



Key Objective

To examine the relationship between self-reported treatment satisfaction and treatment response, experiences, and expectations from the perspective of people with major depressive disorder (MDD)

Introduction

- MDD is a highly prevalent and often persistent psychiatric disorder characterized by sadness or loss of interest in activities^{1,2}
 - It is often accompanied by changes in weight, sleep habits, and energy levels, as well as a decreased quality of life^{3,4}
 - Individuals with MDD additionally have an increased risk of suicidal ideation^{4,5}
- People who take medications for MDD exhibit varying levels of satisfaction and differing expectations regarding their MDD treatments⁶
 - Despite many approved treatments, patients often have trouble achieving desired outcomes due to delayed or inadequate therapeutic effects and side effects^{4,6}
 - Individuals' treatment expectations and experiences can differ across satisfaction levels with MDD treatment⁶⁻⁸

Methods

Study Design

- A survey was designed in collaboration with mental health experts and patients through the Depression and Bipolar Support Alliance (DBSA) to assess MDD treatment expectations and experiences
- The survey was conducted online from December 2021 to January 2022 among adults with self-reported MDD in the United States

Outcomes

- Sociodemographic and clinical characteristics, including co-occurring non-psychiatric and psychiatric conditions
- Current MDD treatment, including line of therapy and time on treatment
- MDD severity and current treatment experiences, including confidence in their current treatment, belief in their treatment being the best available, functioning, and side effects, as well as treatment expectations and goals
 - MDD severity was assessed using the validated 16-item Quick Inventory of Depression Symptomology (QIDS-SR-16) and then was categorized based on total scores: none/mild (0-10), moderate (11-15), or severe/very severe (16-27)⁹

Analyses

- Among respondents reporting current MDD treatment, 3 satisfaction groups were constructed: *dissatisfied* (somewhat, very, or extremely dissatisfied), *neither* (neither satisfied nor dissatisfied), and *satisfied* (somewhat, very, or extremely satisfied)
- Descriptive analyses were conducted with means and standard deviations (SDs) for continuous variables and counts and percentages for categorical variables
- Between-group differences on sociodemographic and clinical characteristics, co-occurring medical conditions, and current MDD treatment were examined via regression analysis with a significance level set at 0.05
- Treatment experience outcomes were analyzed using logistic regression adjusting for age, gender, race (White vs. non-White), education (bachelor's degree or greater vs. less than bachelor's degree), insurance (private vs. non-private), arthritis, diabetes, obesity, chronic fatigue syndrome, autoimmune disorder, hypertension, chronic pain syndrome, migraine, anxiety disorder, and obsessive-compulsive disorder; predicted values between treatment satisfaction groups were tested with a significance level set at 0.05, using a two-tailed approach and adjusting for multiple comparisons

