for 20-65% (x= 29.0%) of patients depending upon the medication(s) used. No single antidepressant was found to be more effective in treating depression to a response (p = 0.091) or remission (p = 0.653) than other agents. Combining antidepressants together did not improve response or remission rates (p = 0.091 and 0.653, respectively) at four months of initiation of therapy. The addition of psychotherapy also, did not allow for a better response (p = 0.180) or remission (p = 0.717) rate. Dysthymia, or chronic depression of two or more years, predicted greater treatment response in two out of four measures (p = 0.031 to 0.312).

Discussion

In this study, moderately depressed patients with pre-treatment suicidal thoughts responded and remitted equally well to treatment, and suicidal ideation was not found to be a poor prognostic indicator of treatment outcome after four months of systematic treatment. The assumption that suicidal ideation predicts a more difficult-to-treat depressive episode was unfounded.

This study was naturalistic, yet provided a controlled delivery system of care to moderately depressed patients. All patients received the same level of care and opportunity for treatment. The authors believe that this type of patient is the average depressed patient and possibly the most common type encountered in primary medical care settings.

Limitations include the following: retrospective design and non-matching of subjects in the two groups. In addition, the sample size studied was small. These factors would increase the risk of sample bias. It was also difficult to ascertain via database methods whether or not other previous history of suicide risk factors were present. However, subjects in both the groups reported similar rates for chronicity of major depressive episodes. It would be very useful if future research could replicate these findings in a matched prospective study in a large group of patients with depression. The study shows that the presence of suicidal symptoms does not, in any way, influence the response or remission rates in patients with depression. This finding would help these patients understand that they have as much chance of responding to therapy as those without suicidal symptoms. It would also help primary care physicians expect the same results and prognosis as obtained in or seen with those without suicidality.

The authors hope that this naturalistic modality, while not as well controlled as a formal clinical trial, may better represent the depression management and outcomes typically seen in the real world by frontline providers.

References

1. Hays RD, Wells KB, Sherbourne CD, Rogers W, Spitzer K. Functioning and well-being outcomes of patients with depression compared with chronic general medical illnesses. Arch Gen Psychiatry 1995;52:119.

Malhotra et al: Presence of suicidality as a prognostic indicator

Presence of suicidal ideation as a prognostic indicator

Depression is one of the most common mental disorders seen in primary care settings. Major depression, a chronic and recurrent illness that is associated with considerable mortality and morbidity continues to pose challenges for early detection and appropriate management. The enormity of the problem could be understood by the assessment provided by the World Health Organization Global Burden of Disease Study, which estimated that in terms of magnitude of suffering, de-
pression would rank second only to ischaemic heart disease by the year 2020. Major depression is a significant risk factor for suicide and a common psychiatric diagnosis in patients who contemplate suicide. Over 50% of those who die by committing suicide suffer from a mood disorder including depression. Even though major depression remains under-diagnosed and under-treated, there has been a progressive increase in the utilization of antidepressants, particularly the selective serotonin reuptake inhibitors (SSRIs). This issue of the journal features an article by the Malhotra et al who conducted a naturalistic study to determine the prognostic significance of suicidal ideation in primary care patients receiving antidepressants. The routine clinical care included the use of psychotherapy in some patients. Contrary to their hypothesis, the authors found that at the end of four-month therapy, the response and remission rates were similar in patients with suicidal ideation and those without such ideation. In addition, the response to treatment did not vary with the type of antidepressant medication used.

Notwithstanding the methodological shortcomings usually associated with a retrospective, open trial, this study provides useful clinical information. An important finding is that antidepressants are safe and effective in the treatment of moderately severe depression with current suicidal ideation. This is a significant finding in the light of the view expressed by some that the use of SSRIs might induce suicidality in some patients. There are, however, some caveats that should be considered while interpreting the results reported in the study. For example, personality features such as social desirability rather than the illness variables might mediate the reporting of suicidal ideation. In this study, a single variable (admission of suicidal ideation) was used as the basis for establishing dichotomous illness groups. Such a procedure is not uncommon in psychiatric research. But we are less aware of it being done when the difference between groups is found to be statistically significant. The present finding of no difference can be taken as a reminder that a vivid illness feature such as suicidal ideation does not naturally mean that such patients have an illness that is qualitatively different from those who do not endorse suicidality.

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References