Abstract

Seroquel Prolong® as add-on treatment for major depressive episodes: results from clinical studies

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There has been considerable controversy concerning the criteria for resistant depression which vary from failure to respond to a single treatment to failure in ever more complex treatment algorithms. The most widely used criteria of Thase and Rush (1997), used in the quetiapine add-on studies, defined Stage 1 as failure with a single antidepressant and stage 2 as failure with two different antidepressants of different pharmacological classes. The issue of requiring different classes of antidepressant is not evidence based.

Following a comprehensive programme of studies in MDD quetiapine XR has been licensed in the EU as add-on treatment in those with suboptimal response to any antidepressant. In the two double-blind randomized studies of quetiapine added to antidepressant versus placebo plus antidepressant quetiapine in doses of 150mg and 300mg a day was found to be effective in treating depression that has not responded, measured as change from baseline on the MADRS from one week to the six week endpoint. Quetiapine XR was effective in remission for both doses and for response in the higher dose.

In a recent comparator add-on randomised open study quetiapine XR 300mg was significantly more effective than lithium add-on at 4 days and 1 week. At study endpoint add-on quetiapine XR demonstrated noninferiority to add-on lithium in patients with stage 1 and stage 2 treatment resistant MDD.

Quetiapine XR is the first treatment licensed by the EMA for the add-on treatment of inadequate response to antidepressants and represents a new opportunity to treat this serious and disabling disorder.