



Clinician's Opinion on Depression and Role of Escitalopram in the Management of Depression

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Authors' contributions

This work was carried out in collaboration among all authors. All the authors contributed equally in managing literature search, designing the study, performed the statistical analysis, wrote the protocol and the first draft of the manuscript. All authors read and approved the final manuscript.

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ABSTRACT

Background: Depression is an emerging severe disorder and a serious public health problem, which can often go undetected. It is associated with many disease conditions. Increase in non-communicable diseases, suicide rate, has made its incidence to increase. These will have a negative impact on patient's quality of life and will increase the burden of morbidity and mortality.

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Objective: The aim of this study was to gain a deeper understanding of the role of escitalopram in the management of depression by collecting clinical insights and expert opinion from Indian clinicians through a set of questionnaire.

Methodology: A cross sectional, questionnaire based study was conducted to collect opinion among doctors in the major Indian cities, about experience and satisfaction with current pharmacotherapy and role of escitalopram in the management of depression across India between June to October 2017. Convenient sampling method was used. The pretested questionnaire booklet titled CHEER (Clinicians Opinions on Depression and role of Escitalopram) study was sent to the doctors who were willing to participate. For this, physicians were requested to complete this survey and express their opinion towards the various aspect of managing depression.

Results: Totally, 177 out of 200 clinicians shared their experiences and opinion from all over India. As per survey data, 58.19% of clinicians reported that in their clinical practice, on an average, more than 15 patients were diagnosed with depression in a month. Around 75% of clinicians say that incidence of depression was more common in the female when compared to the male patients. Reports showed that incidence of depression was more common in urban educated patients (47.11%). Depression was seen more commonly in the age group of 31-40 years. About 58% of clinicians reported that counselling was as important as pharmacotherapy. The survey report suggested that more than 90% of clinicians prefer escitalopram as a first-line therapeutic agent for treating depression. More than 87% of clinicians prefer escitalopram in combination with clonazepam to treat co-morbidity of anxiety depression in their clinical practise.

Conclusion: The present survey report suggested that majority of clinicians (85%) preferred escitalopram to treat depression among the SSRIs and other antidepressants agents. Survey also showed that escitalopram has better efficacy and lesser adverse effects.

Keywords: Depression; pharmacotherapy; SSRIs; escitalopram; clonazepam.

1. INTRODUCTION

Depression is a widespread chronic medical illness that can affect thoughts, mood, and physical health. It is characterized by low mood, lack of energy, sadness, insomnia, and an inability to enjoy life [1]. In normal population, it is highly prevalent, often undiagnosed, and usually left untreated [2]. An estimated 16% of the general population will suffer depression sometime in their lifetimes. Each year 15%-25% of adults suffer major depression, with women affected twice as often as men [3]. Suicide rates are nearly twice as high in depressed patients as in the general population [2]. The risk factors for depression are chronic medical illness, female sex, being single or divorced, brain disease, alcohol abuse, use of certain medications, and stressful life events [4].

Besides its direct health impacts, depression also affects academic and workplace productivity, cognitive performance, fulfilment of social and familial roles and quality of life [5,6]. A survey by Sargent-Cox K et al. has shown lifetime prevalence rates of depression range from 8-12% in most countries. World Mental Health Surveys has also reported that approximately 6% of people aged 18 years and above have had an episode of depression in the previous year. Currently, depression was one of the leading

causes of disability and the fourth leading contributor to the global burden of disease [6,7]. Because there is no reliable diagnostic test, a careful clinical evaluation is essential [2]. Literature review suggested that the rates of depression in the countries like India and Pakistan are among the highest in the world [6,8].

Although depression was treatable, most patients with depression, particularly those from low and middle-income countries, are untreated. A plethora of antidepressants are available for treatment of depression, but they cannot be considered identical drugs. Evidence supports differences among individual drugs with respect to pharmacological action and health-related quality of life [5,6]. In recent decades, selective serotonin reuptake inhibitors (SSRIs) have become the first-line antidepressant drug for the treatment of depression and replaced tricyclic antidepressants and monoamine oxidase inhibitors due to fewer side-effects and ease of use [9].

