New Evidence of agomelatine's efficacy in the treatment of anxiety in depressed patients

At the recent 24th European College of Neuropsychopharmacology congress (ECNP) held in early September in Paris, new agomelatine (Valdoxane®) data was presented which highlighted the distinctive profile of agomelatine's efficacy in reducing anxiety symptoms in depression versus placebo and versus active comparators in patients with major depressive disorder.[1,2]

The new data relates to an analysis of data pooled from six multi-center, double blind short-term, randomised trials of agomelatine in major depressive disorder. Anxiety was assessed using the HAM-D anxiety subscore in all six studies and using the HAM-A in four of the studies. The trials included three placebo controlled studies and three comparator studies versus sertraline, fluoxetine and venlafaxine.[2] Each trial spanned between six and eight weeks and involved almost 2 000 patients with major depressive disorder. Among these patients, more than 900 were classified as severely anxious as defined by a score of at least 5 points on the HAM-D anxiety subscore.[1,2]

After only two weeks of treatment, agomelatine had already improved the anxiety in depressed patients versus placebo - even in the most anxious cases.[1] The decrease in the HAM-D anxiety subscore was significantly higher with agomelatine compared to placebo in the total population and in the more anxious patients - $p<0.004$ and $p<0.005$ respectively.[2] This improvement resulted in a significant efficacy over the course of the study $p<0.001$, even in the more anxious patients.[2]

In comparison with sertraline, fluoxetine and venlafaxine, agomelatine improved the HAM-A score in both the total population and highly anxious population.[1] In comparison with SSRIs and venlafaxine, the HAM-D comparative anxiety subscore was in favour of agomelatine - 0.20, $p=0.167$ in the total population and 0.26, $p=0.160$ in the more anxious population at endpoint 2. In comparison with the other antidepressants, agomelatine led to a significant decrease in the HAM-A - 1.39, $p=0.006$ for the total population and 1.72, $p=0.032$ for the highly anxious population at endpoint.[2]

Recent clinical studies have demonstrated that agomelatine is effective in major depression and leads to a decrease in associated anxiety symptoms as well as sleep disturbances that are characteristic of many mood and anxiety disorders.[3]

''These new data are important because anxiety within depression is common and associated with a worse prognosis, increased disability and higher use of medication,'' says Professor Dan Stein, Professor and Chair of the Department of Psychiatry and Mental Health at the University of Cape Town, South Africa. ''This new evidence establishes the novel antidepressant agomelatine as a promising treatment option for the management of anxiety in patients suffering from depression.''

Professor Sidney Kennedy, Professor of Psychiatry at the University of Toronto, Canada, makes the following observations: ''In addition to the strong existing evidence of its antidepressant efficacy, these new data reinforce agomelatine's powerful efficacy for the management of anxiety versus other commonly used antidepressants. In addition, this efficacy is seen in clinical settings with patients reporting that they 'feel better' and are 'less anxious' as early as the second week of treatment.''

Agomelatine, the first melatonergic antidepressant, has an innovative pharmacological profile: it is both a melatonergic receptor (MT_1/MT_2) agonist and a $5HT_2c$ receptor antagonist, but has no significant affinity for the wide variety of other receptors.

Agomelatine's antidepressant activity results from the resynchronization of the circadian rhythms that are disturbed in most depressed patients.[4] Agomelatine has chronobiotic, antidepressant and anxiolytic effects.[5]

References

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