

Effectiveness and Tolerability of Vortioxetine in the Treatment of Major Depressive Episodes Under Real-World Conditions in Switzerland



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BACKGROUND

Vortioxetine has been available in Switzerland since 2016 for the treatment of major depressive episodes and relapse prevention after satisfactory response. Efficacy, safety, and tolerability of vortioxetine have been demonstrated in numerous controlled clinical trials.¹ Systematically collected data on the application of vortioxetine under routine conditions are not yet available for Switzerland. The rationale for this practice experience report was to document the effectiveness and tolerability of vortioxetine as real-world evidence.

METHODS

Data of effectiveness and tolerability of vortioxetine in the treatment of patients with a current major depressive episode with or without comorbidities were collected in a non-interventional, multicentric, prospective, open observation. Vortioxetine was used in accordance with the summary of product characteristics, and observations followed the usual therapeutic procedure in Switzerland. Only data of patients for whom treatment with vortioxetine was decided independently of the observation were collected. The course of disease was documented at 4 visits over approximately 8 weeks. Here the results of an interim analysis are presented.

RESULTS

- Data of 101 patients have been analysed. 92 patients (91.1%) completed the observation period of approximately 8 weeks – mean observation period was 9 weeks. Patient disposition is described in **Table 1** and **Figure 1**.
- 21.8% of patients started treatment with vortioxetine drops (**Figure 2**), and dose titration was planned for 20% of patients. Vortioxetine dosage was flexible within the limits of the Swiss summary of product characteristics – i.e., maximum dose 20 mg/day – and at the discretion of the treating psychiatrist.
- Mean severity of depression at start of treatment was 34.2 according to the sum of MADRS items; the mean change over 8 weeks was -20.6 (LOCF) (**Figure 3 & 4**). The impairment of functionality due to depression improved in the domains of cognition, professional activities, family life, social and leisure activities, physical well-being, as well as quality of life (**Figure 5 A-F**).
- The most frequent adverse drug reaction (ADR) was nausea (7.8%). Additional ADRs $\geq 2\%$ were dizziness and headache (3.9% each) (**Table 2**). 83% of psychiatrists and 82% of patients evaluated the overall efficacy as good or very good. 87% of psychiatrists and 86% of patients evaluated the overall tolerability as good or very good. 82% of patients did continue treatment with vortioxetine.

Table 1. Patient Disposition

Patient Disposition (n=101)	
Age	40.8 years (mean)
Female	62%
BMI	24.4 kg/m ² (mean)
Duration of current depressive episode	4.8 months (mean)