Escitalopram is commonly referred to as an SSRI, but also has well-documented allosteric properties, and thus can be further classed as an allosteric serotonin reuptake inhibitor [10]. The efficacy of escitalopram has been demonstrated in major depressive disorder (MDD) in both

primary care and specialist settings. A meta-analysis study conducted by Kennedy SH et al. reported that, escitalopram showed significant superiority in efficacy compared with the active controls and well tolerability [11]. However, there is a lack of studies expressing the clinical insights conducted among clinicians. Therefore, the aim of this study was to gain a deeper understanding of the role of escitalopram in the management of depression by collecting clinical insights and expert opinion from Indian clinicians through a set of questionnaire.

2. MATERIALS AND METHODS

We carried out a cross-sectional questionnaire based study among physicians in the major Indian cities. This Indian Survey on depression and role of escitalopram was conducted between June 2017 to October 2017.

2.1 Participants

An invitation was sent to 200 leading physicians from major cities of all Indian states representing the geographical distribution. 177 physicians shared their willingness to participate and provide necessary data. Physicians were asked to complete the questionnaire without discussing with peers.

2.2 Questionnaire

The questionnaire booklet titled The CHEER study (Clinicians Opinions on Depression and role of Escitalopram) was sent to the doctors who were willing to participate. The CHEER study questionnaire included questions on incidence, co-morbidities, experience and satisfaction with current pharmacotherapy and role of escitalopram in the management of depression. The questionnaire was pretested. A pilot study was conducted involving 50 doctors before initiating the main study for validation of the questionnaire.

2.3 Statistical Methods

Statistical analysis was conducted by using descriptive statistics. Percentages were used to represent categorical variables. The frequency and percentage distributions of each variable were presented. Bar charts were created using Excel 2013 (16.0.13901.20400).

3. RESULTS

A total 177 clinicians out of 200 shared their experiences and opinion from all over India. As

per survey data, 58.19% of clinicians reported that in their clinical practice, on an average more than 15 patients are diagnosed with depression in a month. Around 75% of clinicians say that incidence of depression is more common in the female when compare to the male patients. Whereas around 16% of clinicians reported that there is no gender difference in the incidence of depression and depression is seen common in both the gender.

Most clinicians reported that incidence of depression is more common in urban educated patients (47.11%) when compared to the rural educated, rural uneducated and urban uneducated patients. The incidence is lower in urban uneducated patients. Almost every clinician said that in their clinical practice depression is more commonly seen in the age group of 31-40 years and it is less commonly seen in the patient age less than 20 years (Fig. 1).

When clinicians were enquired about the importance of counselling in the management of depression, more than 58% clinicians say that counselling is as important as pharmacotherapy. Whereas around 16% of clinicians feel that counselling is more important than pharmacotherapy, less than 15% of clinicians say that counselling is not as important as pharmacotherapy. Some of the clinicians share that along with pharmacotherapy, behavioral therapy, cognitive behavioural therapy and supportive psychotherapy also helps in the management of depression.

Numerous pharmacotherapy agents are available for treating depression. The pharmacotherapeutic agent used to treat depression mentioned by clinicians in the present survey includes desvenlafaxine, escitalopram, fluoxetine and paroxetine etc. The survey report suggests that more than 90% of clinicians prefer escitalopram as a first-line therapeutic agent for treating depression. Very few clinicians preferred desvenlafaxine, fluoxetine and paroxetine for depression (Fig. 2).

Clinicians say that generalized anxiety disorder, pain disorder, posttraumatic stress disorder and social phobia are the most common co-morbid condition seen in patients presenting with depression. Generalized anxiety disorder is the predominant co-morbid condition seen in depression patients (66.48%).

