[Poster 64]

Clinical Burden and Treatment Satisfaction in a Real-World Survey of Patients with Major Depressive Disorder with Prominent Anhedonia

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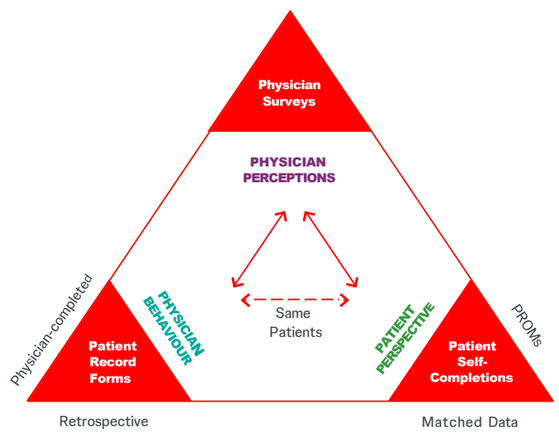
Background

- Anhedonia is a key symptom of Major Depressive Disorder (MDD)[1], characterised by the diminished interest and/or pleasure in activities.
- Anhedonia is experienced by up to 70% of people diagnosed with depression[2]. However, there is limited knowledge about the impact of prominent anhedonia on clinical improvement and treatment satisfaction in patients with MDD.
- This study aims to investigate the clinical burden and treatment satisfaction of patients with MDD with prominent anhedonia, using a real-world survey.

Methods

- Data were drawn from the Adelphi Real World Depression Disease Specific Programme (DSP™; **figure 1**), a cross-sectional survey with elements of retrospective data collection, of physicians and their patients with MDD in the United States January-July 2017 [3, 4].
- Physicians collected data relating to their patients with MDD, including but not restricted to: patient demographics, symptomology (including the presence and severity of anhedonia), comorbid conditions and treatment patterns. The Clinical Global Improvement Scale (CGI)[5] was also reported by both the treating physician and the patient's (PGI) perspective.
- **Anhedonia Identification:** Physicians rated patients' severity of anhedonia symptom defined as 'diminished interest/pleasure in activities' from 1–5. When patients scored ≥3, they were categorised to have 'prominent anhedonia' (MDD-ANH). When patients scored 1-2 or had no symptoms of anhedonia, they were categorized as 'other-MDD'.
- Multivariable analysis was conducted using inverse probability-weight regression adjustment (IPWRA) to explore the effects of the presence of prominent anhedonia, adjusted for patient's age, time since initial diagnosis, sex, BMI and ethnicity. Odds ratio (OR) and p-values are reported. Weighted descriptive analysis was also conducted using inverse probability weight and appropriate regression models used for comparisons (IPTW).

Figure 1: DSP Methodology



Results

Survey population

- The study included 257 MDD-ANH and 1192 other-MDD patients. Mean (standard deviation) age was 49.5 (15.4) and 48.6 (17.0) years (**Table 1**).
- Covariates that were controlled for in the IPW included: time from initial diagnosis to data collection, age, sex, BMI and ethnicity.

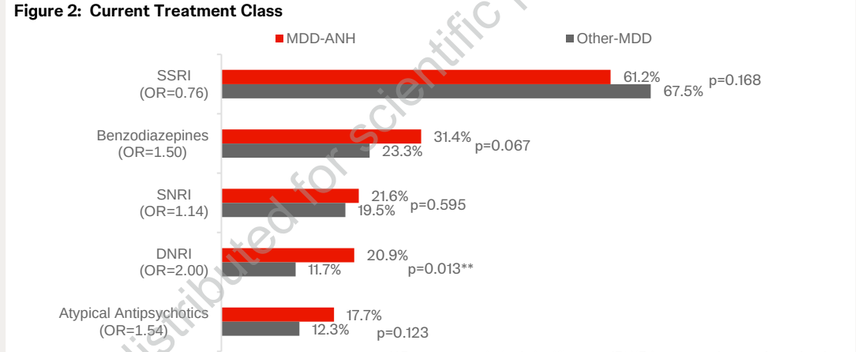
Table 1: Demographics and Clinical Characteristics of Patients with MDD

Characteristics	Unweighted sample		Weighted sample	
	MDD-ANH	Other-MDD	MDD-ANH	Other-MDD
	n=257	n=1192	n=130	n=638
Time from initial diagnosis to data collection (days; mean)	973.1	1020.2	1112.0	1136.5
Age (years; mean)	49.5	48.6	46.8	48.1
Male (%)	36.6	34.4	38.5	36.7
BMI (mean)	27.8	26.8	27.1	26.7
Ethnicity (White, %)	79.0	77.9	74.6	74.6
Physician perceived severity of MDD at data collection, %				
Mild (1)	1.2	14.9	2.4	13.1
Mild/Moderate (2)	10.9	33.6	8.4	34.8
Moderate (3)	44.8	38.3	45.1	40.5
Moderate/Severe (4)	35.4	12.3	37.4	10.4
Severe (5)	27.8	0.8	6.8	1.1
Charlson Comorbidity Index, (mean)	0.6	0.2	0.6	0.2

Treatment Patterns

- IPWRA model outputs showed MDD-ANH patients were more frequently currently prescribed benzodiazepines (31.4% vs 23.3%, OR=1.50, p=0.067 – no significant difference), selective/norepinephrine reuptake-inhibitors (SNRI; 21.6% vs 19.5%, OR=1.14, p=0.595 – no significant difference), norepinephrine/dopamine reuptake-inhibitors (DNRI; 20.9% vs 11.7%, OR=2.00 p=0.013) and atypical-antipsychotics (17.7% vs 12.3%, OR=1.54, p=0.126 – no significant difference) compared to other-MDD patients. Other-MDD were more likely to receive selective serotonin reuptake inhibitors (SSRIs), but the difference between groups was not statistically significant (61.2% vs 67.5%, OR=0.76, p=0.168; **Figure 2**).

