

# QUETIAPINE - ADJUNCTIVE TREATMENT OF MAJOR DEPRESSIVE DISORDER WITH ANXIETY SYMPTOMS

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**Introduction:** Major depressive disorder (MDD) with anxiety symptoms is highly prevalent [1]. Comorbid anxiety leads to more severe symptoms, decreased psychosocial functioning, a higher risk of suicide and a more chronic course. The treatment options for MDD and comorbid anxiety symptoms include: selective serotonin reuptake inhibitors (SSRI), serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants. Not all patients equally benefit from the anxiolytic effects of antidepressants. The benzodiazepines are frequently used to treat sleep and anxiety in addition to SSRI therapy for a MDD with comorbid anxiety. Cognitive impairment and concerns with regard to potential abuse and/or dependency with these agents has limited their use [2]. The atypical antipsychotics (AA) are commonly used as augmentation strategy of MDD with comorbid anxiety symptoms. Quetiapine was approved for the adjunctive treatment of MDD. Quetiapine is known as an AA with a moderate affinity for 5-HT<sub>2A</sub> serotonergic, α<sub>1</sub>-adrenergic, muscarinic and histaminergic receptors, a minor affinity for dopamine D<sub>2</sub> and 5-HT<sub>1A</sub> receptors, and a low affinity for 5-HT<sub>2C</sub>, α<sub>2</sub>-adrenergic and D<sub>1</sub> receptors [3]. In addition, quetiapine binds to histamine H<sub>1</sub> receptors and produces sedation, which might also decrease anxiety and improve sleep.

**Aim:** Investigate the efficacy of quetiapine as adjunctive therapy added to antidepressants (SSRI or SNRI) for the treatment of MDD with anxiety symptoms. Study evaluated the anxiolytic, antidepressive, sleep effects and safety of quetiapine.

**Methods:** This study involved 15 patients (18 to 65 year-old) with a diagnosis of MDD with either anxiety symptoms complicating a depressive disorder. Prior to entry into the study, eligible patients had been taking either an SSRI or SNRI for at least 4 weeks, and had a HAM-A ≥ 20 and a HAM-D ≤ 17 at screening and baseline.

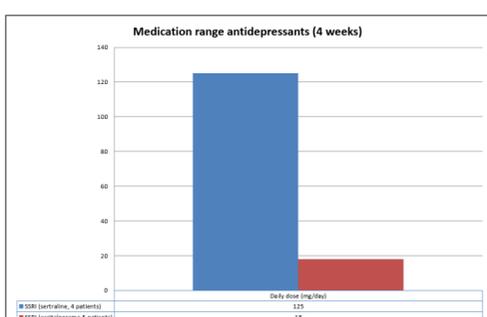


Figure 1

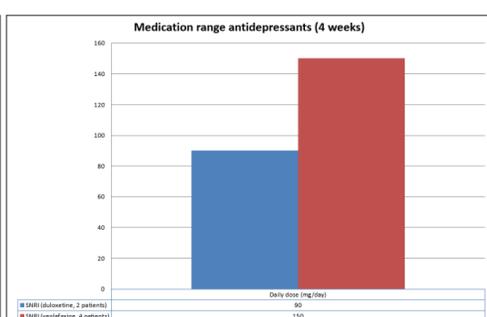


Figure 2

Quetiapine was given at a flexible dose of 50-300 mg/day, as adjunct to the antidepressant the patient was taking. Outcome measures included the Clinical Global Impression-Severity subscale (CGI-S), as the primary outcome measure, as well as the Hamilton Rating Scale for Depression-17 item (HAM-D17) and Hamilton Anxiety Scale (HAM-A). Tolerance to treatments were monitored over the period of the trial. Clinical status was evaluated at baseline and at the 2 and 4 week, from the start date of quetiapine. An analysis of covariance was used to test of the treatment group for changes from baseline according to the total scores on the HAM-D17, HAM-A and the CGI-S.

