OBJECTIVES: Major Depressive Disorder (MDD) may significantly affect cognitive domains, such as attention, concentration, and memory. With the burden of cognitive dysfunction in Schizophrenia is well established, the investigation of cognitive impairment in Bipolar Disorder (BD) and MDD has attracted the interest of research only more recently. Therefore, it is of great interest to understand clinical depression's perception of cognitive symptoms persisted in MDD and to raise awareness about this issue. METHODS: Between December 2014 and January 2015, 128 Italian psychiatrists were recruited to participate to an on-line survey whose aim was to understand the psychiatrists' perception of cognitive symptoms in patients with MDD. The questionnaire comprised three sections: the first investigating psychiatrists' socio-demographic and professional profile, the second assessing cognitive symptoms relevance without mentioning they represented the study focus and the third explicitly investigating cognitive symptoms. RESULTS: Cognitive symptoms were present in a relevant dimension of MDD and they appeared amongst the most frequently cited residual symptoms compromising patients' work and influencing relapse risk. About 2/3 of psychiatrists declared that cognitive symptoms hampered the achievement of the antidepressant choice. However, in the previous questionnaire section where focus on cognitive symptoms was not revealed yet, cognitive symptoms appeared less frequently considered for antidepressant choice. CONCLUSIONS: This study results revealed a clear understanding of cognitive symptoms relevance in MDD. Nevertheless, the discrepancy between psychiatrists’ perception and their therapeutical choices underlines the presence of an unmet need that should be addressed increasing the awareness about the positive effects on cognitive symptomes of existing drugs, which could allow a more symptom-oriented therapeutical intervention.

PMH4

COMPARATIVE EFFICACY OF KETAMINE AND OTHER PHARMACOLOGICAL AND SOMATIC INTERVENTIONS IN ADULTS WITH TREATMENT-RESISTANT DEPRESSION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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OBJECTIVES: Ketamine has demonstrated rapid and robust antidepressant effects in patients with treatment resistant depression (TRD) in investigation clinical trials. The objective of this study was to compare the efficacy of ketamine with other pharmacological somatic treatments in adult patients with TRD. A systematic literature review was performed in September 2014, using a predefined search strategy including MEDLINE, EMBASE and the Cochrane Library. TRD was defined as ≥2 antidepressant treatment failures Thirty-one randomized controlled trials (RCTs) were included: 19 RCTs investigating 13 pharmacological interventions and 12 RCTs investigating electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS). Key outcomes were: disease severity change from baseline to week 2 and 3, remission at week 3 and 6, and number of melancholic symptoms. A systematic review analysis was performed using mixed-effect logistic regression models to determine the relation, and frequency of co-prescriptions were also investigated. RESULTS: Findings of this longitudinal analysis indicate that LDX have a positive effect on disability, as measured by SDQ, of treated patients. The analysis also showed that reduction in both BE days/week and BE episodes/week is associated with improvement in disability over 12 weeks.

PMH5

LONGITUDINAL MODELLING OF THE RELATIONSHIP BETWEEN Lisdexamfetamine Dimeleylate and Health-related Quality of Life in Adults With Moderate to Severe Binge Eating Disorder

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OBJECTIVES: To evaluate the effects of lisdexamfetamine dimesylate (LDX) on changes in health-related quality of life (HRQoL) in individuals with protocol-defined moderate to severe binge eating disorder (BED). METHODS: In 2 individually designed 12-week, double-blind, placebo-controlled trials, adults with protocol-defined moderate to severe binge eating disorder (BED) who met DSM-IV-TR BED criteria were randomized (study 1, N=383; study 2, N=390) to placebo or LDX (50 or 70 mg). HRQoL was assessed at baseline and treatment weeks 4, 6, 8, 10, and 12/early termination using the EuroQol 5-Dimensions (EQ-5D-5L), a 5-level descriptive system, validated in 37 countries. In this post-hoc analysis, participant EQ-5D-5L profiles were converted to utility index scores (range: -0.109 [worst state] to 1 [best state]) and pooled across studies. Unadjusted and adjusted random effect regressions were performed to assess the longitudinal relationship between LDX treatment and HRQoL. RESULTS: Mean ± SD EQ-5D-5L index scores in the pooled treatment groups were 0.87±0.10 for placebo (n=358 observations) and 0.88±0.11 for LDX (n=364 observations) at baseline and 0.90±0.11 for placebo (n=296 observations) and 0.92±0.10 for LDX (n=303 observations) at week 12. Mean ± SD change in EQ-5D-5L index scores without adjustment was statistically significant for placebo (0.0095 [0.005, 0.0077], P<0.001) and for LDX relative to placebo (0.0032 [0.001, 0.0053], P<0.001). Treatment effects on HRQoL were no longer significant after adjusting for BE episodes/week, functionality, and impairment in work and daily activities (placebo, -0.0001 [-0.002, 0.002], P=0.9; LDX relative to placebo, -0.0006 [-0.002, 0.001], P=0.4). CONCLUSIONS: The positive effect of LDX on HRQoL/patient utility is indirect and mediated in part by LDX effects on BE frequency and disability/functioning.