Figure 1. Patient Disposition: Depressive Episode

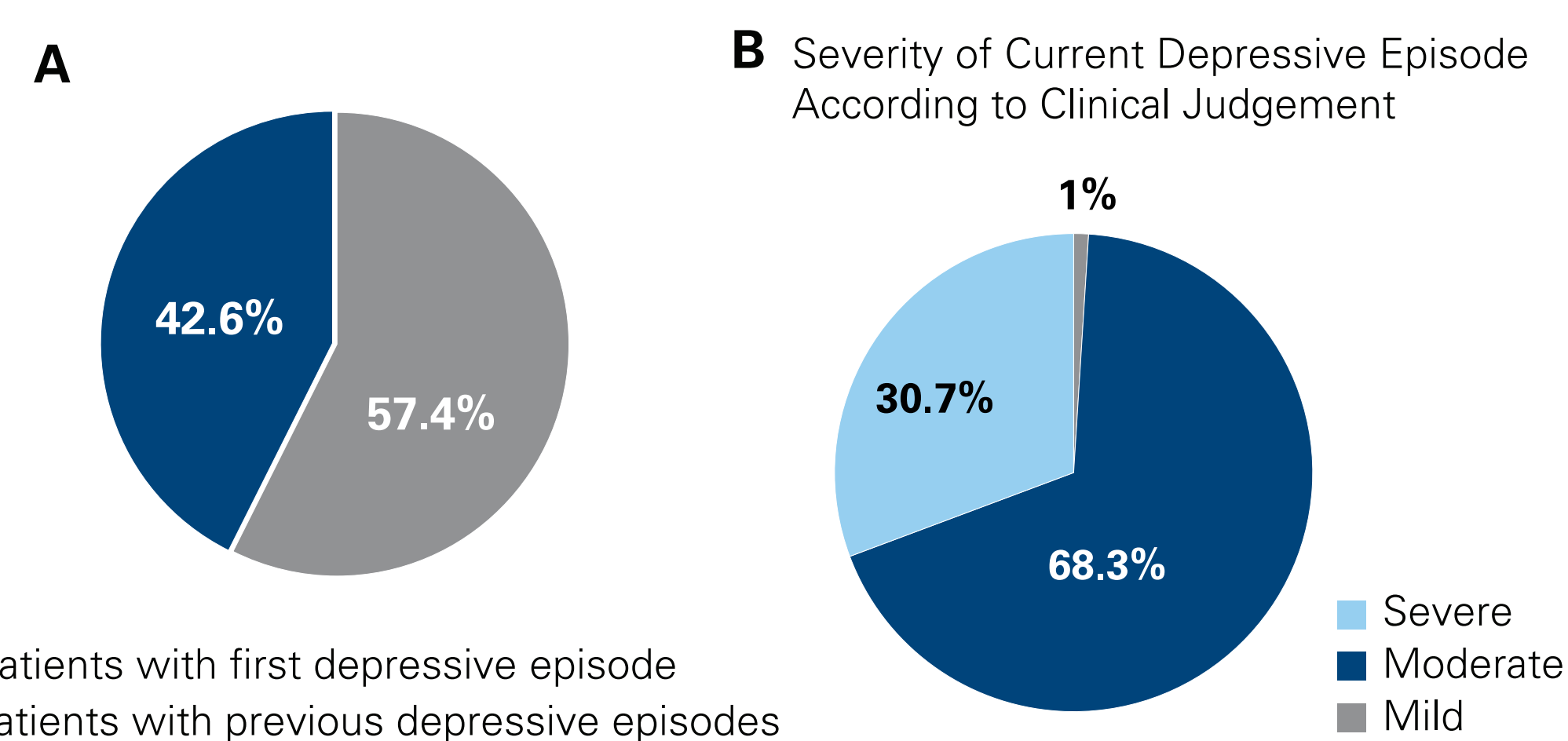


Figure 2. Galenic Form at Treatment Initiation

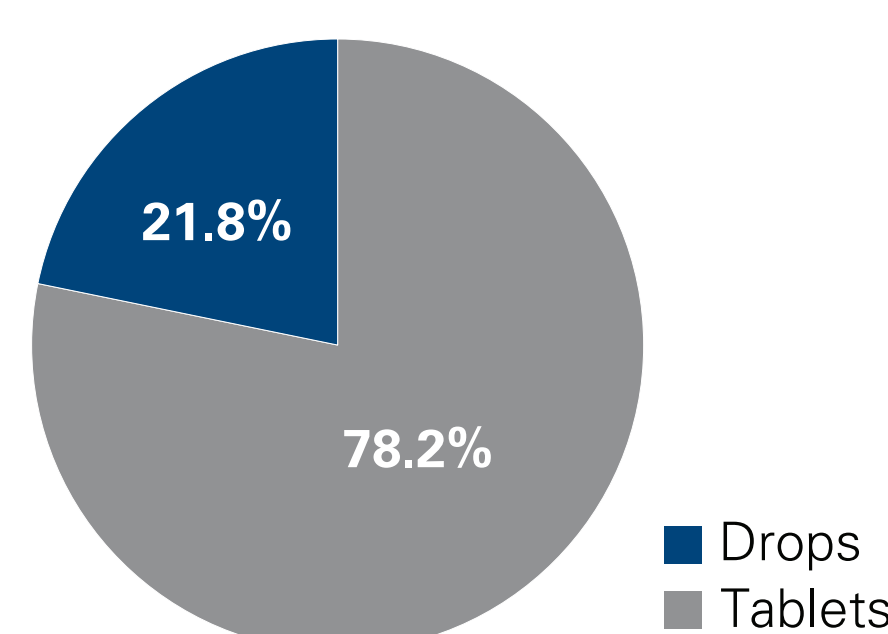
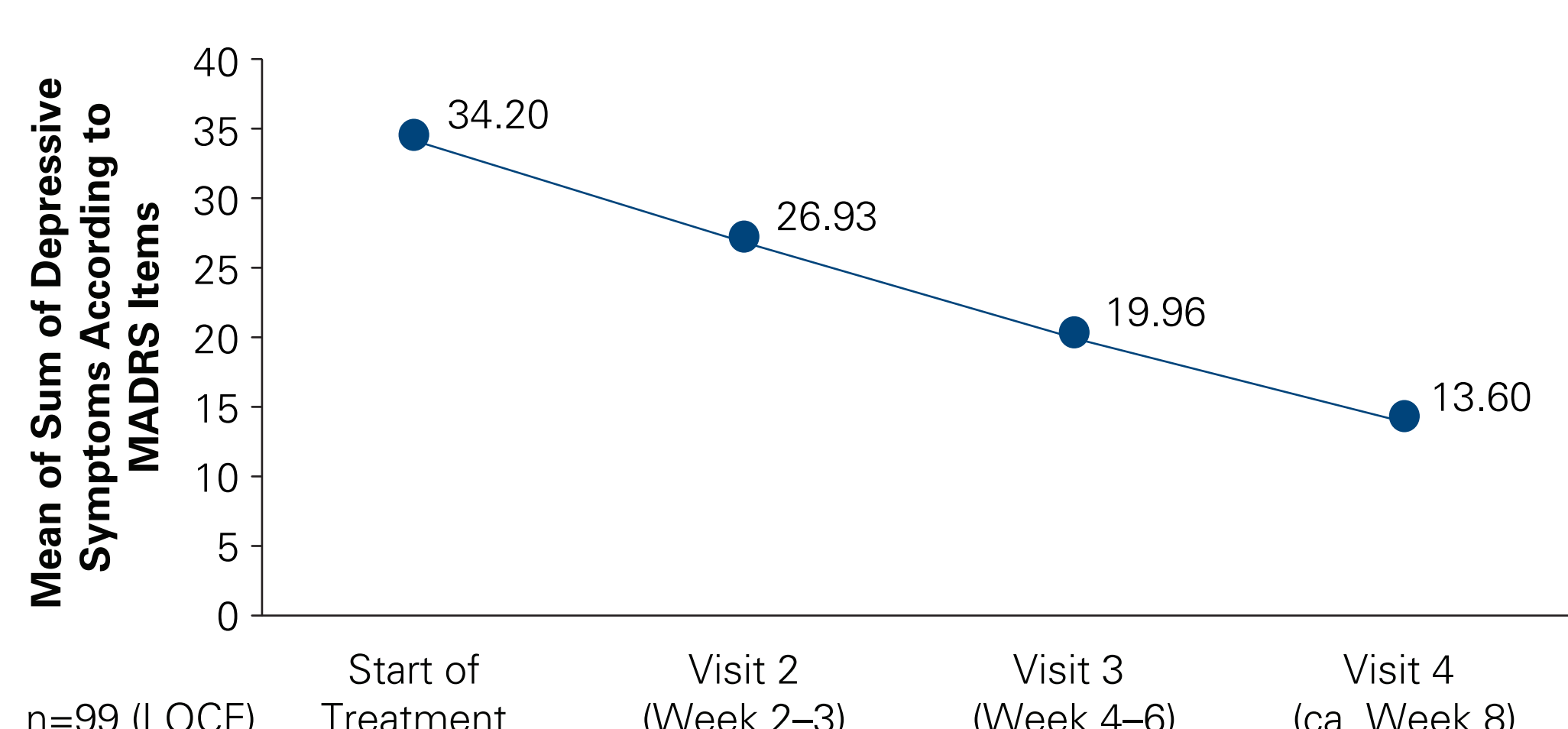


Figure 3. Severity of Depression According to Sum of MADRS Items*



*According to MADRS items: symptoms during the last 7 days: 0 = none / 1 = almost none / 2 = mild / 3 = moderate / 4 = marked / 5 = intense / 6 = extreme.