References

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Disclosures

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Results

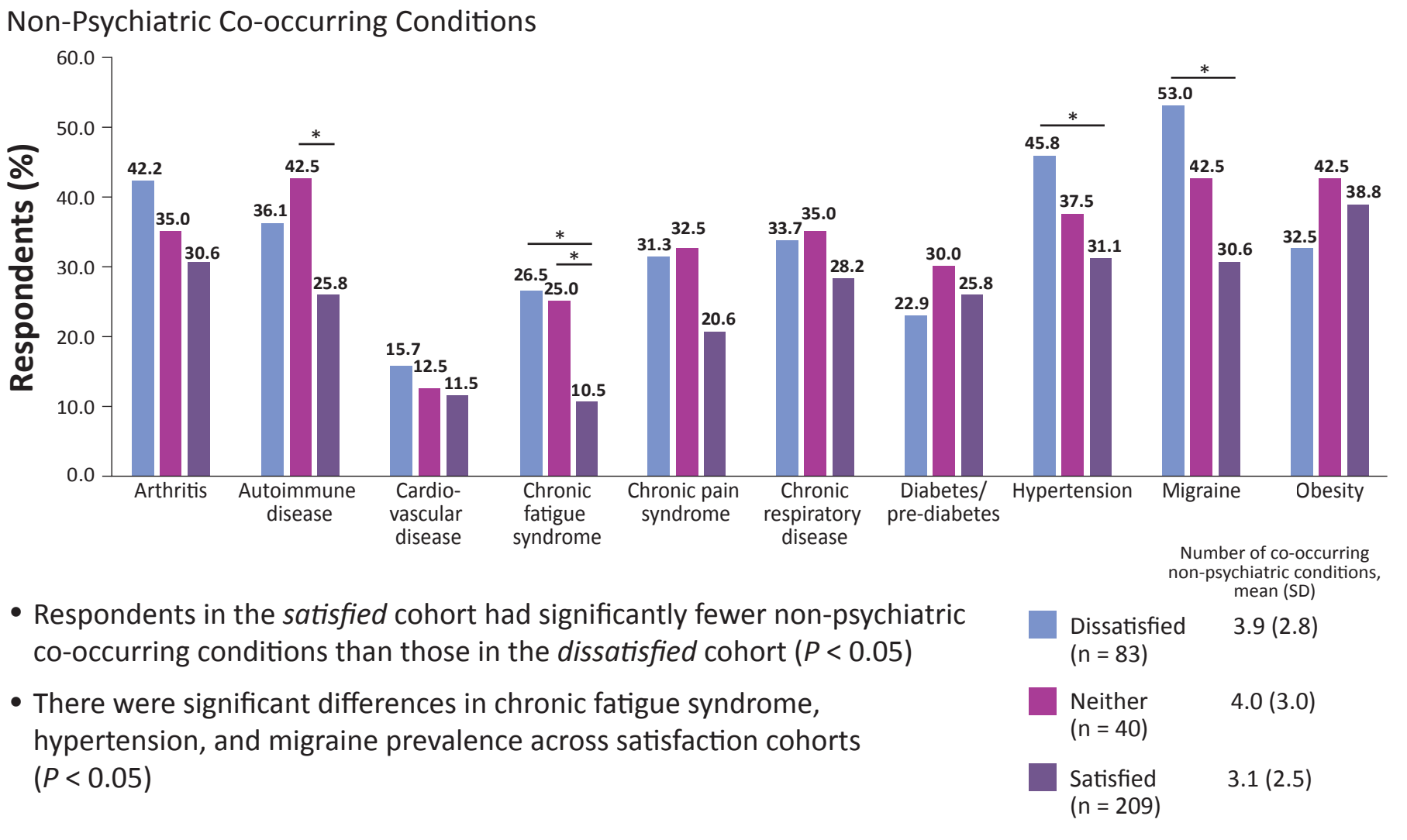
Respondent Characteristics

- A total of 332 individuals currently receiving pharmacologic MDD treatment completed the survey
 - Self-reported satisfaction levels varied, with 62.9% of respondents being satisfied, 25.0% being dissatisfied, and 12.1% being neither satisfied nor dissatisfied with their current MDD treatment
 - There were significant between-group differences on race, education, insurance type, and duration of current MDD-related treatment (all $P < 0.05$)