Figure 2: Current Treatment Class

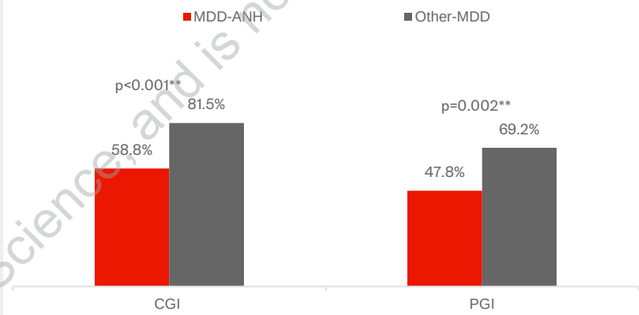


**Denotes statistical significance. IPWRA was used to analyse the data
Please note: these were multi-choice responses where physicians can report more than one answer

Physician and Patient-Reported Improvement in Overall Wellbeing

- For CGI scale, physicians of MDD-ANH were less likely to report disease status 'much/very much improved' (58.8%) compared with other-MDD patients (81.5%). MDD-ANH were more likely to report 'minimally worse/no change/minimally improved' disease status (37.7% vs 18.2%) and more likely to report 'very much/much worse' disease state (3.5 vs 0.3%; p<0.001; **Figure 3**).

Figure 3: Physician (CGI) and Patient (PGI) Reported Improvement: 'Much/Very Much Improved'



**Denotes statistical significance. IPTW was used to analyse the data

- Similar findings were observed for a patient reported global improvement (PGI) between the MDD groups (**Figure 3**). MDD-ANH patients were less likely to report their disease status as 'much/very much better' (47.8% vs 69.2%), more likely to report 'a little worse/no change/a little better' (52.2% vs 30.0%) and less likely to report 'very much/much worse' disease state (0.0% vs 0.7%; p=0.002).

Physician and Patient-Reported Satisfaction

- Based on IPTW model, physicians were less likely to report satisfaction with control of depression for MDD-ANH patients compared to other-MDD (**Table 2**). Comparatively, physicians of MDD-ANH were less likely to state 'yes' they were satisfied with the current control of disease (MMD-ANH=46.2% vs Other-MDD=74.8%; p<0.001).
- Significant differences were also observed for patient-reported satisfaction with current treatment (**Table 2**). MDD-ANH were less likely to report 'very/completely' satisfied with current treatment (MDD-ANH=21.9% vs Other-MDD=51.3%). MDD-ANH patients were more likely to say they were 'moderately satisfied' (MDD-ANH=58.4% vs Other-MDD=38.7%) or 'not at all/slightly satisfied' with current treatment (MDD-ANH=19.7% vs Other-MDD=10.0%; p<0.001).

Table 2: Satisfaction with Current Treatment

	MDD-ANH	Other-MDD	p-value
Physician-reported satisfaction with control of depression, n (%)			
n	130	638	
Yes	46.2%	74.8%	<0.001**
No, and I believe better control can be achieved for this patient	31.5%	12.4%	
No, but I believe this is the best control that can be realistically achieved for this patient	22.4%	12.9%	
Patient-reported satisfaction with current depression treatment, n (%)			
n	68	268	
Very/completely satisfied	21.9%	51.3%	<0.001**
Moderately satisfied	58.4%	38.7%	
Slightly/Not at all satisfied	19.7%	10.0%	

**Denotes statistical significance. IPTW was used to analyse the data

Key takeaway

Significant clinical unmet need exists in patients with MDD with prominent anhedonia who receive antidepressant treatments

Conclusions

Prominent anhedonia was associated with greater clinical burden, suggested by higher use of psychotropics including antidepressants, reduced treatment satisfaction, and worse disease improvement and symptom control

Study results highlight the need for treatments that effectively address prominent anhedonia and improve clinical and humanistic outcomes in patients with MDD with anhedonia

Acknowledgments

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Disclosures

TD, ND, and HK are employees of Janssen Scientific Affairs, LLC, and stockholders of Johnson & Johnson.
Jason Shepherd, Nikisha Grant, Ashley Mortimer, Sophie Kirkman, Chloe Middleton-Dalby are employees of Adelphi Real World. Janssen scientific affairs contracted Adelphi Real World to execute the research.

The analysis used data from the Adelphi Real World Depression and anxiety XI DSP. The DSP is a wholly owned Adelphi Real World product. Janssen is one of multiple subscribers to the DSP

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