Figure 4. Depressive Symptoms According to MADRS Single Items*

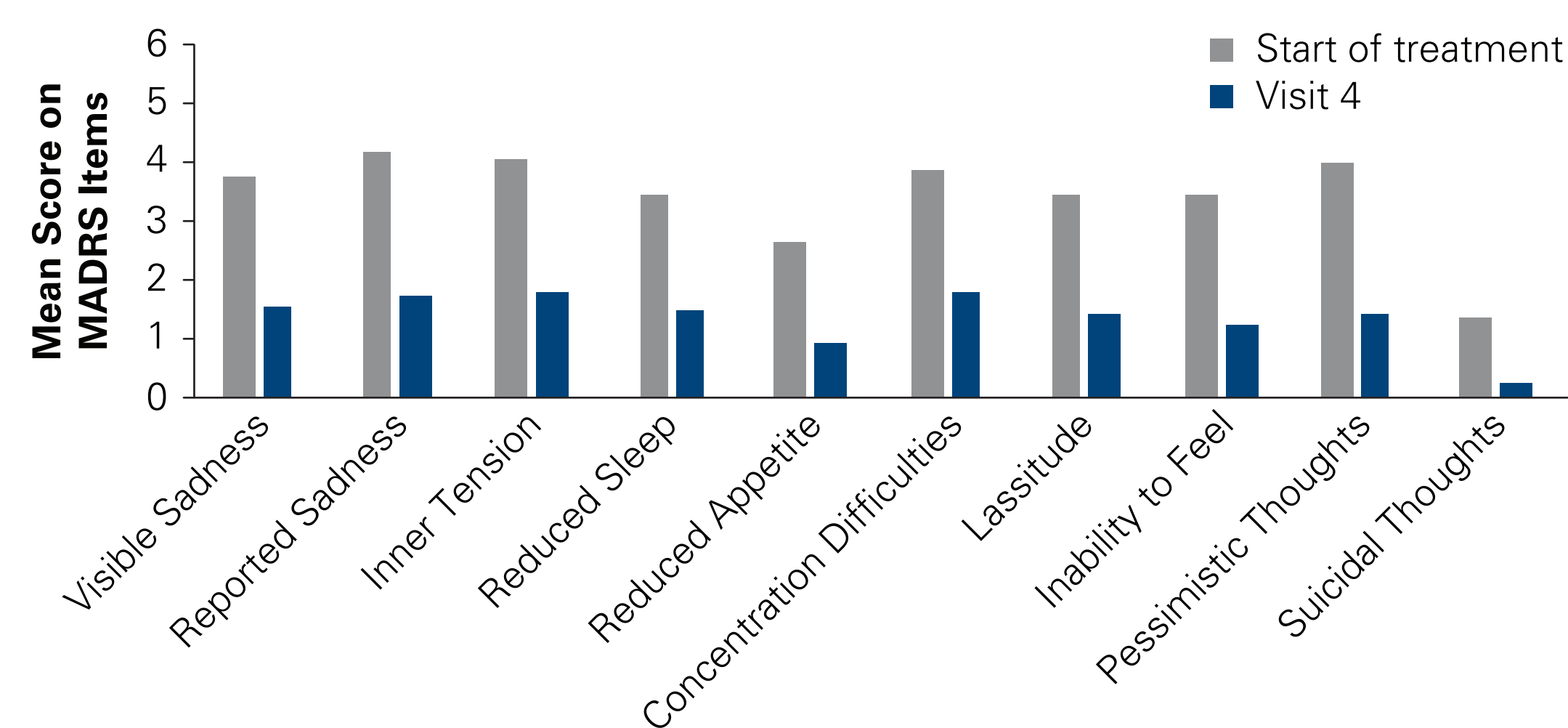


Figure 5. Impact of Current Depressive Episode on Domains of Everyday Functioning

