DELPHI-trial and DELPHI-SPECT.

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Dose-escalation of paroxetine (up to 50 mg/day) does not increase efficacy of treatment of Major Depressive Disorder in patients who did not respond to a 6 week trial of paroxetine in a standard dose (20 mg/day).

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON22147

Bron
Nationaal Trial Register

Verkorte titel
DELPHI

Aandoening

Major Depressive Disorder

Ondersteuning

Primaire sponsor: n/a
Overige ondersteuning: ZonMw
PO-Box 93245
2509 AE the Hague
the Netherlands

Project numbers: 100-002-001 and 100-002-002

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Response and remission rates (decrease of >= 50% in HDRS-17 and HDRS-17 <= 7 respectively);
2. Total and specific (due to side-effects or inefficacy) drop-out.

Toelichting onderzoek

Achtergrond van het onderzoek

Background:
Major depression is a major illness, with a year-prevalence of 5.8% in The Netherlands, and accounting for high costs regarding treatment and disability. Pharmacotherapy with Selective Serotonin Reuptake Inhibitors (SSRI) has become the first-choice treatment, but 50% of the patients treated show insufficient response to a first treatment of 6 weeks standard dose of a SSRI.
An often-used next-step strategy is dose-escalation: standard-dosages are doubled or tripled. After a systematic review, very little evidence for the efficacy of dose-escalation was found, previous studies investigated dose-escalation 3 weeks after initiation of treatment, which appears to be too early. Side effects undoubtedly increase with higher dosages. Patients are often reluctant to this strategy, but there is no systematic study of their perspectives. Additionally genetic polymorphisms of the serotonergic system are under examination as a possible explanation of the response rate to SSRIs. Prognostic factors to predict the efficacy of dose-escalation after several weeks of a standard-dose (meaning a form of patient-selection) would increase efficiency of this strategy.

AIM: 1.
To add evidence concerning efficacy, effectiveness and prognostic factors for the strategy of dose-escalation after 6 weeks on a standard dose of paroxetine.
AIM: 2.
To quantify patient perspectives regarding dose-escalation.

Design:

Randomized placebo-controlled trial of dose-maximization in depressed non- and partial responders after 6 weeks of a standard dose of a SSRI; Explorative study of prognostic factors (including genetic polymorphisms) for final response after dose-maximization.

Outcomes:

1. & 2. Response (> 50% decrease in 17-item Hamilton Depression Rating Scale (HDRS)),

Remission (HDRS <8), Overall and specific drop-out, Subjective Well-being.

Comparisons:

Rates of dichotic outcomes and decreases in HDRS-scores during 6 weeks of follow-up in patients receiving increased dosages versus placebo-increase. Associations (in regression-models) of prognostic factors (demographic, genotypes of monoaminergic enzymes, Serotonin-Transporter and -receptors) with final response and interaction with dosage.

Doel van het onderzoek

Dose-escalation of paroxetine (up to 50 mg/day) does not increase efficacy of treatment of Major Depressive Disorder in patients who did not respond to a 6 week trial of paroxetine in a standard dose (20 mg/day).

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

After 6 weeks of open treatment with a standard dose of paroxetine (20 mg/day) the patients who have not responded (<50% decrease in baseline HDRS-17) will be randomised to receive either a true or a placebo increase (by capsules) in addition to the standard dose.

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Major Depressive Disorder according to DSM-IV (determined by Structured Interview for DSM-IV (SCID-I));

2. 17-item Hamilton Depression Rating Scale (HDRS-17) >18;

3. Age 18 to 70 years;

4. Maximally 1 previous treatment-trial with an antidepressant (of adequate duration [6 weeks] and dosage [maximum recommended dose]) for the current MDD episode.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Bipolar disorder, psychosis or cognitive impairment (dementia or low IQ);

2. Use of psychoactive medication (except low doses of benzodiazepines);

3. Previous adequate trial with paroxetine with insufficient response for the current episode;

4. Primary alcohol- or drugs abuse;

5. MDD secundary to comorbid anxiety- or somatophorm disorder;

6. Somatic illnesses (e.g. untreated thyroid or other endocrine illnesses, systemic illnesses);

7. Pregnancy or wish to become pregnant;

8. Severe and acute suicidality;

9. Insufficient knowledge of Dutrch to fill in questionnaires.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Dubbelblind
Controle:	Placebo

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-11-2003
Aantal proefpersonen:	500
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	08-09-2005
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL158
NTR-old	NTR193
Ander register	: N/A
ISRCTN	ISRCTN44111488

Resultaten

Samenvatting resultaten
N/A