

Early Treatment and Functional Recovery in Treatment-Resistant Depression: Real-World Evidence from Intranasal Esketamine in Spain

EPP-008

De Santiago-Díaz AI¹, Madrazo-Maza MA², Pavón-Navajas C², Pérez-Poza A², Mesones-Peral JE², Sáez-Fuentes E², Mora-Mínguez F², Arrojo-Romero M², Miranda-Sivelo A², Rodríguez-Batista FA², Roselló-Molina V², Gutiérrez-Rojas L², Tordera-Tordera V², Domingos-Chaves I², Núñez-Arias D², Montes Reula L² & Arostegui-Uranga S²

¹University Hospital Valdecilla (Santander, Spain); ²Multicenter Research Group (Spain)

Introduction. Major depressive disorder affects 280 million people globally and is a major cause of disability (OMS 2023). Treatment-resistant depression (TRD) is associated with poorer quality of life, greater functional impairment, reduced work performance, and higher healthcare use (Jaffe et al. BMC Psych 2019;19:11). Intranasal esketamine (IN-ESK) has demonstrated efficacy and safety in TRD (Papakostas et al. J Clin Psych 2020;81:19r12889). Functional recovery and work reintegration are increasingly recognized as essential treatment goals.

Objective. To assess clinical and functional outcomes of IN-ESK in patients with TRD treated in routine clinical practice.

Results. 356 patients were included (mean age 52 years, 63% women, 38% on sick leave). Mean episode duration was 19 months; 49% lasted >1 year. Patients had failed a mean of four antidepressants (range 2–15); 35% remained nonresponsive after five or more.

Remission was achieved in 40% (27% ≤4 weeks) and response in 36% (fig.1). Remission and response was higher in episodes <2 years (fig. 2-3) and tended to be higher in patients <30 years (53% vs 40%). Among 142 patients on sick leave, 49% achieved remission vs 35% the others (p=0.006), especially if leave ≤6 months (63% vs 42%, p=0.02). Return to work was 18% at 6 months and 22% at 12 months; early return more frequent with leave ≤6 months (36% vs 14%, p=0.002). Patients <30 years also returned to work more often than older patients (38% vs 19% at 6 months; 71% vs 27% at 12 months, ns).

Figure 1. Clinical outcomes with intranasal esketamine in TRD patients (N 356)

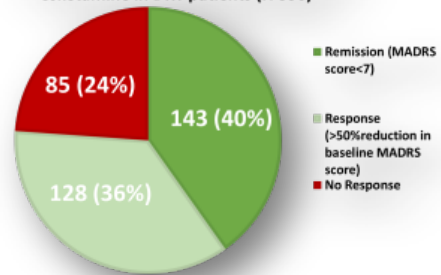
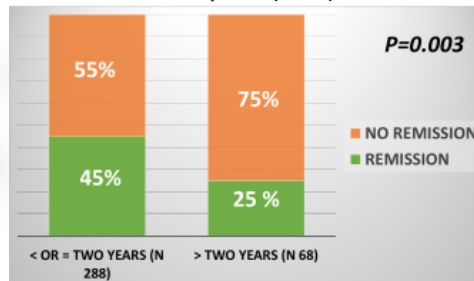


Figure 2. Clinical remission (MADRS <7) by length of TRD episode (N 356)



Methods. Retrospective, observational, multicenter study in 17 Spanish hospitals, approved by the local ethics committee.

SUBJECTS

- Patients over 18 years
- Treated with IN-ESK
- Meeting DSM-V major depression criteria
- Meeting TRD criteria

DATA

- Baseline sociodemographic and clinical data
- 12-month follow-up: Depressive symptomatology, Employment status

ASSESSMENT

- Depressive severity: Spanish version of Montgomery-Åsberg Depression Rating Scale (MADRS)
- Current Employment status
- Time points: 4 weeks, 6 months, 12 months

OUTCOMES

- Clinical response (≥50% reduction in baseline MADRS score)
- Remission (MADRS score <7)
- Return to work

ANALYSIS

- Mean
- Frequency
- Chi-squared comparisons in cross-tables
- Using SPSS-2022



Figure 3. Clinical response (≥50% reduction in baseline MADRS) by length of TRD episode (N 356)