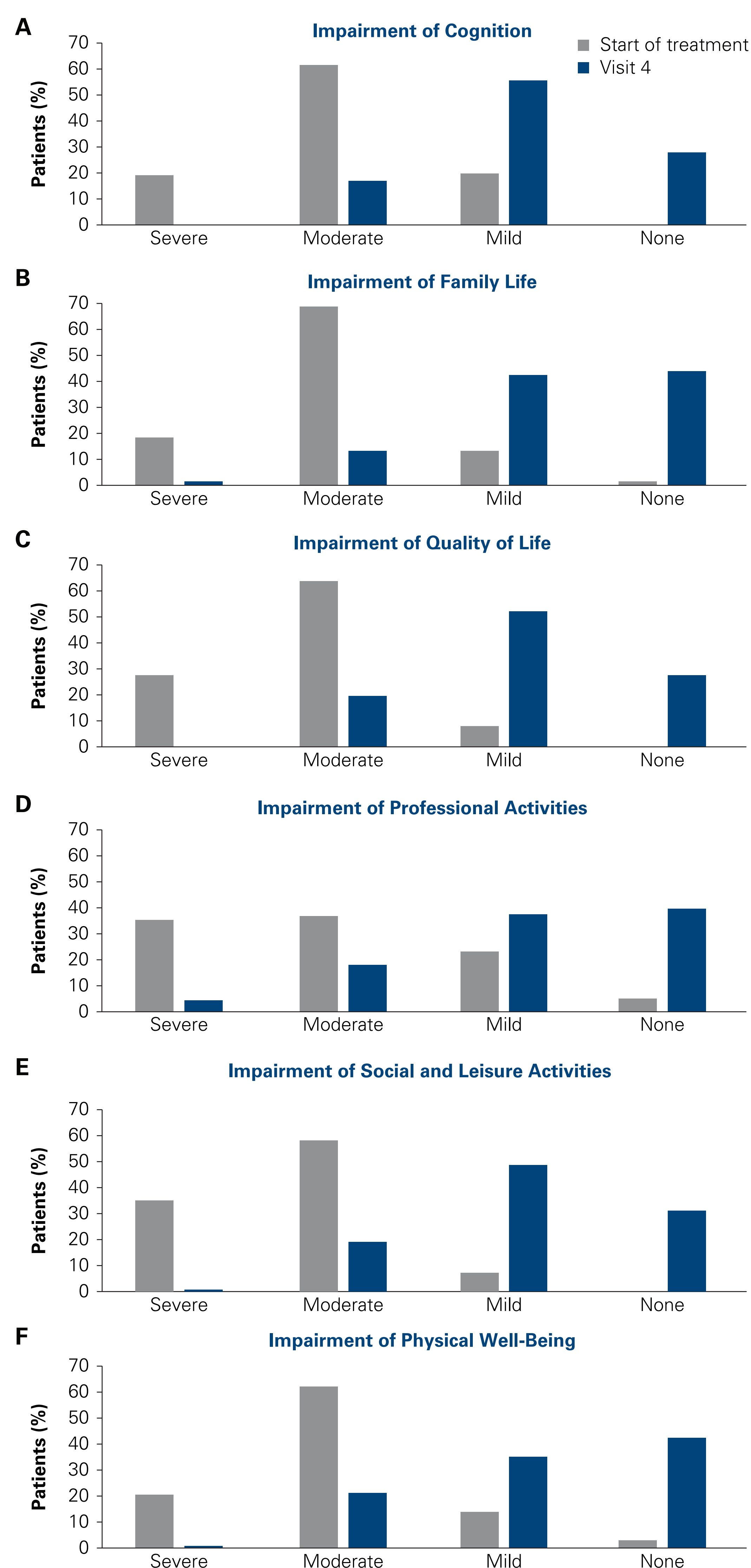


Table 2. Adverse Drug Reactions

Adverse Drug Reactions $\geq 2\%$	% (n)
Nausea	7.8 (8)
Dizziness	3.9 (4)
Headache	3.9 (4)

CONCLUSION

According to this interim evaluation, treatment of depressive episodes with vortioxetine under real-world conditions in Switzerland leads to reduction of depressive symptoms as well as improvement of functionality and quality of life while being well tolerated.

ACKNOWLEDGMENTS

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REFERENCE

- Koesters M. et al. Vortioxetine for depression in adults (Review). *Cochrane Database Syst. Rev.* 2017;7(7):CD011520.