MENTAL HEALTH—Clinical Outcomes/Healthcare Policy

PMH1

QUALITY ASSESSMENT OF META-ANALYSES OF RCTS OF PHARMACOTHERAPY IN MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: Meta-analyses (MAs) of randomized controlled trials (RCTs) are considered to provide the highest level of evidence. There has been a substantial increase in the number of published MAs, but of unknown quality. Therefore, we determined the quality of reporting in MAs of RCTs of pharmacotherapy used in the treatment of major depressive disorder (MDD) in adults (18–65) without comorbidities. We also examined trends over time. **METHODS:** MEDLINE, EMBASE, Healthstar, Psychlit and Cochrane databases were searched from 1980–2002 by 4 independent reviewers for MAs of RCTs reporting efficacy rates. Articles meeting inclusion criteria were blinded. Interrater reliability (Kappa) and test-retest between 4 raters was evaluated using 4 articles. MA quality was assessed using the QUORUM checklist comprising 6 sections (Title, Abstract, Introduction, Methods, Results, Discussion) with 18 questions in total, each awarded 1 point. Descriptive statistics were used to calculate overall MA quality. Time trends were evaluated by calculating Spearman's rho. **RESULTS:** Fifty-nine articles were identified, 26 were excluded (comorbidities (12), inappropriate compartor (7), no RCT (1), article not available (6)); 33 were included. Initial kappa was 0.81 ($p < 0.05$). After resolution of disagreements through consensus, the test-retest reliability was significant (kappa = 0.89; $p < 0.05$). The average overall quality score was 50.3% (SD = 15.6%, range = 16.7%–88.9%, median = 50.0%). The overall score for Titles was very poor (21%), Abstracts (39%) and Methods (49%) had poor scores, while the overall Results score was minimally acceptable (55%). Good quality scores were found for the Introduction (91%) and Discussion (100%). No time trends were identified (rho = 0.08; $p = 0.68$). **CONCLUSIONS:** Although quality guidelines have been published, the average quality of published MAs of antidepressants is barely acceptable (50.3%). There is a need for adherence to standardized reporting and quality guidelines.

PMH2

A META-ANALYSIS AND COMMON COMPARATOR ANALYSIS OF OLANZAPINE VERSUS ZIPRASIDONE AND ARIPIPRAZOLE

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OBJECTIVE: This meta-analysis aimed to compare the relative clinical benefit of olanzapine, a widely used first-line drug for the treatment of schizophrenia, with two newer atypical antipsychotics, ziprasidone and aripiprazole, using an indirect common comparator approach. **METHODS:** No comparative trials had been completed of olanzapine versus ziprasidone or aripiprazole at the time of the analysis, and so a common comparator approach via haloperidol, a benchmark typical antipsychotic, was employed. This method formally compares the absolute risk difference for the various atypicals compared with the common reference drug, haloperidol. All double-blind, randomised, controlled trials of olanzapine, ziprasidone or aripiprazole versus haloperidol were included in the meta-analysis. Random-effects and fixed-effects methods were employed and standard tests were used to determine heterogeneity. Studies were separated by duration into short-term trials (12 weeks or less) and medium- to long-term trials (>12 weeks). **RESULTS:** The results of the medium- to longer-term comparison of olanzapine with ziprasidone showed that a significantly smaller proportion of patients treated with olanzapine required anticholinergics medication ($p = 0.019$) and fewer olanzapine-treated patients discontinued treatment due to any reason ($p = 0.034$), compared with those receiving ziprasidone. The short-term comparison of olanzapine with aripiprazole showed that significantly fewer olanzapine-treated patients required anticholinergic medication, compared with the aripiprazole-treated patients ($p = 0.006$). In the longer-term, a statistically significant difference in proportion of responders was revealed, favouring olanzapine ($p = 0.024$). **CONCLUSIONS:** This analysis suggests that olanzapine is safer, as measured by less anticholinergic use, and is associated with fewer dropouts than ziprasidone in the medium- to longer-term. It is also suggested that olanzapine is safer, as measured by less anticholinergic use, than aripiprazole in the short-term and more efficacious in the longer-term. Despite a lack of head-to-head trials, the common comparator analysis allows indicative judgments to be made about the relative safety and efficacy of new therapies.

PMH3

THE TREATMENT CHARACTERISTICS AND OUTCOMES OF PERSONS WITH DEPRESSION AND ALCOHOLISM

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OBJECTIVE: To examine the type of treatment being provided to patients with depression and alcoholism and the outcomes from treatment as compared to patients with depression alone. **METHODS:** Paid claims data from large employers offering private insurance were analyzed for the period 1997–2000. Persons were identified as having depression and alcoholism if they had a diagnosis of depression and either an alcoholism diagnosis, an alcoholism medication, or alcoholism detoxification or