Introduction
Early Onset of Antidepressant Action
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Early onset of antidepressant action is a relevant topic, as evident from the advantages an “early” onset of action might offer. Most notably, a shorter time to antidepressant action would reduce the personal and financial toll of the disorder by decreasing patients’ time in distress, lost time from work, and the time the impairment affects family and friends. An efficacious and well-tolerated antidepressant with an earlier onset of action relative to similarly effective and well-tolerated medications would yield considerable benefits to the healthcare system.

Given the competitive and expensive marketplace, a faster-acting antidepressant presumably would offer a competitive advantage. However, for most clinicians, the key issue is the direct therapeutic implication. Advantages may include decreasing length of hospital stay for patients, decreasing the overall burden of suffering by more quickly improving patients’ health, and diminishing the risk of suicide in the early days of treatment. Early, effective treatment could diminish the lethal impact of depression on patients with comorbid medical illnesses, such as heart disease and cancer. From the perspective of treatment strategy, a predictable, early emergence of therapeutic effect would advance the decision point of when to change or optimize treatment in the course of acute management of a depressed patient.

Questions needing consideration for this topic begin with defining onset of action. What actions are addressed? What changes are measured? For example, does an earlier onset mean the patient no longer meets diagnostic criteria for treatment outcome of major depressive disorder: a review of the current research literature. Arch Gen Psychiatry 1991;48:796–800

First, the study population must be of adequate size and include a placebo control to measure an antidepressant action. Without such a criterion, dosing of one treatment may be more aggressively administered at full or optimal therapeutic dose while others are not, resulting in the appearance that one treatment works faster than another. Fourth, the study population must be clearly established given the number of variables in a trial. Second, determining early onset requires that the standard clinical study be altered, permitting more frequent assessments and allowing patient improvement measurements at relevant timepoints. Third, aggressive dosing should be a criterion so all treatments are equally likely to show early onset of action. Finally, an early onset response must be sustained to be considered significant.

With these questions and considerations in mind, the clinical researchers contributing to this supplement have scrutinized this issue, assessed available data and reports, and now offer insight into the state of the art of early time to onset of antidepressant efficacy.

REFERENCE
1. Prien RF, Carpenter LL, Kupfer DJ. The definition and operational criteria for treatment outcome of major depressive disorder: a review of the current research literature. Arch Gen Psychiatry 1991;48:796–800

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J Clin Psychiatry 2001;62 (suppl 4)