BACKGROUND

- Depression causes patients to experience many emotional, cognitive, and physical impairments, it is associated with psychological indicators that depression negatively affects family functioning.

- The Depression and Family Functioning Scale (DFFS) was developed to measure changes in family functioning and the impact of treatment on family functioning.

- The DFFS Total score is the sum of the 15 item scores.

- The present analyses were based on the full-analysis set (FAS), comprising all patients who had a valid baseline DFFS Total score.

- Statistical Analyses
- The DFFS Total score is created by summing the 15 item scores ranging from 0 to 60, with lower scores reflecting better partner relationship.

OBJECTIVE

- To measure the impact of depression on family functioning and to examine in detail the impact of treatments on family functioning, as well as the relationship of family functioning, as measured by the DFFS, to other COAs.

METHODS

- Study Design
- Data from REVIVE®10 were analyzed. REVIVE was a randomized, multi-center, double-blind, active controlled, parallel-group, multicenter, 12-week, and 6-week extension study conducted in 14 countries (Austria, Belgium, Bulgaria, Czech Republic, Estonia, Germany, Italy, Latvia, Lithuania, Poland, Romania, Russia, Spain, Sweden, and the United Kingdom).

- Measures
- The depression interference with ability to take care of household and family members.

- Clinical Outcome Assessments
- The change from baseline to week 12 for each of the COAs was compared.

- Statistical Analyses
- The present analyses were based on the full-analysis set (FAS), comprising all patients who had a valid baseline DFFS Total score.

RESULTS

- Patient Characteristics
- The DFFS Total score for treated patients was 21.41 at week 8 and 22.72 at week 12.

- The quartile analyses showed that higher (worse) DFFS Total scores showed improvements in family functioning and partner relationship from baseline to weeks 8 and 12, with the greatest improvement for the top quartile (Table 5).

- Interestingly, the mean score difference between the quarters was greater at week 12 than at week 8, indicating a greater improvement for the top quartile compared with the other quartiles.

- The DFFS Total score was significantly associated with other COAs (EQ-5D, CGI-S, and MADRS).

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DISCUSSION

- The DFFS was developed as a measure of partner relationship and family functioning of depressed patients. The DFFS was validated in the European Multidisciplinary Alliance for Depression paper and in the REVIVE study. The DFFS has been shown to provide a valid and reliable measure of family functioning and partner relationship.

- The DFFS Total score was significantly associated with other COAs (EQ-5D, CGI-S, and MADRS).

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LIMITATIONS

- Although the efficacy of vortioxetine was established in REVIVE because of the superior outcome patterns, the absence of a placebo group complicates the inference as to whether the effects observed were due to vortioxetine or the clinical management provided.

- The exception of general anxiety disorder and social anxiety disorder in the REVIVE study and the absence of the use of antidepressants in pregnant women means that results cannot be confidently generalized to these groups.

CONCLUSIONS

- This study provides additional evidence that vortioxetine is superior to agomelatine in improving family functioning and partner relationship.

- Depressed patients with impaired family functioning were characterized by worse overall functioning, health status, and impaired partner relationship. The findings suggest that attention should be given to family functioning of depressed patients.

REFERENCES

- Please see handout for complete reference list.

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The Effect of Vortioxetine on Family Functioning in Adults With Major Depressive Disorder

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