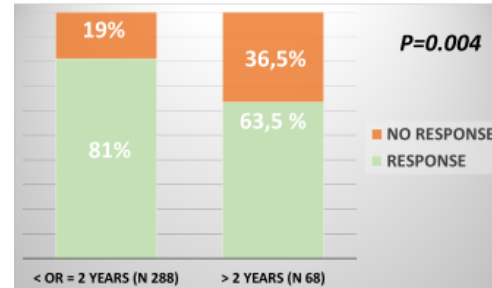


Figure 4. Clinical remission (MADRS <7) among patients on sick leave versus other patients (N 356)

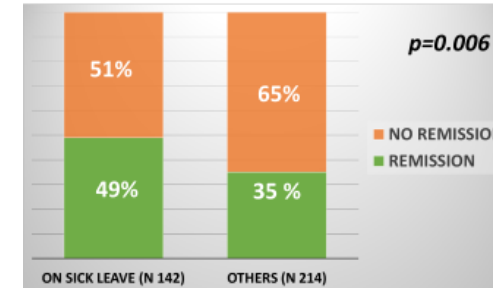


Figure 5. Clinical remission (MADRS <7) according to the length of sick leave (N 142)

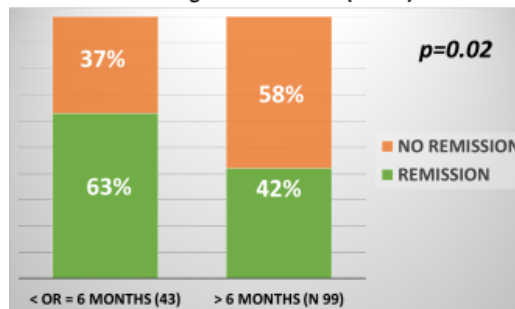
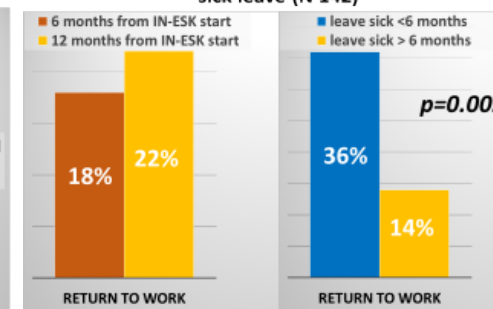


Figure 6. Return to work according to the length of sick leave (N 142)



Conclusions

IN-ESK led to 40% remission and 36% response rates in TRD patients. Shorter episode duration and earlier treatment initiation were associated with higher remission and functional recovery. Patients on sick leave showed higher remission rates, particularly when leave was brief. Work reintegration was modest but more likely with shorter sick leave. Younger age may predict better outcome. Further studies are needed to confirm these results.

References. Jaffe et al. BMC Psych 2019;19:11; Papakostas et al. J Clin Psych 2020;81:19r12889

Multicenter Research Group (Spain): María A. Madrazo-Maza (University Hospital Basurto, Bilbao), Cristóbal Pavón-Navajas (Psychiatric Hospital of Araba, Vitoria), Alfonso Pérez-Poza (University Hospital Miguel Servet, Zaragoza), Jesús E. Mesones-Peral (University Hospital of Torrejeja), Estela Sáez-Fuentes (Hospital of Galdakano, Vizcaya), Fernando Mora-Mínguez (University Hospital Infanta Leonor, Madrid), Manuel Arrojo-Romero (University Hospital Complex of Santiago de Compostela), Alberto Miranda-Sivelo (Hospital Complex of Segovia), Francisco A. Rodríguez-Batista (University Hospital Doctor Negrín, Las Palmas de Gran Canaria), Vicente Roselló-Molina (University Hospital of Ribera, Alzira), Luis Gutiérrez-Rojas (University Hospital San Cecilio, Granada), Vicente Tordera-Tordera (Hospital Lluís Alcanyis, Xàtiva), Inés Domingos-Chaves (Advanced Neurology Center, Sevilla), Daniel Núñez-Arias (University Hospital Complex of Ferrol), Laura Montes Reula (University Hospital San Jorge, Huesca), Sílvia Arostegui-Uranga (University Hospital of Donostia, San Sebastián).