

THE JOURNAL OF  
**CLINICAL PSYCHIATRY**

THE OFFICIAL JOURNAL OF THE AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY

## **Supplementary Material**

**Article Title:** Head-To-Head Comparison of Vortioxetine Versus Desvenlafaxine in Patients With Major Depressive Disorder With Partial Response to SSRI Therapy: Results of the VIVRE Study

**Author(s):** Roger S. McIntyre, MD; Ioana Florea, MD; Mads Møller Pedersen, MSc; and Michael Cronquist Christensen, DrPH

**DOI Number:** <https://doi.org/10.4088/JCP.23m14780>

### **List of Supplementary Material for the article**

1. [Table 1](#) Patient Disposition by Country (All-Patients-Treated Set)
2. [Table 2](#) Baseline FAST Total and Domain Scores and Q-LES-Q Long-Form Domain Scores (Full Analysis Set)
3. [Table 3](#) Rates of CGI and MADRS Response and Remission at Week 8 (Full Analysis Set, Observed Cases)
4. [Table 4](#) Baseline Patient Demographics and Clinical Characteristics for the Working Population
5. [Figure 1](#) Change from Baseline to Week 8 for FAST Total and Domain Scores in Working Patients (Analysis of Covariance, Observed Cases)
6. [Appendix 1](#) VIVRE Study Principal Investigators

### **Disclaimer**

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

## SUPPLEMENTARY MATERIALS

**Supplementary Table 1.** Patient Disposition by Country (All-Patients-Treated Set)

<b>Country</b>	<b>Vortioxetine (n = 310)</b>	<b>Desvenlafaxine (n = 293)</b>
Argentina	68	64
Belgium	1	0
Bulgaria	15	17
Czech Republic	37	36
Estonia	10	10
Latvia	6	4
Mexico	14	13
Russia	76	73
Slovakia	28	25
Spain	3	5
Sweden	9	6
Ukraine	43	40

**Supplementary Table 2.** Baseline FAST Total and Domain Scores and Q-LES-Q Long-Form Domain Scores (Full Analysis Set)

	<b>Vortioxetine (n = 309)</b>	<b>Desvenlafaxine (n = 293)</b>
<b>FAST total and domain scores</b>		
Total score <sup>a</sup>	41.5 ± 12.3	41.6 ± 12.9
Autonomy <sup>b</sup>	5.7 ± 2.7	5.7 ± 2.8
Occupational functioning <sup>a</sup>	9.4 ± 4.2	9.2 ± 4.1
Cognitive functioning	9.5 ± 2.8	9.6 ± 3.0
Financial issues	2.2 ± 1.7	2.3 ± 1.8
Interpersonal relationships	10.2 ± 3.5	10.3 ± 3.7
Leisure time	4.4 ± 1.4	4.4 ± 1.6
<b>Q-LES-Q domain scores (%)<sup>c</sup></b>		
Physical health	35.9 ± 11.9	35.9 ± 13.2
Feelings	38.6 ± 14.7	38.7 ± 14.4
Work <sup>d</sup>	43.1 ± 24.7	42.0 ± 23.3
Household duties <sup>e</sup>	42.7 ± 19.9	42.3 ± 19.4
School/course work <sup>f</sup>	32.2 ± 23.5	25.5 ± 26.3
Leisure activities	32.8 ± 22.6	30.5 ± 21.5
Social relations	39.8 ± 17.1	38.5 ± 16.9
General activities	38.8 ± 12.5	38.6 ± 13.0
Satisfaction with medication <sup>g</sup>	40.4 ± 17.6	40.0 ± 17.4
Overall satisfaction and contentment	29.9 ± 18.0	30.1 ± 17.5

Data are mean ± standard deviation.

<sup>a</sup>n = 305 in the vortioxetine group and n = 291 in the desvenlafaxine group.

<sup>b</sup>n = 308 in the vortioxetine group and n = 292 in the desvenlafaxine group.

<sup>c</sup>Q-LES-Q numeric scores have been converted into a percentage score by linear transformation of the scores into a scale of 0–100, where 0 corresponds to the worst score and 100 to the best score on the numeric scale.

<sup>d</sup>n = 219 in the vortioxetine group and n = 210 in the desvenlafaxine group.

