ミルタザピン初期治療での改善に乏しいうつ病患者に対する増量効果

Whether to increase or maintain dosage of mirtazapine in early nonimprovers with depression

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Objective: To compare outcomes between increasing versus maintaining the dose of mirtazapine in patients with depression without initial improvement.

Methods: Data from a six–week double–blind randomized controlled trial of mirtazapine in major depressive disorder (DSM–IV) conducted from November, 2004 to December, 2005 were used. Percentages of remitters (i.e. a score of ≤7 in the 17– item Hamilton Rating Scale for Depression (HAM–D17)) and HAM–D17 score changes from baseline to at week 6 were compared in the following two pairs, using Fisher's exact test or mixed–effects model for repeated measures: subjects who failed to show a ≥20% decrease in the HAM–D17 total scores at week 1 but were assigned to continue 15 mg/d (stay₁₅ group) versus those who were assigned to increase the dose to 30 mg/d (increase₃₀ group); and subjects who failed to show a ≥20% decrease with 30 mg/d at week 2 but were assigned to continue 30 mg/d (stay₃₀ group) versus those who were assigned to increase the dose to 45 mg/d (increase₄₅ group). The trial was approved by institutional review boards of all participating sites, and all participants provided informed consent after full explanation of the study. Moreover, the data were anonymized.

Results: The increase $_{30}$ group showed a numerically but not significant higher remission rate and a significantly greater decrease in the HAM-D17 total score at week 6 than the stay $_{15}$ group ($\underline{34.7\%}$ [8/23] vs. 14.3% [3/21], p=0.2; least squares mean, -15.8 vs. -10.9, p=0.003). No significant differences were found between the increase $_{45}$ and stay $_{30}$ groups.

Conclusion: Dose increase of mirtazapine from 15 mg/d to 30 mg/d may be effective for patients with depression without initial improvement. However, this may not be the case beyond 30mg/d.