うつ病 4 週間単剤治療での"Non-response"は、その後の抗うつ薬併用の臨床指標として有用か？シーケンシャル RCT "GUNDAM"より

Non response at week 4 as clinically useful indicator for antidepressant combination in major depressive disorder. A sequential RCT

加藤 正樹[1]、嶽北 佳輝[1]、越川 陽介[1]、坂井 志保[1]、板東 宏樹[1,2]、西田圭一郎[1]、砂田 尚孝[1]、
斧原 藍[1]、畑下 嘉之[2]、Alessandro Serretti[3]、木下 利彦[1]

1 関西医科大学精神神経科学教室
2 青祥会セフィロト病院
3 Department of Biomedical and NeuroMotor Sciences, University of Bologna, Italy

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Our clinical questions were as follows.

1. Which is a better treatment between mirtazapine and SSRIs for drug free patients with major depression?

2. Could "response" during the first 4 weeks of treatment be a predictor of remission at week 8?

3. Could the combination therapy of mirtazapine and SSRIs for week 4 non responders contribute to a better outcome than the monotherapies?

One-hundred fifty-four outpatients with MDD were randomized to receive mirtazapine or SSRIs in step I. Non-responders in step I were randomly assigned to either mirtazapine or SSRIs monotherapy or their combination in step IIa while responders in step I continued the same monotherapy in step IIb for 4 weeks. In step I, mirtazapine showed significantly faster improvement as shown by higher remission rate at week 2 compared to SSRIs. In step IIa, combination therapy showed a more favorable time course than SSRIs monotherapy. For subjects taking SSRIs in step I, combination therapy showed significant better improvement in HAM-D score both at week 6 and 8 than SSRIs monotherapy. About 80% of responders at week 4 could reach remission at week 8 and 64% of non-responders could not reach remission at week 8 for patients who continued monotherapy. When mirtazapine was added on for SSRIs non-responders at week 4, the remission rate increased by 5% and HAM-D score improved by 4 points. While for mirtazapine nonresponders, SSRIs add-on was not equally effective.

Mirtazapine may provide a faster improvement and "non-response at week 4" may be indicator tomirtazapine add-on for patients receiving SSRIs.

(The study was approved by the relevant institutional review board. All participants provided written informed consent after study procedures had been fully explained.)