Netherlands study of Optimal, PERsonalized Antidepressant use - OPERA discontinuation

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The H1 hypothesis is: Early antidepressant discontinuation will result in less sustained remission compared to later discontinuation.

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON25860

Bron
NTR

Verkorte titel
OPERA

Aandoening

Depression

Ondersteuning

Primaire sponsor: ZonMW, grant number: 80-84800-98-40002
Overige ondersteuning: ZonMW
Grant number: 80-84800-98-40002

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Primary outcome is sustained remission time measured as time of follow-up without 1) severe depressive symptoms, 2) inpatient admission for depression, and 3) suicide (attempt).

Toelichting onderzoek

Achtergrond van het onderzoek

Over 1 million Dutch people currently get an antidepressant prescribed, with depression as the main indication. Despite the growing advocacy to reduce antidepressant use, the prescription rates are not declining. Research shows that maintenance treatment after depression remission can decrease relapse. However, long-term antidepressant use can also result in side effects, medicalization, and reduced autonomy, and may contrast with patients' preferences. Current treatment guidelines state that antidepressant use should be continued until at least 6 months after remission. However, after this period, it is not clear whether, when and in whom discontinuation of antidepressants is effective.

Objective: To examine in depressed patients who reach a 6-month stable depression remission during optimal antidepressant treatment: 1) whether discontinuation is possible; 2) when discontinuation is possible (early vs. later discontinuation); and 3) in whom discontinuation is possible.

Study design: Double-blind placebo-controlled multicenter trial in which patients are randomized (1:1) to early discontinuation (n=200) versus later discontinuation (n=200). The trial is complemented with a non-randomized 'external reference' patient group (n=200) that receives care as usual, to evaluate internal validity and generalizability of the trial sample and study outcomes.

Study population: Depressed patients aged 18-75 years who started an antidepressant treatment (citalopram or sertraline), and subsequently reached stable (6-month) depression remission following treatment with citalopram (10-40mg) or sertraline (50-200mg).

Intervention: Early vs. later discontinuation of antidepressants. In both arms, antidepressant dosages are tapered off during an 8-week period (for higher antidepressant daily doses of citalopram 30 and 40 mg/day or sertraline 150 and 200 mg/day) or a 4-week period (for regular to low daily antidepressant daily doses citalopram 10 and 20 mg/day or sertraline 50 and 100 mg/day). After tapering, the antidepressant is gradually replaced by placebo medication. After 1 year, all RCT participants will be fully tapered off (the trial is blinded, therefore the exact timing of discontinuation is not shown).

Main study parameters/endpoints: Primary outcome is sustained remission time measured as time of follow-up without 1) severe depressive symptoms, 2) inpatient admission for depression, and 3) suicide (attempt). Secondary outcomes concern functioning, quality of life, severity of mood, anxiety and somatic (e.g. side-effects and withdrawal) symptoms and (cost) effectiveness.

Doel van het onderzoek

The H1 hypothesis is: Early antidepressant discontinuation will result in less sustained remission compared to later discontinuation.

Onderzoeksopzet

Baseline 0 weeks: face-to-face interview with online questionnaires
Follow-up after 14, 28, 42, 56 weeks: face-to-face interview with online questionnaires
Follow-up after 7, 21, 35, 49, 80, and 104 weeks: online questionnaires

Onderzoeksproduct en/of interventie

Early discontinuation versus later discontinuation of antidepressants during the one year follow-up. Although the timing of discontinuation differs between both groups, similar discontinuation schemes are used in which antidepressant dosages are tapered off during an 8-week period (for higher antidepressant daily doses of citalopram 30-40 mg/day or sertraline 150-200 mg/day) or an 4-week period (for regular to low daily antidepressant daily doses citalopram 10-20 mg/day or sertraline 50-100 mg/day), and followed by placebo medication. After 1 year, all trial participants are planned to be discontinued.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Having a stable depression remission as confirmed by absence of a DSM-5 based diagnosis of major depressive disorder during the prior 6 months, as observed in the open-label treatment cohort (OPERA-monitor) from which participants are recruited
2. Use of sertraline (50, 100, 150 or 200 mg/day) or citalopram (10, 20, 30 or 40 mg/day)
3. 18-75 years at start of antidepressant medication

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Clinically overt primary psychiatric conditions other than depression that warrant different medical attention (i.e. earlier psychosis, schizophrenia, bipolar depression, alcohol or drug addiction)
2. Insufficient mastery of the Dutch language
3. Earlier inpatient admission for depression
4. History of >3 prior MDD episodes for which treatment was started
5. Overall treatment period with antidepressants for the last depressive episode lasted more than 18 months

Onderzoeksopzet

Opzet

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

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	22-04-2020
Aantal proefpersonen:	400
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Toelichting
NA

Ethische beoordeling

Positief advies

Datum:	22-04-2020
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	NL8548
Ander register	METc Amsterdam UMC, location VUmc : 2019.398

Resultaten

Samenvatting resultaten
NA