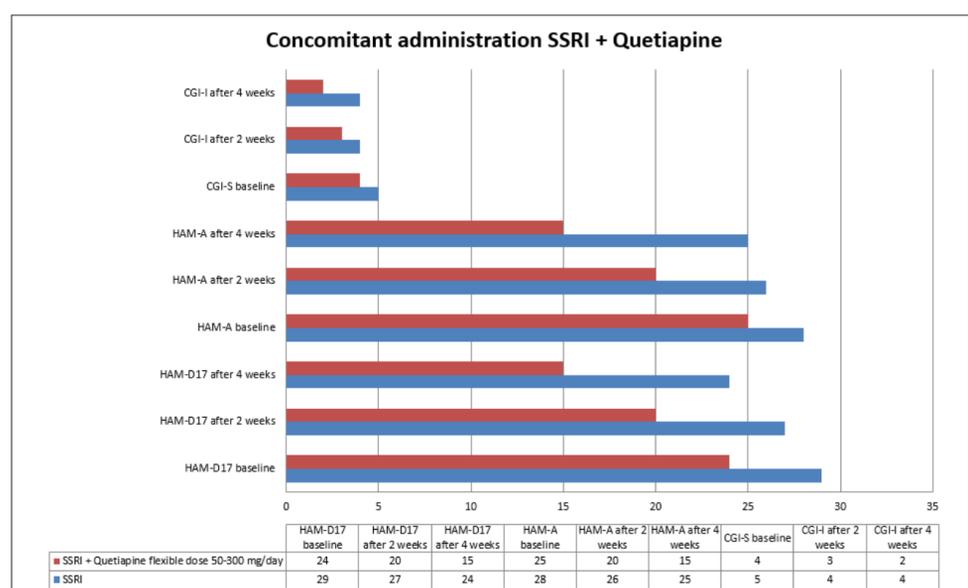


Figure 3

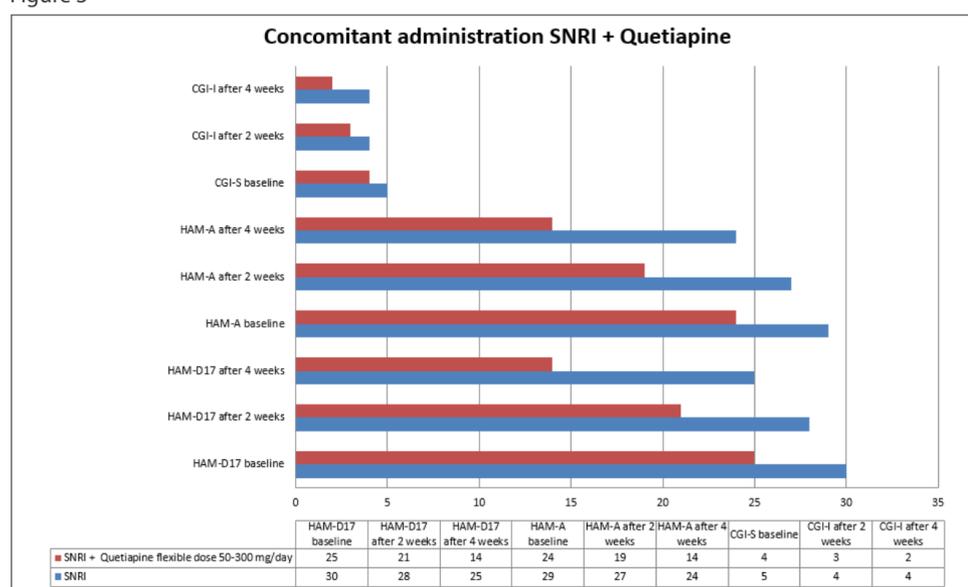


Figure 4

**Results:** At 4 weeks, there was a statistically significant ( $P < 0.001$ ) clinical improvement in all outcome measures for both the depressive and anxiety symptoms, for all patients of AA adjunctive treatments. Results showed significant improvement from baseline to endpoint in the HAM-D score and HAM-A scores ( $p < 0.001$ ). The biggest decreases on the Ham-D occurred on the subscales of agitation, somatic anxiety, psychologic anxiety. Quetiapine add-on therapy was also associated with a significant decrease in the HAM-D insomnia subscale after the second week of treatment.

**Conclusion:** Adjunctive treatment with quetiapine is more effective than antidepressants alone in patients with MDD and anxiety symptoms. Quetiapine was efficacy, safe and well-tolerated.

**Keywords:** Depression: clinical, Anxiety, Lithium and other mood stabilisers

**References:**

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