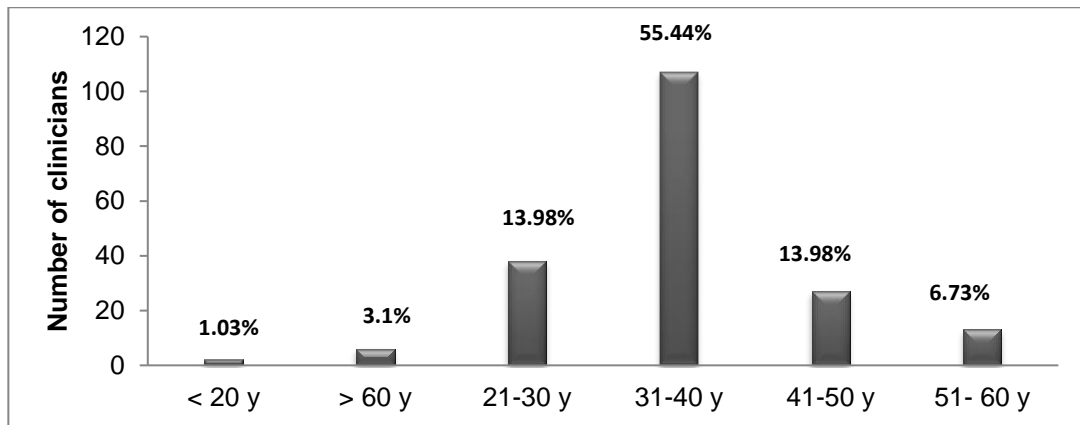


Fig. 1. Clinicians opinion on incidence of depression in different age group patients

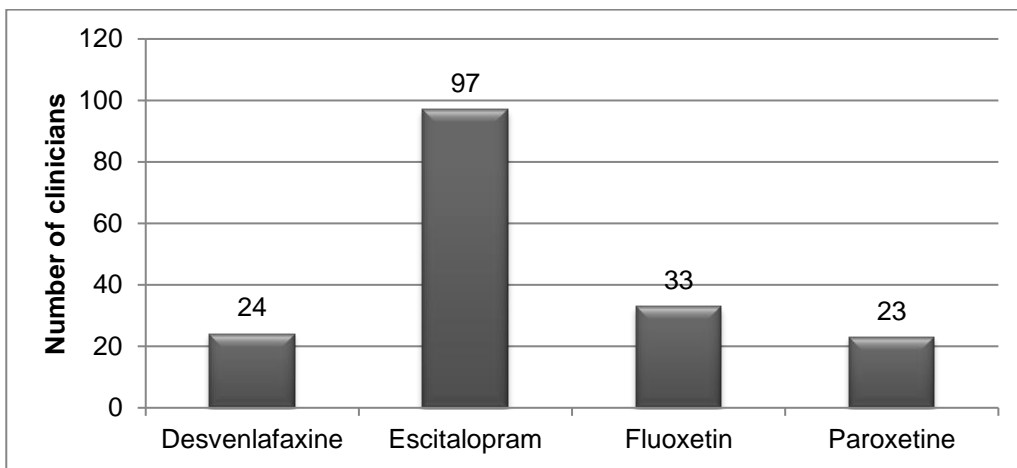


Fig. 2. Clinicians preference towards different drugs to treat depression

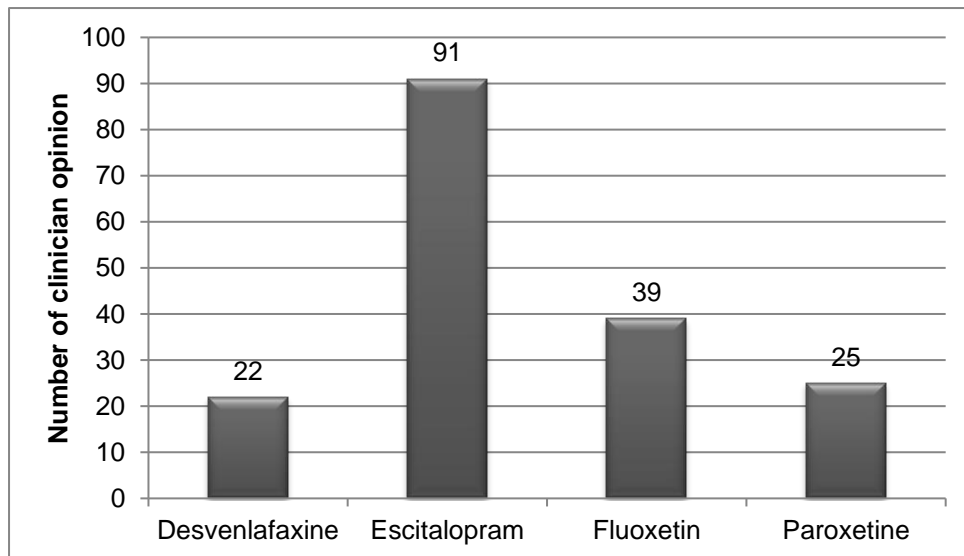


Fig. 3. Clinicians preference towards different drugs in combination with clonazepam to treat co-morbidity of anxiety depression

More than 87% of clinicians prefer escitalopram in combination with clonazepam to treat comorbidity of anxiety depression in their clinical practice. The other drug includes desvenlafaxine, fluoxetine and paroxetine in combination with clonazepam (Fig. 3).

