

Antidepressant Therapy in Older Adults: A Network Meta-Analysis

Information sourced from *NEJM Journal Watch*:

Antidepressant Therapy in Older Adults: A Network Meta-Analysis

Sertraline seemed to strike the best balance between efficacy and tolerability.

In a recent meta-analysis of randomized, placebo-controlled trials, researchers found antidepressant drugs — analyzed collectively — to be only minimally better than placebo in older patients (age, ≥ 60) with relatively recent-onset major depressive disorders (*NEJM JW Gen Med* Jul 15 2013 and *Am J Psychiatry* 2013; 170:651).

Now, another research team has performed a network meta-analysis of efficacy and safety of individual selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors (SSRIs and SNRIs) for patients with major depression in this age group. Network meta-analysis makes indirect comparisons between drugs that have not been compared directly in head-to-head trials. The analysis included 15 randomized trials involving seven selective SSRIs and SNRIs. Trials were short (6–12 weeks) and of varying size (27–728 participants); mean age ranged from 67 to 80.

Statistically significant partial responses were noted for sertraline, paroxetine, and duloxetine (but not for citalopram, escitalopram, venlafaxine, or fluoxetine). Dizziness was the only adverse effect that could be analyzed across studies: Duloxetine and venlafaxine were most likely to cause dizziness, and sertraline was least likely.

COMMENT

Clinicians might find these results to be useful when they choose to initiate antidepressant therapy in older adults; sertraline seemed to strike the best balance between efficacy and tolerability. Geriatric depression likely has a heterogeneous pathophysiology due to comorbid medical illnesses and associated neurological changes of aging, making analysis specifically focused on this population of great value.

These findings are partially consistent with a previous network meta-analysis of studies that included adults of all ages and also favored sertraline in terms of efficacy and tolerability (*NEJM JW Gen Med* Apr 15 2009 and *Lancet* 2009; 373:746). That analysis also showed that escitalopram, venlafaxine, and mirtazapine were more efficacious than other antidepressants. However, keep in mind that some of these comparisons reflect indirect statistical inferences and not head-to-head studies.

Allan S. Brett, MD, Peter Roy-Byrne, MD reviewing Thorlund K et al. *J Am Geriatr Soc* 2015 May.