyline.

The present survey report suggests that majority of clinicians (85%) rate escitalopram as number one molecule to treat depression among the SSRIs and other antidepressants agents. They also reported that escitalopram has better efficacy, less adverse effects and cost effective therapy than others.

#### 4. DISCUSSION

This cross-sectional study was designed to obtain the clinical insights on the depression in day to day Indian practice scenario. In our survey, on an average, around 15 patients are diagnosed with depression in a month by one clinician. Incidence of depression is more common in the female when compared to the male patients. This finding well correlated with the study reported by Grover et al. [12].

Depression is more common in urban educated patients than rural educated, rural uneducated and urban uneducated patients. These findings suggest that socio-economic status of patients is correlated with occurrence of depression as reported by Fekadu et al., as, women (n = 9/13) and participants with higher educational attainment were more likely to be diagnosed with depression [5]. This survey report suggested that depression was more commonly seen in the age group of 31-40 years and it was less common in the patient age less than 20 years. Similar studies related to prevalence of depression in specific age group (age 31-40 years) has been reported in a cross-national epidemiology study by Weissman et al. [13].

Numerous pharmacotherapy agents are available for treating depression. In this present survey, pharmaco-therapeutic agent used to treat depression includes desvenlafaxine,

escitalopram, fluoxetine and paroxetine. The survey report suggests that more than 90% of clinicians prefer escitalopram as a first-line therapeutic agent for treating depression. This is in accord with previously published data on selective-serotonin reuptake inhibitors in major depressive disorder [14, 15].

The survey report has shown generalized anxiety disorder, pain disorder, posttraumatic stress disorder and social phobia are the most common co-morbid condition seen in patients with depression. Generalized anxiety disorder is the predominant co-morbid condition seen in depression patients (66.48% of opinions). This similar observation has been noticed other studies/surveys [16,17].

More than 87% of clinicians prefer escitalopram in combination with clonazepam to treat comorbidity of anxiety depression in their clinical practice. The other drug includes desvenlafaxine, fluoxetine and paroxetine in combination with clonazepam. Strategies to treat treatment-resistant depression include augmentation with lithium, bupropion augmentation and switching to mirtazapine or nortriptyline. In the present survey, majority of clinicians (47.25%) were reported that maintenance of escitalopram treatment with addition of cognitive therapy was the best strategy for treatment-resistant depression. Moreover, present survey report suggested that majority of clinicians (85%) rated escitalopram as a preferred molecule to treat depression among the SSRIs and other antidepressants agents. They also reported that escitalopram has better efficacy, less adverse effects and cost effective than others.

The results of the current survey highlight how important it is to create personalized treatment programs for the management of depression. The study's main strength was gathering expert opinions through a meticulously developed and validated questionnaire-based survey. The results of the survey can assist in making informed decisions that will lead to the best possible treatment outcomes for depression patients. It's crucial to acknowledge the current study's shortcomings, though. The limited generalizability of the findings could have been caused by the small sample size of 177 participants. There's also a chance that bias influenced the results because the conclusions were based on professional opinions. Therefore, in order to validate the results of this study, additional research using larger sample sizes and randomized controlled procedures is required.

#### **4. CONCLUSION**

Based on the present survey, it is evident that females were more prone to depression when compared to the male patients. Socio-economic status of the patients plays role in the occurrence of depression. Majority of clinicians prefer escitalopram for treating depression and other co-morbidities, due to its better effective and safer therapy than other agents.

#### **Consent**

Written informed consent was obtained from each physicians before initiation of the study.

#### **Ethical approval**

The study was conducted after receiving approval from Bangalore Ethics, an Independent Ethics Committee which was recognized by the Indian Regulatory Authority, Drug Controller General of India of reference no. ECR/87/Indt/KA/2013 dated 21 April, 2017.

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