<sup>e</sup>n = 297 in the vortioxetine group and n = 284 in the desvenlafaxine group.

<sup>f</sup>n = 53 in the vortioxetine group and n = 59 in the desvenlafaxine group.

<sup>g</sup>n = 258 in the vortioxetine group and n = 231 in the desvenlafaxine group.

Abbreviations: FAST = Functioning Assessment Short Test (score range, 0–72), Q-LES-Q = Quality of Life Enjoyment and Satisfaction Questionnaire.

**Supplementary Table 3.** Rates of CGI and MADRS Response and Remission at Week 8 (Full Analysis Set, Observed Cases)

<b>Outcome</b>	<b>Vortioxetine (n = 295)</b>	<b>Desvenlafaxine (n = 286)</b>	<b>Odds ratio (95% CI)</b>	<b>P Value</b>
<b>Response</b>				
CGI-I (score ≤ 2)	194 (65.8)	174 (60.8)	1.24 (0.88 to 1.74)	.217
MADRS (≥ 50% reduction from baseline)	128 (43.4)	105 (36.7)	1.32 (0.95 to 1.85)	.100
<b>Remission</b>				
CGI-S (score ≤ 2)	96 (32.5)	71 (24.8)	1.48 (1.03 to 2.15)	<b>.034</b>
MADRS (score ≤ 10)	53 (18.0)	58 (20.3)	0.86 (0.57 to 1.31)	.485

Data are n (%), unless otherwise indicated. Significant treatment differences (*P* values) are shown in bold.  
Abbreviations: CGI-I = Clinical Global Impressions–Improvement scale, CGI-S = Clinical Global Impressions–Severity of Illness scale, MADRS = Montgomery-Åsberg Depression Rating Scale.

**Supplementary Table 4.** Baseline Patient Demographics and Clinical Characteristics for the Working Population

	<b>Vortioxetine</b>	<b>Desvenlafaxine</b>
<b>Demographic characteristics (APTS)</b>	<b>(n = 180)</b>	<b>(n = 181)</b>
Age, y	42.7 ± 11.0	43.4 ± 11.5
Female	122 (67.8)	124 (68.5)
White	163 (90.6)	167 (92.3)
<b>Disease characteristics (FAS)</b>	<b>(n = 179)</b>	<b>(n = 181)</b>
MADRS total score	30.5 ± 3.7	30.6 ± 3.9
CGI-S score	4.5 ± 0.6	4.5 ± 0.6
FAST total score	40.0 ± 12.3	40.3 ± 12.1
Autonomy <sup>a</sup>	5.5 ± 2.6	5.4 ± 2.7
Occupational functioning	8.6 ± 3.8	8.7 ± 3.6
Cognitive functioning	9.5 ± 2.9	9.5 ± 2.9
Financial issues	2.1 ± 1.7	2.2 ± 1.9
Interpersonal relationships	9.9 ± 3.7	10.1 ± 3.6
Leisure time	4.4 ± 1.4	4.4 ± 1.5
Q-LES-Q domain scores (%) <sup>b</sup>		
Physical health	36.4 ± 12.1	36.2 ± 13.0
Feelings	39.7 ± 15.0	41.0 ± 14.2
Work <sup>c</sup>	48.3 ± 20.1	46.8 ± 20.6
Household duties <sup>d</sup>	44.0 ± 20.2	44.7 ± 18.0
School/course work <sup>e</sup>	38.3 ± 25.0	30.5 ± 29.0
Leisure activities	33.1 ± 23.9	31.7 ± 22.4
Social relations	40.6 ± 17.7	40.3 ± 16.8
General activities	39.9 ± 13.1	40.7 ± 12.8
Satisfaction with medication <sup>f</sup>	39.8 ± 17.6	41.1 ± 17.2
Overall satisfaction and contentment	30.9 ± 18.0	32.7 ± 18.5

Data are mean ± standard deviation or n (%).

<sup>a</sup>n = 178 in the vortioxetine group and n = 180 in the desvenlafaxine group.

<sup>b</sup>Q-LES-Q numeric scores have been converted into a percentage score by linear transformation of the scores into a scale of 0–100, where 0 corresponds to the worst score and 100 to the best score on the numeric scale.

