TITLE: Aripiprazole as an Adjunct to Anti-Depressants for Major Depressive Disorder: Clinical Effectiveness, Cost-Effectiveness, and Guidelines

DATE: 04 May 2016

RESEARCH QUESTIONS

1. What is the clinical efficacy of aripiprazole as an adjunct to antidepressants for the treatment of patients with major depressive disorder who have had an inadequate response to prior antidepressant treatments?

2. What is the cost-effectiveness of aripiprazole as an adjunct to antidepressants for the treatment of patients with major depressive disorder who have had an inadequate response to prior antidepressant treatments?

3. What are the evidence-based guidelines for the use of aripiprazole for the treatment of patients with major depressive disorder who have had an inadequate response to prior antidepressant treatments?

KEY FINDINGS

Three systematic reviews with meta-analyses, two randomized controlled trials, and two evidence-based guidelines were identified regarding the use of aripiprazole as an adjunct to antidepressants for the treatment of patients with major depressive disorder who have had an inadequate response to prior antidepressant treatments.

METHODS

A limited literature search was conducted on key resources including PubMed, Ovid PsychINFO, Ovid Embase, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No methodological filters were used to limit retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2014 and April 29, 2016.
SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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<th>Table 1: Selection Criteria</th>
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<tr>
<td><strong>Population</strong></td>
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<td><strong>Intervention</strong></td>
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<td><strong>Comparator</strong></td>
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<td><strong>Study Designs</strong></td>
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SNRI = serotonin-norepinephrine reuptake inhibitor; SSRI = selective serotonin reuptake inhibitor; TCA = tricyclic antidepressant.

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, economic evaluations, and evidence-based guidelines.

Three systematic reviews with meta-analyses, two randomized controlled trials, and two evidence-based guidelines were identified regarding the use of aripiprazole as an adjunct to antidepressants for the treatment of patients with major depressive disorder who have had an inadequate response to prior antidepressant treatments. No relevant health technology assessments or economic evaluations were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


**Randomized Controlled Trials**


**Economic Evaluations**

No literature identified.

**Guidelines and Recommendations**

   See: Atypical antipsychotic-antidepressant combination, pages 54-55

   See: Pharmacological Strategies in Resistant Depression

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APPENDIX – FURTHER INFORMATION:

Previous CADTH Reports


Non-Randomized Studies


PubMed: PM25037144


We describe the results of an open-label study designed to assess the effectiveness and tolerability of Aripiprazole addition to an antidepressant in patients with major depressive disorder with postpartum onset who had not experienced significant clinical improvement following an adequate trial of an antidepressant. Eight of ten women completed the trial with augmentation of Aripiprazole (2-10 mg) to their existing antidepressant treatment. Our results suggest a possible therapeutic role for Aripiprazole when added to an antidepressant in non-breastfeeding women with postpartum depression. Aripiprazole addition appeared effective and safe with no serious adverse events reported.


Review Articles


Additional References