Escitalopram, clonazepam combination for 6 weeks (30.37%) and 12 weeks (30.37%) are the preferred duration by majority of clinicians in their practice. Majority of clinicians (47.25%) were reported that maintenance of escitalopram treatment with addition of cognitive therapy is strategy for the treatment-resistant depression. Other strategies to treat treatment-resistant depression include augmentation with lithium (17.03%), bupropion augmentation and switching to mirtazapine or nortriptyline.

The present survey report suggests that majority of clinicians (85%) rate escitalopram as number one molecule to treat depression among the SSRIs and other antidepressants agents. They also reported that escitalopram has better efficacy, less adverse effects and cost effective therapy than others.

4. DISCUSSION

This cross-sectional study was designed to obtain the clinical insights on the depression in day to day Indian practice scenario. In our survey, on an average, around 15 patients are diagnosed with depression in a month by one clinician. Incidence of depression is more common in the female when compared to the male patients. This finding well correlated with the study reported by Grover et al. [12].

Depression is more common in urban educated patients than rural educated, rural uneducated and urban uneducated patients. These findings suggest that socio-economic status of patients is correlated with occurrence of depression as reported by Fekadu et al., as, women (n = 9/13) and participants with higher educational attainment were more likely to be diagnosed with depression [5]. This survey report suggested that depression was more commonly seen in the age group of 31-40 years and it was less common in the patient age less than 20 years. Similar studies related to prevalence of depression in specific age group (age 31-40 years) has been reported in a cross-national epidemiology study by Weissman et al. [13].

Numerous pharmacotherapy agents are available for treating depression. In this present

survey, pharmaco-therapeutic agent used to treat depression includes desvenlafaxine, escitalopram, fluoxetine and paroxetine. The survey report suggests that more than 90% of clinicians prefer escitalopram as a first-line therapeutic agent for treating depression. This is in accord with previously published data on selective-serotonin reuptake inhibitors in major depressive disorder [14,15].

The survey report has shown generalized anxiety disorder, pain disorder, posttraumatic stress disorder and social phobia are the most common co-morbid condition seen in patients with depression. Generalized anxiety disorder is the predominant co-morbid condition seen in depression patients (66.48%). This similar observation has been noticed other studies/surveys [16,17].

More than 87% of clinicians prefer escitalopram in combination with clonazepam to treat comorbidity of anxiety depression in their clinical practice. The other drug includes desvenlafaxine, fluoxetine and paroxetine in combination with clonazepam. Strategies to treat treatment-resistant depression include augmentation with lithium, bupropion augmentation and switching to mirtazapine or nortriptyline. In the present survey, majority of clinicians (47.25%) were reported that maintenance of escitalopram treatment with addition of cognitive therapy was the best strategy for treatment-resistant depression. Moreover, present survey report suggested that majority of clinicians (85%) rated escitalopram as a preferred molecule to treat depression among the SSRIs and other antidepressants agents. They also reported that escitalopram has better efficacy, less adverse effects and cost effective than others.

The results of the current survey highlight how important it is to create personalized treatment programs for the management of depression. The study's main strength was gathering expert opinions through a meticulously developed and validated questionnaire-based survey. The results of the survey can assist in making informed decisions that will lead to the best possible treatment outcomes for depression patients. It's crucial to acknowledge the current study's shortcomings, though. The limited generalizability of the findings could have been caused by the small sample size of 177 participants. There's also a chance that bias influenced the results because the conclusions were based on professional opinions. Therefore,

in order to validate the results of this study, additional research using larger sample sizes and randomized controlled procedures is required.

