

## 大うつ病急性期治療における 21 種類の抗うつ剤の効果と受容性: ネットワークメタアナリシス

### Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis

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**BACKGROUND:** Prescription of antidepressants should be informed by the best available evidence. Therefore, the international group of researchers including Kyoto University, University of Oxford and University of Bern aimed to update and expand our previous work to compare and rank antidepressants for the acute treatment of adults with unipolar major depressive disorder. **METHODS:** We did a systematic review and network meta-analysis. We included placebo-controlled and head-to-head trials of 21 antidepressants used for the acute treatment of adults (18 years or older and of both sexes) with major depressive disorder diagnosed according to standard operationalised criteria. Primary outcomes were efficacy (response rate) and acceptability (treatment discontinuations due to any cause). We estimated summary odds ratios (ORs) using pairwise and network metaanalysis with random effects. We assessed the studies' risk of bias in accordance to the Cochrane Handbook for Systematic Reviews of Interventions, and certainty of evidence using the Grading of Recommendations Assessment, Development and Evaluation framework. **RESULTS:** We identified 28 552 citations and of these included 522 trials comprising 116 477 participants. In terms of efficacy, all antidepressants were more efficacious than placebo, with ORs ranging between 2.13 (95% credible interval [CrI] 1.89–2.41) for amitriptyline and 1.37 (1.16–1.63) for reboxetine. For acceptability, only agomelatine (OR 0.84, 95% CrI 0.72–0.97) and fluoxetine (0.88, 0.80–0.96) were associated with fewer dropouts than placebo, whereas

clomipramine was worse than placebo (1.30, 1.01–1.68). In head-to-head studies, agomelatine, amitriptyline, escitalopram, mirtazapine, paroxetine, venlafaxine, and vortioxetine were more effective than other antidepressants (range of ORs 1.19–1.96), whereas fluoxetine, fluvoxamine, reboxetine, and trazodone were the least efficacious drugs (0.51–0.84). For acceptability, agomelatine, citalopram, escitalopram, fluoxetine, sertraline, and vortioxetine were more tolerable than other antidepressants (range of ORs 0.43–0.77), whereas amitriptyline, clomipramine, duloxetine, fluvoxamine, reboxetine, trazodone, and venlafaxine had the highest dropout rates (1.30– 2.32). The certainty of evidence was moderate to very low. **CONCLUSION:** These results should serve evidence-based practice and inform patients, physicians, guideline developers, and policy makers on the relative merits of the different antidepressants.