<sup>c</sup>n = 174 in both groups.

<sup>d</sup>n = 173 in the vortioxetine group and n = 175 in the desvenlafaxine group.

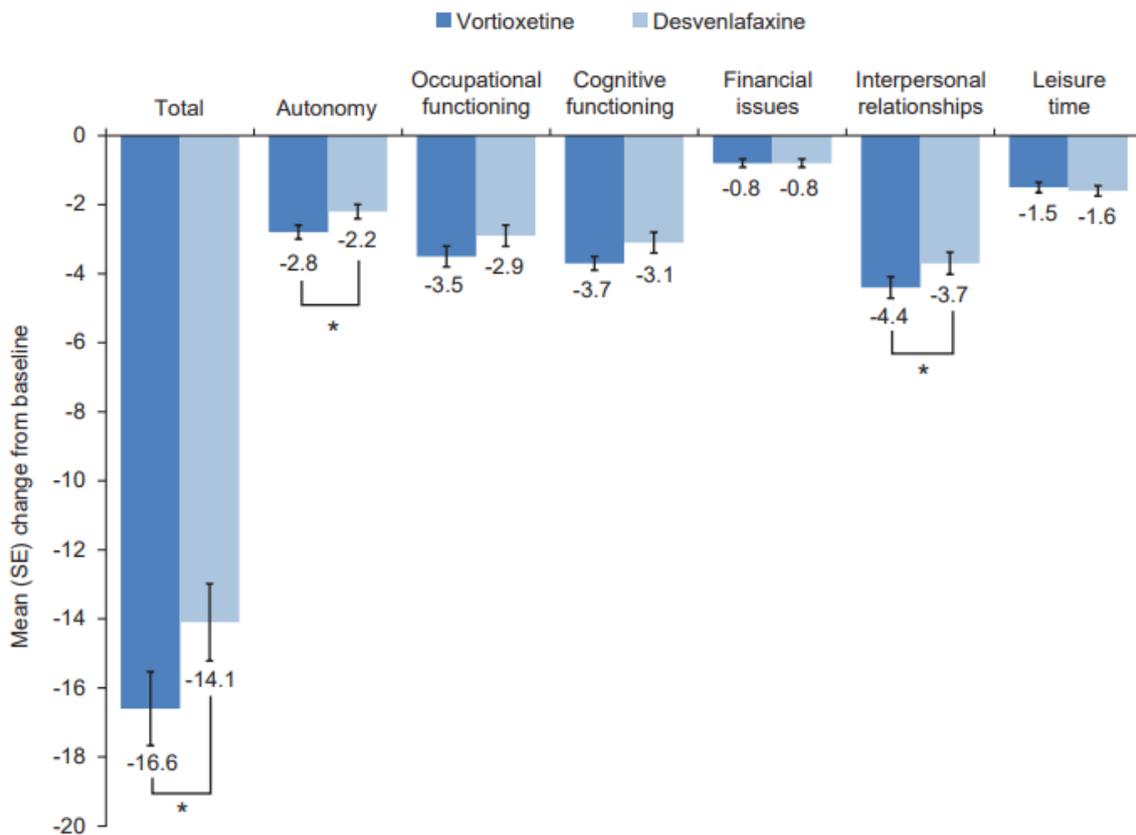
<sup>e</sup>n = 20 in the vortioxetine group and n = 29 in the desvenlafaxine group.

<sup>f</sup>n = 150 in the vortioxetine group and n = 141 in the desvenlafaxine group.

Abbreviations: APTS = all-patients-treated set, CGI-S = Clinical Global Impressions–Severity of Illness scale (score range, 1–7), FAS = full analysis set, FAST = Functioning Assessment Short Test (score range, 0–72), MADRS = Montgomery-Åsberg Depression Rating Scale (score range, 0–60), Q-LES-Q = Quality of Life Enjoyment and Satisfaction Questionnaire.

---

**Supplementary Figure 1.** Change from Baseline to Week 8 for FAST Total and Domain Scores<sup>a</sup> in Working Patients (Analysis of Covariance, Observed Cases)



<sup>a</sup>For FAST scores, reduction represents improvement.