5. CONCLUSION

Based on the present survey, it is evident that females were more prone to depression when compared to the male patients. Socio-economic status of the patients plays role in the occurrence of depression. Majority of clinicians prefer escitalopram for treating depression and other co-morbidities, due to its better effective and safer therapy than other agents.

CONSENT

Written informed consent was obtained from each physicians before initiation of the study.

ETHICAL APPROVAL

The study was conducted after receiving approval from Bangalore Ethics, an Independent Ethics Committee which was recognized by the Indian Regulatory Authority, Drug Controller General of India of reference no. ECR/87/Indt/KA/2013 dated 21 April, 2017.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Cui R. Editorial: A systematic review of depression. *Curr Neuropsychol.* 2015; 13(4):480.
2. Birrer RB, Vemuri SP. Depression in later life: A diagnostic and therapeutic challenge. *Am Fam Physician.* 2004 May 15;69(10):2375–82.
3. Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, et al. The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). *JAMA.* 2003 Jun 18;289(23):3095–105.
4. Boswell EB, Stoudemire A. Major depression in the primary care setting. *Am J Med.* 1996 Dec 30;101(6A):3S-9S.
5. Fekadu A, Medhin G, Selamu M, Giorgis TW, Lund C, Alem A, et al. Recognition of depression by primary care clinicians in rural Ethiopia. *BMC Family Practice.* 2017 Apr 21;18:56.
6. Bishwajit G, O'Leary DP, Ghosh S, Yaya S, Shangfeng T, Feng Z. Physical inactivity and self-reported depression among middle- and older-aged population in South Asia: World health survey. *BMC Geriatr.* 2017 Apr 28;17.
7. Sargent-Cox K, Cherbuin N, Morris L, Butterworth P, Anstey KJ. The effect of health behavior change on self-rated health across the adult life course: A longitudinal cohort study. *Prev Med.* 2014 Jan;58:75–80.
8. Lee I-M, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT. Impact of Physical Inactivity on the World's Major Non-Communicable Diseases. *Lancet.* 2012 Jul 21;380(9838):219–29.
9. Zhang Y, Becker T, Ma Y, Koesters M. A systematic review of Chinese randomized clinical trials of SSRI treatment of depression. *BMC Psychiatry.* 2014 Aug 27;14:245.
10. Sanchez C, Reines EH, Montgomery SA. A comparative review of escitalopram, paroxetine, and sertraline: Are they all alike? *Int Clin Psychopharmacol.* 2014 Jul;29(4):185–96.
11. Kennedy SH, Andersen HF, Lam RW. Efficacy of escitalopram in the treatment of major depressive disorder compared with conventional selective serotonin reuptake inhibitors and venlafaxine XR: A meta-analysis. *J Psychiatry Neurosci.* 2006 Mar; 31(2):122–31.
12. Grover S, Dutt A, Avasthi A. An overview of Indian research in depression. *Indian J Psychiatry.* 2010 Jan;52(Suppl1):S178–88.
13. Weissman MM, Bland RC, Canino GJ, Faravelli C, Greenwald S, Hwu HG, et al. Cross-national epidemiology of major depression and bipolar disorder. *JAMA.* 1996 Jul 24;276(4):293–9.
14. Jakubovski E, Varigonda AL, Freemantle N, Taylor MJ, Bloch MH. Systematic review and meta-analysis: Dose-response relationship of selective serotonin reuptake inhibitors in major depressive disorder. *Am J Psychiatry.* 2016 Feb 1;173(2):174–83.

15. Kirino E. Escitalopram for the management of major depressive disorder: A review of its efficacy, safety, and patient acceptability. *Patient Prefer Adherence*. 2012 Dec 4;6:853–61.
16. Schoevers RA, Deeg DJH, van Tilburg W, Beekman ATF. Depression and generalized anxiety disorder: Co-occurrence and longitudinal patterns in elderly patients. *Am J Geriatr Psychiatry*. 2005 Jan;13(1):31–9.
17. Moffitt TE, Harrington H, Caspi A, Kim-Cohen J, Goldberg D, Gregory AM, et al. Depression and generalized anxiety disorder: cumulative and sequential comorbidity in a birth cohort followed prospectively to age 32 years. *Arch Gen Psychiatry*. 2007 Jun;64(6):651–60.

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