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Measurement-based Scales in Major Depressive Disorder:
Implementing Patient-reported Outcome Scales
With the Goal of Improving Treatment Outcomes
Measurement-based Care (MBC) in the Treatment of Depression

- MBC = the use of standardized scales to measure the outcome of psychiatric treatment\(^1\)
- Utilized in the Sequence Treatment Alternatives to Relieve Depression (STAR*D) study\(^2\)
- Recommended in the American Psychiatric Association’s Revised guidelines for the treatment of Major Depressive Disorder\(^3\)

Measuring Outcome: Not the Standard of Care in the Treatment of Depression

• Survey of 314 US psychiatrists:
  – 6.5% use scales almost all the time
  – 11.4% use scales frequently
  – 21.2% sometimes use scales
  – 60.8% rarely or never use scales

• Survey of 340 UK psychiatrists:
  – 11.2% use scales routinely
  – 30.5% use scales occasionally
  – 58.2% never use scales

UK, United Kingdom; US, United States.

Components of MBC may include:
- Antidepressant dosage
- Depressive symptom severity
- Medication tolerability and safety
- Adherence to treatment

Steps of MBC include:
- Screening
- Antidepressant selection based upon treatment history
- Assessment-based medication management
- Ongoing care

MBC can also be used to:
- Monitor disease course and effects of treatment
- Guide treatment change

Desirable Features of a Self-report Depression Outcome Scale

- Brief / acceptable to patients
- Covers all current DSM diagnostic criteria for MDD
- Reliable (internal consistency; test–retest reliability)
- Valid indicator of symptom severity
- Indicator of remission status
- Assesses psychosocial function and quality of life
- Assesses suicidal thoughts
- Sensitive to change
- Easy to score
- Inexpensive

DSM, Diagnostic and Statistical Manual; MDD, major depressive disorder.

MBC in Practice: Utilization of Brief and Easily Implementable Patient-reported Outcomes Scales (PROS)

PROS have documented psychometric properties of reliability and validity\(^1\)-\(^3\):

- Clinician-rated symptom scales are longer and may be impractical to use in clinical practice\(^4\)

Examples of PROS include:

- QIDS-SR\(^1\) (Quick Inventory of Depression Symptomatology—Self-Report)
- PHQ-9\(^2\) (Patient Health Questionnaire-9)
- CUDOS\(^3\) (Clinically Useful Depression Outcome Scale) - (Developed by Dr. Mark Zimmerman)

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Evidence of the Benefit of Measurement-based Care—the Beijing Study\textsuperscript{1}

- 120 Psychiatric outpatients with MDD
- Patients were randomized to treatment as usual vs MBC
- MBC included measuring outcome and prescribed treatment adjustments based on QIDS scores
- Patients treated with either NaSSA or SSRI antidepressant medication
- Results:
  - Remission rate: 73.8\% vs 28.8\% (p < 0.001)
  - Response rate: 86.9\% vs 62.7\% (p = 0.002)
  - Number of treatment adjustments was greater in MBC condition: 44 vs 23 (p < 0.001)

Note: non-US study (China).
MBC, measurement-based care; MDD, major depressive disorder; NaSSA, noradrenergic and specific serotonergic antidepressants; SSRI, selective serotonin reuptake inhibitor; QIDS, Quick Inventory of Depressive Symptomatology; US, United States;
Patient-reported Outcome Scales (PROS)¹

Practical, standardized tools designed to be systematically used for screening and monitoring depression in clinical practice with minimal administrative burden¹

- Monitor symptoms / adverse events
- Identify partial / nonresponders
- Foster rapid evidence-based interventions
- PROS: Assess & Reassess

Summary

• Depression is the most common diagnosis among patients seen by psychiatrists in the US,¹ and is associated with physical, financial, and educational burdens²

• Patient-reported Outcome Scales (PROS) can help identify unresolved symptoms of depression³ and may improve depression treatment outcomes⁴,⁵

• The use of PROS is accepted by patients⁶ and scales are easily accessible

APA. American Psychiatric Association; ACP, American College of Psychiatrists.

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