

Introduction

Recognizing Treatment-Resistant Depression

A. John Rush, M.D.

It is clear that antidepressant treatments (medications, depression-targeted psychotherapies, the combination of both medication and psychotherapy, electroconvulsive therapy, or other treatments) can substantially help depressed patients. However, recent evidence indicates that the degree of symptom reduction is directly related to (1) the patient's capacity to function on a daily basis and (2) the subsequent prognosis. Specifically, those with a response to treatment, but who have residual depressive symptoms, do not function as well, nor do they have as good a prognosis, as those whose depressive symptoms remit completely. Furthermore, less than one half of patients treated with a single medication or a trial of time-limited psychotherapy attain a fully asymptomatic state. This body of evidence has led to an increasing recognition of various forms of treatment-resistant depression.

The following series of articles attempts to bring clarity to this important arena, by addressing both conceptual and practical clinical issues. Dr. Andrew A. Nierenberg and Ms. Lindsay M. DeCecco put forth conceptual and operational definitions of nonresponse, partial response, response with residual symptoms, and symptomatic remission. Obviously, all depressions that do not remit with an adequate treatment trial (in terms of both dose and duration) can be viewed as treatment resistant.

Dr. Harold A. Sackeim reviews recent efforts to specify and measure the type, dose, and duration of previous treatment trials, an essential step to distinguishing depressions that have not responded to inadequate treatments from those that have not responded to adequate trials of one or more established treatments. The practical meaning of treatment resistance, and particularly its likely effect on the probability of response to the next treatment trial, is discussed.

Drs. Susan G. Kornstein and Robert K. Schneider provide a particularly thorough review of those clinical features that characterize persons with treatment-resistant depression, including such parameters as prior course of illness, family history, and concurrent general medical or psychiatric disorders. These and other factors that influence the likelihood of remission (e.g., patient and clinician behaviors) are of particular value in our attempts to reduce treatment resistance in daily practice.

Finally, Dr. John F. Greden provides an excellent synthesis and overview of the societal and personal consequences of treatment-resistant depression. It is the group of individuals with treatment-resistant depression who suffer the greatest level of impairment, and who, as well, require substantial health care services.

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The planning teleconference "Recognizing Treatment-Resistant Depression" was held November 6, 2000, and supported by an unrestricted educational grant from Eli Lilly and Company.

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Each of these reviews highlights the fact that treatment resistance is far more common and far more devastating in terms of both impaired function and a worsened prognosis than previously recognized. These thorough, empirically informed presentations set the stage for the subsequent discussion of management and treatment options for treatment-resistant depressions.¹ Effective clinical interventions are unlikely if we do not carefully attend to the early recognition of treatment-resistant depression.

REFERENCE

1. Rush AJ, Fava M, Marangell LB, et al. Managing treatment-resistant depression. *J Clin Psychiatry Audiograph Series* 2001;4(4):1-16

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