| | Dissatisfied (n = 83) | Neither (n = 40) | Satisfied (n = 209) |
|-----------------------------------|-----------------------|------------------|---------------------|
| Age, years; mean (SD) | 46.1 (11.9) | 46.7 (10.5) | 47.6 (13.2) |
| Gender, n (%) | | | |
| Female | 66 (79.5) | 33 (82.5) | 168 (80.4) |
| Race, n (%)* | | | |
| White | 62 (74.7) | 27 (67.5) | 179 (85.6) |
| Education, n (%)* | | | |
| Less than a bachelor's degree | 53 (64.6) | 24 (60.0) | 100 (47.8) |
| Bachelor's degree or greater | 29 (35.4) | 16 (40.0) | 109 (52.2) |
| Insurance type, n (%)* | | | |
| Private | 31 (39.7) | 15 (39.5) | 117 (57.6) |
| Not private ^a | 47 (60.3) | 23 (60.5) | 86 (42.4) |
| Time on current treatment, n (%)* | | | |
| < 5 years | 50 (60.2) | 19 (47.5) | 90 (43.1) |
| 5-10 years | 24 (28.9) | 16 (40.0) | 69 (33.0) |
| > 10 years | 9 (10.8) | 5 (12.5) | 50 (23.9) |
| Line of therapy, n (%) | | | |
| First | 17 (20.5) | 9 (22.5) | 43 (20.6) |
| Second | 22 (26.5) | 12 (30.0) | 47 (22.5) |
| Third | 11 (13.3) | 6 (15.0) | 34 (16.3) |
| Fourth or more | 27 (32.5) | 12 (30.0) | 71 (34.0) |
| Don't know/not sure | 6 (7.2) | 1 (2.5) | 14 (6.7) |

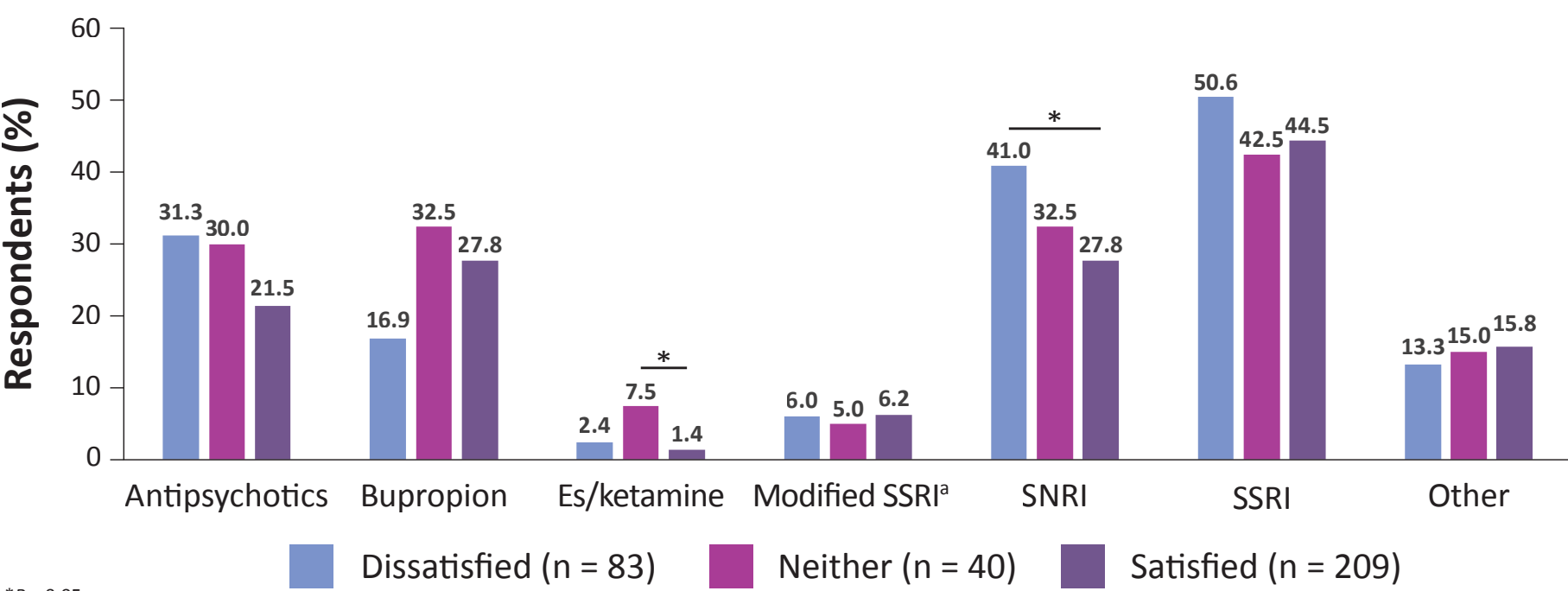
* $P < 0.05$.
Note: Group comparison P values were derived from a linear regression model for age; a multinomial logistic regression model for gender, race, and insurance type; a logistic regression model for education; and a proportional odds logistic regression model for time on current treatment and line of therapy.
^a Includes Medicaid, Medicare, Veterans Affairs, and other

