

Olekhnovitch R, Hoertel N, Limosin F, Blanco C, Olfson M, Fagot-Campagna A, Fossati P, Haffen E, Goldberg M, Zins M, Lemogne C

Using filled prescription sequences to rank antidepressants according to their acceptability in the general population: The CONSTANCES cohort

Journal of Psychiatric Research. 2020 Apr (Epub 2020 Jan 30), 123:72-80. doi: 10.1016/j.jpsychires.2020.01.017.

ABSTRACT

Ranking antidepressants according to their acceptability (i.e. a combination of both efficacy and tolerability) in the general population may help choosing the best first-line medication. This study aimed to rank antidepressants according to the proportion of filled prescription sequences consistent with a continuation of the first treatment versus those consistent with a change. A first step was validating this measure as a proxy of acceptability by examining the association of these two kinds of sequences with levels of depressive symptoms. Among 64,467 individuals included in the French population-based Constances cohort, reimbursements of antidepressants from January 2009 to December 2015 were extracted from the French national health insurance system claims database. Depressive symptoms were measured at inclusion with the Center for Epidemiologic Studies-Depression scale (CES-D). Between January 2010 and December 2015, 6675 participants newly initiated an antidepressant (34.5% men, mean (SD) age: 48.3 (12.1) years). Among the subsample of participants included during the six-month period following treatment initiation, individuals with continuation sequences had lower levels of depressive symptoms than those with change sequences (mean (SE) CES-D score: 18.9 (0.8) versus 26.5 (2.1), $p < 0.001$). According to the continuation/change ratio observed over this six-month period in all participants, escitalopram ranked first, followed by sertraline, venlafaxine, citalopram, fluoxetine and paroxetine. In an independent replication sample representative of the French national population, the same six medications ranked first, with escitalopram remaining in first place. The proportion of filled prescription sequences consistent with a continuation versus a change of the first prescribed treatment may provide a widely available measure of antidepressant acceptability in community practice.

KEYWORDS: Antidepressive agents; Big data; Cohort studies; Depressive disorder; Insurance; Health; Reimbursement

FOR MORE INFORMATION, CLICK [HERE](#)