



Treatment Inertia in Major Depressive Disorder

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Background



The goal of the initial treatment is to achieve symptomatic remission.¹

Treatment inertia includes not optimising the dose of a current treatment, failing to add or switch treatments (including non-pharmacological options such as CBT), or remaining untreated. This has significant clinical implications in MDD, as both partial response and failure to achieve remission are associated with an increased risk of relapse and a greater disease burden.^{1,3-5}

Relapse is associated with more hospitalisations, emergency department visits, and higher healthcare costs.⁵

Inadequately treated depression may also impede social relationships, impact employment, and increase the risk of suicide.⁶⁻⁸

2024 USA National Survey on Drug Use and Health in Adults Reported:

Adults with MDE⁹

21.4 million

Adults treated with prescription medicine for MDE⁹

10.9 million

STAR*D showed 67% do not achieve remission with initial treatment³



67%

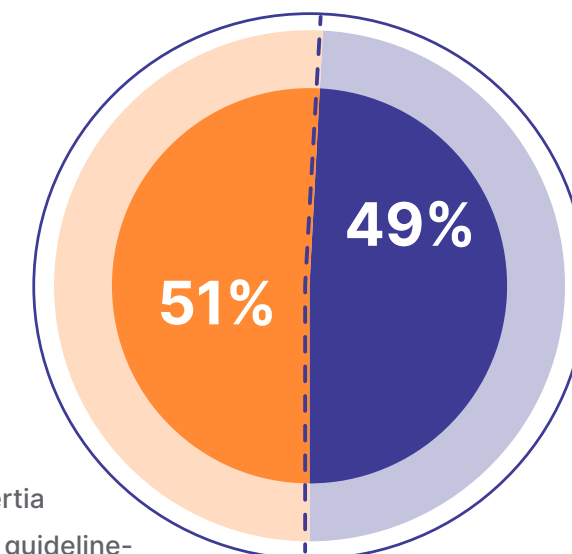
A real-world assessment of treatment inertia showed only 54% of adults with MDE experiencing depressive symptoms received treatment modification^{a,4,9}



54%

^aEstimates based on available data of patients with MDD who were treated with prescription medication and not in remission (N=2850), and who received treatment modification based on findings from Sheehan et al.⁴

Estimated Adults with MDE in the USA in 2024



Patients with treatment inertia

Patients with guideline-appropriate therapy

Whilst this graphic illustrates the situation in the USA, data in the WHO World Mental Health Surveys and other studies show that treatment inertia in MDD is common across countries worldwide,^{10,11} and estimate that only 20% of individuals with MDD receive adequate treatment.¹

The Scale of Treatment Inertia in MDD

- In 2024, 21.4 million adults in the USA experienced an MDE,⁹ with an estimated 332 million people having depression worldwide¹²
- Estimates indicate that approximately half of patients with MDD receive treatment.^{9,13} According to the STAR*D study, 67% of patients treated with initial antidepressant do not achieve remission.³
- Many patients who do not achieve remission do not receive appropriate treatment adjustment. In a real-world, retrospective, observational study (N=2850), 29% had no treatment modification, and 17% discontinued treatment,⁴ despite being eligible for positive changes in line with MDD treatment guidelines^{1-3,15}
- Approximately 10.9 million adults in the US with MDE may experience treatment inertia (51%)
 - Based on approximately 7.6 million adults who did not receive any form of mental health treatment (pharmacological or CBT) and approximately 3.3 million adults who remain symptomatic despite inadequate treatment or treatment discontinuation (Figure)^{3,4,9}

The STAR*D study is the largest prospective clinical trial in MDD ever conducted.^{3,14}

Key Points

Clinical guidelines cite **remission** as the **treatment goal** for MDD, recommending treatment modification if initial therapy is ineffective.^{1-3,15}

However, **many patients** with MDD experience treatment inertia, remaining untreated or on their initial monotherapy even when treatment goals are not met.⁴

Adhering to clinical recommendations to **actively modify treatment** following non-response in MDD may help to optimise patient outcomes.^{1-4,15}

References

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Abbreviations

APA: American Psychiatric Association; CANMAT: Canadian Network for Mood and Anxiety Treatments; CBT: cognitive behavioural therapy; MDD: major depressive disorder; MDE: major depressive episode; STAR*D: Sequenced Treatment Alternatives to Relieve Depression.