Co-occurring Conditions



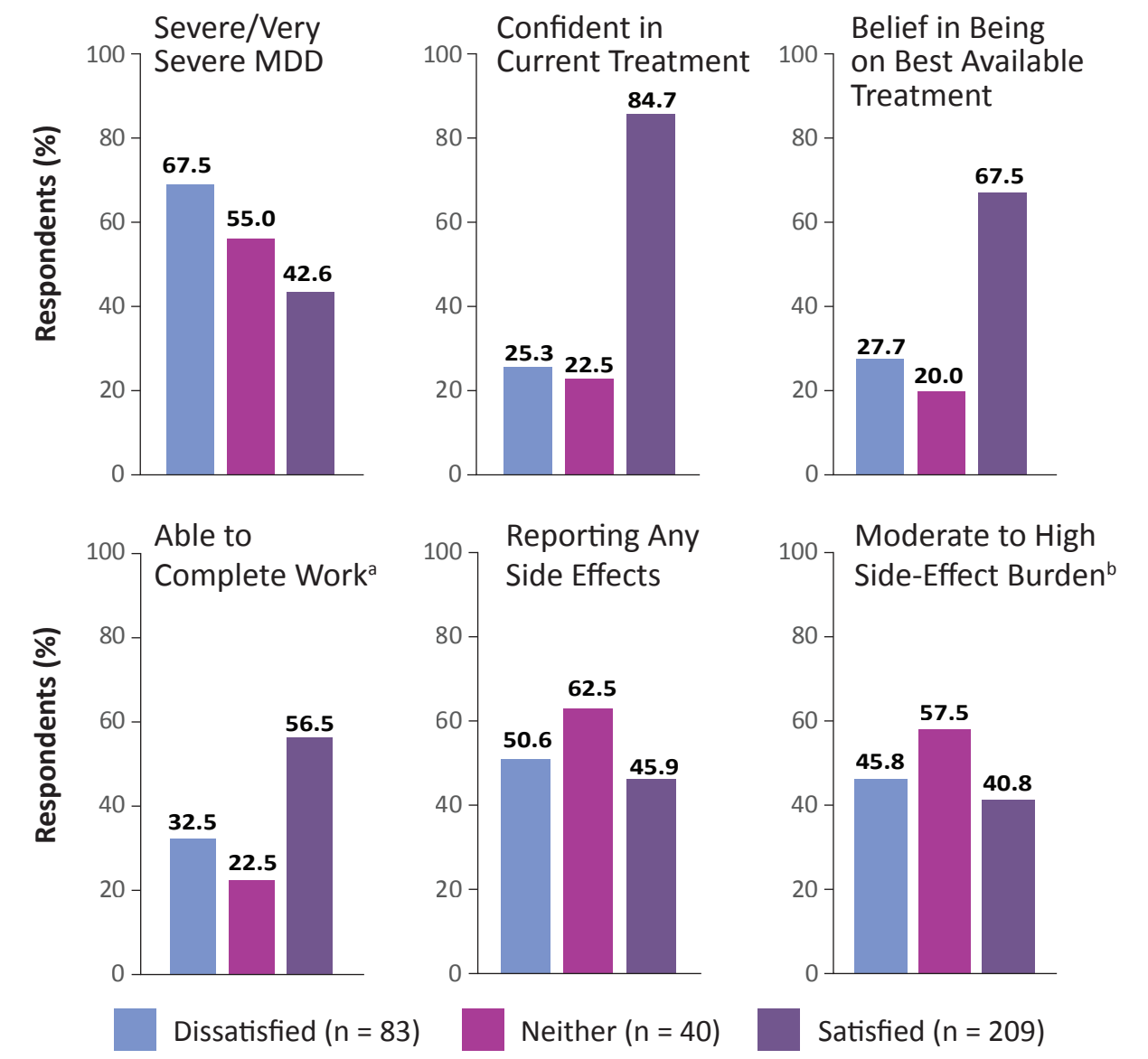
Current MDD-related Treatments

- Across cohorts, 54.2% of respondents were receiving monotherapy.
- Common treatments included SSRIs (*dissatisfied*, 50.6%; *neither*, 42.5%; *satisfied*, 44.5%), SNRIs (*dissatisfied*, 41.0%; *neither*, 32.5%; *satisfied*, 27.8%), and antipsychotics (*dissatisfied*, 31.3%; *neither*, 30.0%; *satisfied*, 21.5%)
 - SNRIs showed the largest difference between *dissatisfied* and *satisfied* groups



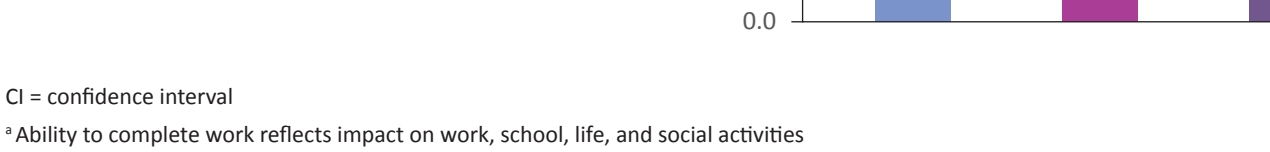
Treatment Experience, Expectations, and Goals

- Better treatment experiences were reported by respondents in the *satisfied* cohort
- Regardless of satisfaction group, many respondents reported high side-effect burden
 - Side effects were reported by 50.6%, 62.5%, and 45.9% of respondents in the *dissatisfied*, *neither*, and *satisfied* cohorts, respectively, with 45.8%, 57.5%, and 40.8% reporting moderate to high side-effect burden
- The most impactful side effects were cognitive impairment (26.2%), weight gain (21.4%), and sexual dysfunction (19.0%) for the *dissatisfied* cohort; cognitive impairment and weight gain (both 20.0%) and breakthrough symptoms and emotional blunting (both 16.0%) for the *neither* cohort; and weight gain (25.0%), sexual dysfunction (18.8%), and breakthrough symptoms (16.7%) for the *satisfied* cohort



Regression Analysis by MDD Treatment Satisfaction

- Respondents in the *satisfied* group versus those in the *dissatisfied* and *neither* groups were significantly more likely (all $P < 0.05$) to:
 - Be confident in their current MDD medication
 - Believe they were receiving the best treatment available
 - Be able to complete their work or other normal daily activity
- Satisfied* respondents were significantly less likely to have more severe MDD than *dissatisfied* respondents ($P < 0.05$)



Conclusions

- Results from a survey of 332 individuals currently receiving MDD treatment revealed that 25% of respondents were dissatisfied with their current treatment
- Persons with MDD—including those who report overall treatment satisfaction—continued to experience unmet treatment needs, particularly regarding symptom control, ability to function, treatment confidence, and side effects
 - Weight gain was one of the most impactful side effects for both the *satisfied* and *dissatisfied* groups
- Respondents dissatisfied with their treatment were more likely to have more severe MDD symptoms and less likely to report:
 - Confidence in their treatment
 - Belief in receiving the best available treatment
 - Ability to complete work and daily activities
- Most respondents—including those satisfied with their MDD treatment—indicated they desired a treatment response time of immediately or within 1 week (> 80%), although expectations for such a rapid response were low (16%), reflecting the time to response for common treatments