\* $P < .05$

Abbreviations: FAST = Functioning Assessment Short Test, SE = standard error.

## Appendix 1. VIVRE Study Principal Investigators

<b>ARGENTINA</b>	
Hector Lamaison	Instituto de Neurociencias San Agustin SA, La Plata
German Berardo	Centro de Asistencia e Investigacion en Neurociencias (CENAIN), Mendoza
Carlos Alberto Morra	Sanatorio Professor Leon S. Morra SA, Córdoba
Hernan Alessandria	Clinica Privada de Salud Mental Santa Teresa de Avila, La Plata
Luis Daniel Mosca	Instituto Nacional de Psicopatologia (INAPsi), Ciudad Autonoma de Buenos Aires
Ricardo Corral	Fundacion para el Estudio y Tratamiento de las Enfermedades Mentales (FETEM), Ciudad Autonoma de Buenos Aires
Gerardo Garcia Bonetto	Instituto Medico DAMIC (Docencia Asistencia Médica e Investigación Clínica), Fundacion Rusculleda, Córdoba
Enrique Kuper	CENyDET – Centro Neurobiologico y de Estres Traumático – Biopsychomedical Research Group Srl, Ciudad Autonoma de Buenos Aires
Eugenio Velasco	Resolution Psychopharmacology Research Institute, Mendoza
Eduardo Amado Cattaneo	Clinica Privada Banfield, Banfield
Georgina Viczena	Instituto Modelo de Neurologia Fundacion Lennox, Córdoba
Hernan Ruggieri	CEN (Centro Especializado Neurociencias), Córdoba
Christian María Rosa Lupo	CIAP (Centro de Investigacion y Asistencia en Psiquiatria), Rosario
Griselda Russo	CINME (Centro de Investigaciones Metabolicas), Ciudad Autonoma de Buenos Aires
<b>BELGIUM</b>	
Stefaan Geerts	Algemeen Ziekenhuis St. Lucas–St. Jozef, Brugge
<b>BULGARIA</b>	
Temenuzhka Mateva Dechkova-Novakova	Center For Mental Health, Rousse
Andriana Kakanakova	UMHAT Sveti Georgi Plovdiv, Plovdiv
Petar Petrov	Diagnostic Consultative Center Mladost-M Varna OOD, Varna
Ivan Dimitrov	MHAT Dr. Hristo Stambolski EOOD, Kazanlak
Tsvetelina Dobрева Petkova	Centre for Mental Health–Sofia, Sofia
Boyko Pernikliev	Medical Center – Complete Medical Solutions OOD, Samokov
<b>CZECH REPUBLIC</b>	
Zdenek Solle	CLINTRIAL s.r.o, Prague
Slavomir Pietrucha	Psychiatricka Ambulance, Kutna Hora
Jiri Masopust	Neuropsychiatrie HK s.r.o, Hradec Kralove
Jan Holan	Office of Dr. Jan Holan MD, Brno
Marek Perez	Meditrine s.r.o. – Psychiatricka Ambulance, Lecebne Centrum (previously MPMEDITRINE), Havirov
Lubos Janu	A-Shine s.r.o, Plzen

