

## **National Institute of Mental Health (NIMH)/National Institutes of Health (NIH): Antidepressant Administration for Older Adults**

*This study found that people age 70 or older who continued taking the antidepressant that helped them to initially recover from their first episode of depression were 60 percent less likely to experience a new episode of depression than those who stopped taking the medication.*

### **Lead Agency:**

National Institute of Mental Health (NIMH)

National Institutes of Health (NIH)

### **Agency Mission:**

The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

### **Principal Investigators:**

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### **Partner Agency:**

National Center for Minority Health and Health Disparities (NCMHD)

### **General Description:**

There is controversy over the benefits and risks of administering long-term antidepressant treatment to elderly patients who have only one lifetime occurrence of major depression. Currently, the consensus has been that older patients experiencing their first episode of depression should be treated to full remission, after which they should have a limited period of continuation treatment for 6 to 12 months to ensure the stability of the remission and further improve recovery. This clinical trial tested whether maintenance therapy — long-term treatment given to patients to enable them to maintain a symptom-free or disease-free state — is effective in preventing future episodes of depression in patients 70 years or older. It also tested whether antidepressant medication and psychotherapy were effective, and whether the extent of patients' medical burden had an impact on rates of recurrence.

Patients ages 70 or older with depression who achieved full remission of symptoms after treatment using a combination of paroxetine (a selective serotonin reuptake inhibitor) and interpersonal psychotherapy (IPT) (psychotherapy that focuses on interpersonal relationships) were administered maintenance treatment where researchers tested the

effectiveness of different treatment regimens in keeping patients symptom-free for up to two years. These patients were randomly assigned to one of four maintenance treatment groups: (1) paroxetine; (2) placebo; (3) paroxetine and monthly IPT; and (4) placebo and IPT.

The study found maintenance treatment was effective in older people with depression. Across all four treatment groups, rates of remission significantly differed. Among patients who received paroxetine in the maintenance phase, 63 percent remained in remission; 42 percent of those who received placebo remained in remission; 65 percent of patients who received paroxetine and IPT remained in remission; and 32 percent of patients who received placebo and IPT remained in remission.

The study also showed that older people with multiple chronic physical disorders did not do as well on paroxetine as those with fewer medical problems, although they did show some benefit. The burden associated with more chronic and disabling diseases often drives the depression, making it more difficult to treat. Despite this, the researchers indicate that maintenance antidepressant medication may be effective in primary care settings where patients have multiple chronic diseases.

***Excellence:*** What makes this project exceptional?

This study is one of the few that shows the practical benefits of continued treatment for depression in older adults after they become symptom free. The study also helps to establish some clinical guidelines for the long term treatment of older adults with late life depression. This research adds substantially to our knowledge on how best to treat older adults with late life depression and helps to build practical, clinical utility for the treatment of depression.

***Significance:*** How is this research relevant to older persons, populations and/or an aging society?

This study, which focused on older adults with depression, is part of an overall NIMH effort to conduct practical clinical trials in "real world" settings that address public health issues important to persons affected by major mental illnesses.

***Effectiveness:*** What is the impact and/or application of this research to older persons?

This study demonstrates the benefits of keeping older patients on an antidepressant long after they become symptom-free. What makes this study practical is that it shows that physicians can combine chronic disease management of depression with the chronic disease management of other illnesses to benefit the older individual as a whole – addressing both the patient's mental illness and his or her physical well-being.

***Innovativeness:*** Why is this exciting or newsworthy?

The study addresses a major question in the treatment of depression — when to discontinue medication. People age 70 or older who continued taking the antidepressant that helped them to initially recover from their first episode of depression were 60 percent less likely to experience a new episode of depression than those who stopped taking the medication.

