QUETIAPINE MONOTHERAPY IN ACUTE PHASE FOR MAJOR DEPRESSIVE DISORDER: A META-ANALYSIS OF RANDOMIZED, PLACEBO-CONTROLLED TRIALS

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Introduction: The efficacy, acceptability and/or tolerability of available antidepressants are not yet satisfactory.

Objectives: This meta-analysis aimed to summarize the efficacy, acceptability and tolerability of quetiapine treatment for MDD.

Method: MEDLINE, EMBASE, CINHL, PsycINFO and Cochrane Controlled Trials Register were searched in February 2012. Efficacy outcomes were pooled mean changed scores of the standard depressive rating scales. The overall discontinuation rate and discontinuation rate due to adverse events were considered as the measure of acceptability and tolerability, respectively.

Results: A total of 1497 participants in three published RCTs were included. The pooled mean changed score of the Montgomery-Asberg Depression Rating Scale and Hamilton Depression Rating Scale of the quetiapine-treated group were higher than those of the placebo-treated group with WMDs (95%CI) of 3.37 (-3.95, -2.79) and -2.46 (-3.47, -1.45), respectively. The overall response and remission rates were greater in the quetiapine-treated group with RRs (95%CIs) of 1.44 (1.26, 1.64) and 1.37 (1.12, 1.68), respectively. The pooled overall discontinuation rate was not different between groups with an RR (95%CI) of 1.16 (0.97, 1.39). The pooled discontinuation rate due to adverse event was greater in the quetiapine group with an RR (95%CI) of 2.90 (1.87, 4.48). The pooled mean change Pittsburgh Sleep Quality Index scores was also higher in the quetiapine-treated group [WMD (95%CI) of -1.21 (-1.81, -0.61)].

Conclusions: Quetiapine XR is effective for the treatment of MDD. These patients may not accept and tolerate this agent well. Its advantage on sleep improvement may be of benefit for patients with MDD.