Alexander Nawka	Institut Neuropsychiatricke Pece (INEP), Prague
Oto Markovic	Clinline Services s.r.o, Hostivice
Barbora Kohutova	National Institute of Mental Health, Klecany
<b>ESTONIA</b>	
Anu Arold	Marienthali Kliinik, Tallinn
<b>LATVIA</b>	
Ilona Paegle	Sigulda Hospital Outpatient Clinic, Sigulda
Linda Keruze	Psihiatrijas Centrs, Liepaja
Elmars Rancans	Riga Centre Of Psychiatry and Addiction Disorders, Riga
<b>MEXICO</b>	
Edilberto Pena de Leon	Health Pharma Professional Research, S.A. de C.V, Mexico City
Miguel Angel Viveros Erosa	Medical Care and Research, S.A. de C.V, Merida
Enrique Lara Gonzalez	Medical Care and Research, S.A. de C.V, Merida
Omar Kawas Valle	CRIC Centro Regiomontano de Investigacion SC, Monterrey
<b>RUSSIA</b>	
Sergey Zolotarev	Region Specialized Psychiatric Hospital No.2, Stavropol
Victor Soldatkin	Rostov State Medical University, Rostov-on-Don
Natalia Penchul	Leningrad Regional Psychoneurological Dispensary, Roshchino
Dmitry Kosterin	Hospital Orkli LLC, Saint Petersburg
Julia Barylnik	Saratov State Medical University, Saratov
Alexander Okhapkin	State Budgetary Educational Institution of Higher Professional Education, Smolensk State Medical University of the Ministry of Healthcare of the Russian Federation, Smolensk
Dhaval Mavani	LLC Medical Center Nova Vita, Rostov-on-Don
Evgenii Snedkov	St. Nicolas State Psychiatric Hospital, Saint Petersburg
Dmitry Ivliev	Engels Psychiatric Hospital, Engels
Irina Zayarnaya	Yaroslavl Regional Clinical Psychiatry Hospital, Yaroslavl
Sergey Mosolov	Clinic Yu. N. Kasatkin FGBOU DPO RMANPO Minzdrava Rossii, Moscow
Lala Kasimova	Nizhny Novgorod Region State Institution of Healthcare Clinical Psychiatric Hospital 1 of Nizhny Novgorod, Nizhny Novgorod
Anatoly Bogdanov	Arkhangelsk Regional Clinical Mental Hospital, Arkhangelsk
Shmukler Alexander	Moscow Scientific Research Institute of Psychiatry, Moscow
Maria Yanushkoc	LLC Astarta, Saint Petersburg
<b>SLOVAKIA</b>	
Eva Palova	EPAMED s.r.o, Kosice
Abdul Mohammad Shinwari	PsychoLine s.r.o, Rimavska Sobota
Dagmar Breznoscakova	Crystal Comfort s.r.o., Vranov nad Toplou
Juraj Mrazik	Psychiatricka Ambulancia, Zlate Moravce
Marta Pavlikova	BONA MEDIC s.r.o., Zlate Moravce
Peter Molcan	MENTUM s.r.o., Bratislava

<b>SPAIN</b>	
Francesca Dols	Hospital Psiquiatric de Palma de Mallorca, Palma de Mallorca
Francisco Montanes Rada	Hospital Universitario Fundacion Alcorcon, Alcorcon
Francisco Javier de Diego Adelino	Hospital de la Santa Creu i Sant Pau, Barcelona
<b>SWEDEN</b>	
Lars Haeggstroem	Afecta Psykiatri AB, Halmstad
Anders Luts	ProbarE, Lund
Peter Bosson	ProbarE, Stockholm
Marco Nobis	Smärt och Psykiatricentrum AB (SPC AB), Malmo
Maria Markevind	ONE LIFETIME Lakarmottagning, Skövde
<b>UKRAINE</b>	
Andrii Skrypnikov	Poltava Regional Clinical Psychiatric Hospital O.F. Maltsev, Poltava
Gennadiy Zilberblat	Kyiv Regional Psychiatric and Narcological Medical Association, Glevakha
Nataliya Maruta	SI INPN Namsu, Kharkiv
Anatolii Voloshchuk	Odessa Regional Medical Centre of Mental Health, Odessa
Oksana Serebrennikova	Vinnitsia National Medical University, Vinnitsia Regional Clinical Psychoneurological Hospital, Vinnitsia
Iryna V Kosenkova	Communal Non-commercial Enterprise Cherkasy Regional Psychiatric Hospital of Cherkasy Regional Council, Smila
Oleksandr Mykhaylyukovych	Municipal Non-profit Enterprise Odesa Regional Psychiatric Hospital No. 2 of Odesa Regional Council, Kominternivskyy
Viktor Kovalenko	Communal Non-Commercial Enterprise of Kharkiv Regional Council Regional Clinical Psychiatric Hospital No. 3, Kharkiv
Valerii S Pidkorytov	Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine, Kharkiv
Myron Mulyk	Ivano-Frankivsk Oblast Neuropsychiatric Hospital No. 3, Ivano-Frankivsk
Serhiy Mykhnyak	Lviv Regional State Clinical Psychiatric Hospital, Danylo Halytsky Lviv National Medical University, Lviv