

Intranasal Esketamine for Treatment-Resistant Depression in Real-World Multicenter Practice: Clinical Effectiveness, Functional Recovery, and Patient-Reported Quality of Life

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Introduction. Treatment-resistant depression (TRD) is associated with poor quality of life, functional impairment, and increased healthcare use. Intranasal esketamine (IN-ESK) has demonstrated efficacy and safety in TRD. Patient-reported outcomes (PROMs) and experience measures (PREMs) are essential to assess functional recovery and quality of life.

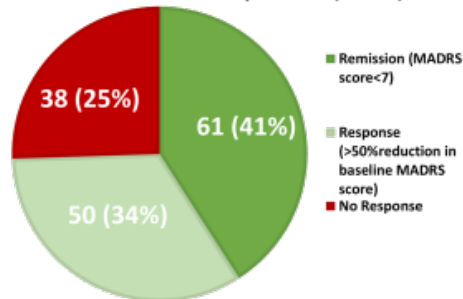
Objective. To evaluate the clinical effectiveness, functional impact, and quality of life of intranasal esketamine in people with TRD, integrating the patient experience.

Table 1. Sample characteristics (N 149)

Gender	
Males	53 (36%)
Females	96 (64%)
Living together	
With partner	86 (58%)
No partner	63 (42%)
Setting	
Urban	122 (82%)
Rural	27 (18%)
On Sick leave	
Yes	55 (37%)
No	94 (63%)
Depressive Episode	
First Depressive Episode	35 (24%)
Recurrent Depressive Episode	114 (76%)
Depressive Episode Course	
Under 6 months	29 (20%)
From 6 to 12 months	37 (25%)
Over 12 months	83 (55%)
Unsuccessful antidepressant treatments	
Three or fewer	57 (38%)
More than three	92 (62%)
Psychiatric comorbidity	
Yes	73 (49%)
No	76 (51%)
Mean Age: 50 (21-71)	

Results. 149 patients were included (table 1). A 75% rate of favorable outcomes was achieved (fig 1). Significant functional improvement was observed (mean FAST reduction 10 points at 4 weeks, >16 points at 6 months, and 17 points at 12 months) (fig 2). EQ-5D scores increased, reflecting improved quality of life (>16 points at 4 weeks, >30 points at 6 months, and 36 points at 12 months), achieving more than a 100% improvement in quality of life at one year compared with baseline before treatment (fig 2). Remission and functional recovery were higher in episodes <2 years (48% vs 18%, p=0,001; fig 3). Patients on sick leave improved more if leave ≤6 months (remission 59% vs 33%, p=0,05; fig 5).

Figure 1. Clinical outcomes with intranasal esketamine in DRT patients (N 149)



Methods. Retrospective, observational, multicenter study in 10 Spanish hospitals, with the approval of the local ethics committee.



Figure 2. Remission of depressive symptoms (MADRS), functional recovery (FAST), and quality of life improvement (EQ-5D) associated with IN-ESK treatment in patients with DRT (N 149)

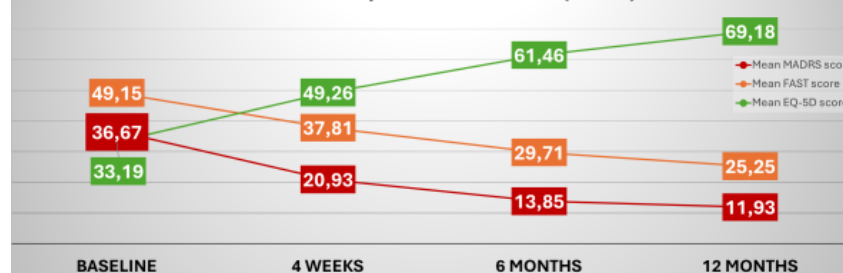


Figure 3. Clinical remission (MADRS <7) by length of TRD episode (N 149)

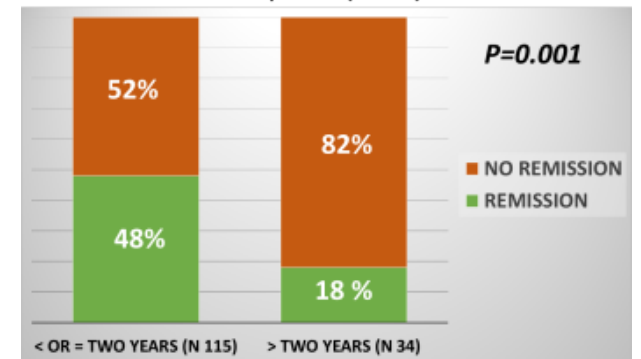
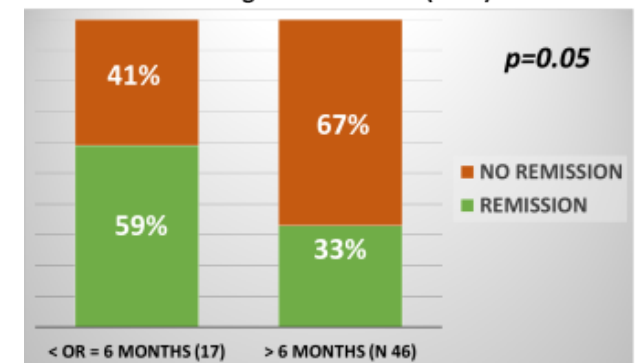


Figure 4. Clinical remission (MADRS <7) according to the length of sick leave (N 63)



Conclusions

IN-ESK improves depressive symptoms, functioning, and quality of life in TRD. PROMs and PREMs provide complementary insight into effectiveness. Shorter episodes, and brief sick leave were associated with better outcomes. Earlier treatment initiation linked to higher clinical and functional recovery. Further studies are needed to confirm these results.

References. EuroQol Group (1990) EuroQol – a new facility for the measurement of health-related quality of life. Health Policy 16:199–208. Montgomery SA, Asberg M. A new depression scale designed to be sensitive to change. Br J Psychiatry. 1979;134(4):382–9. Reisberg B. Functional assessment staging (FAST). Psychopharmacol Bull. 1988;24(4):653–9.