P-504 - THE COMPARATIVE EFFECTIVENESS OF SECOND-GENERATION ANTIDEPRESSANTS FOR THE ACCOMPANYING SYMPTOMS OF DEPRESSION: A SYSTEMATIC REVIEW

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Introduction: Patients with depression often suffer from accompanying symptoms that may influence the choice of second-generation antidepressant (SGA) therapy.
Objectives: To determine the comparative effectiveness of bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, trazodone, and venlafaxine for treating common accompanying symptoms of depression.
Methods: We searched MEDLINE®, Embase, The Cochrane Library, PsycINFO, and International Pharmaceutical Abstracts from 1980 to August 2011 and identified unpublished research. Two persons independently reviewed abstracts and full-text articles and abstracted data. We included randomized, head-to-head trials of SGAs (>6 weeks, N>40). We graded the strength of the evidence for each symptom as high, moderate, low, or insufficient using the US Agency for Healthcare Research and Quality (AHRQ) approach.
Results: We located 22 head-to-head trials for anxiety; insomnia; pain; melancholia; psychomotor change; or somatization. For the majority of symptoms the strength of the evidence was low or insufficient. For treating anxiety and treating depression in patients with accompanying anxiety, moderate evidence suggests there is no difference between SGAs. Likewise, for patients with depression and pain, moderate evidence suggests there is no difference between paroxetine and duloxetine for reducing the pain.
Conclusions: Evidence guiding the selection of an SGA based on accompanying symptoms of depression is limited. Very few trials were designed and adequately powered to answer questions about accompanying symptoms; analyses were generally of subgroups in larger depression trials. Where evidence is available, it suggests no difference between SGAs in their efficacy for treating the depressive episode or the accompanying symptom.

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