Add or Switch? Major Depressive Disorder Interactive Decision Support App Reveals Discordance Between Expert and Community Clinicians

APA 2021

Undecided

Continue/

Abstract 5354

Zachary Schwartz, MSC, ELS¹; Kiran Mir-Hudgeons, PhD¹; Anne Roc, PhD¹; Leslie Citrome, MD, MPH²; Christoph U. Correll, MD³; Rakesh Jain, MD, MPH⁴; Roger McIntyre, MD, FRCPC⁵; Michael E. Thase, MD⁶

¹Clinical Care Options, LLC. ²New York Medical College. ³Donald and Barbara Zucker School of Medicine at Hofstra/Northwell.

⁴Texas Tech Health Sciences Center, School of Medicine. ⁵University of Toronto. ⁶Perelman School of Medicine at the University of Pennsylvania

1. Background

In many patients with major depressive disorder (MDD), remission is not achieved with the initial antidepressant. Most guidelines recommend switching to or adding another treatment for residual symptoms, but healthcare professionals (HCPs) often fail to measure response or adjust treatment.

To address this practice gap and to help HCPs make individualized treatment recommendations for such patients, we developed a decision support app based on recommendations from 5 experts.

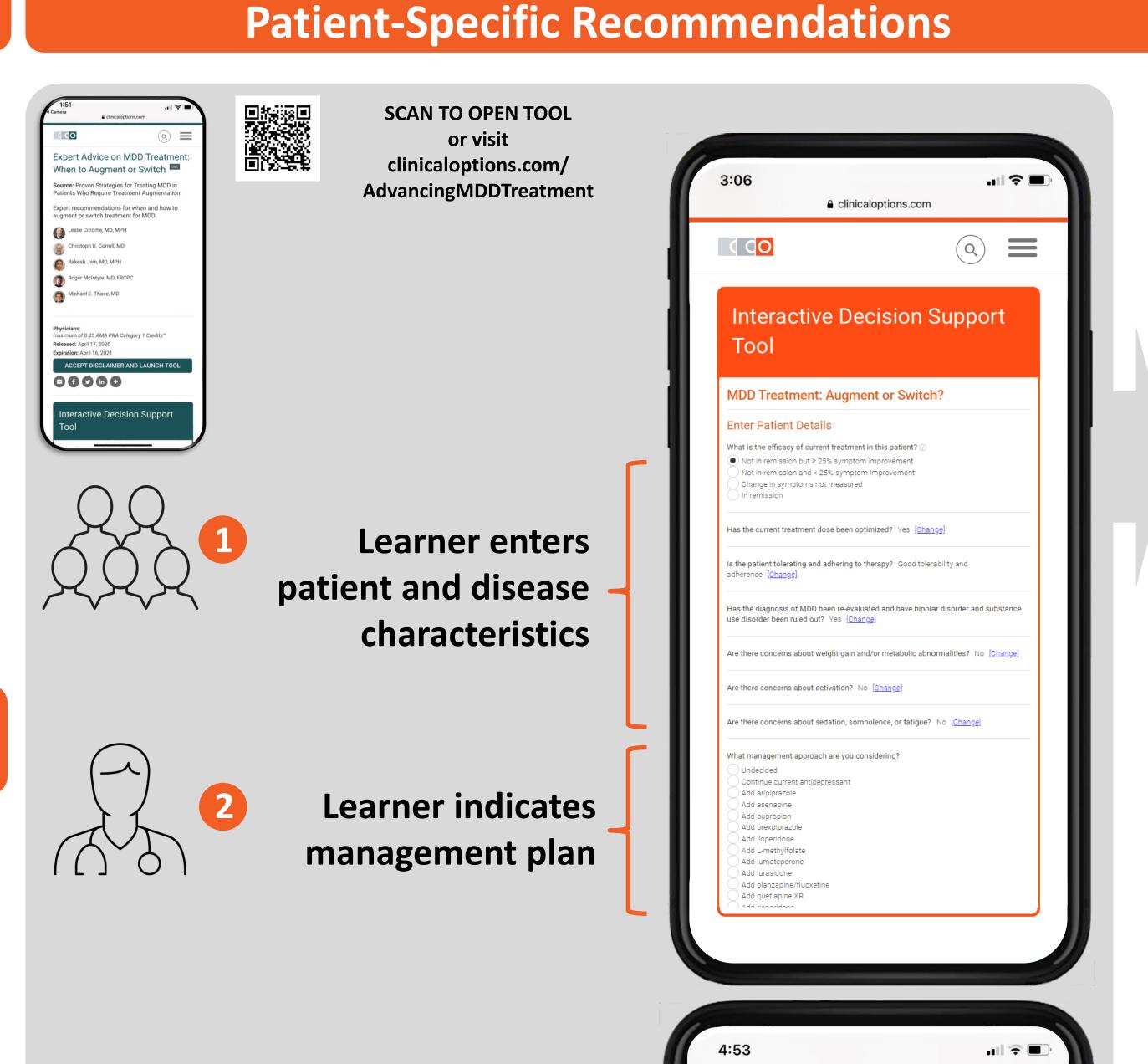
2. Methods

In March 2020, 5 depression experts provided treatment recommendations for 45 unique MDD case scenarios based on an agreed upon, simplified set of patient variables:

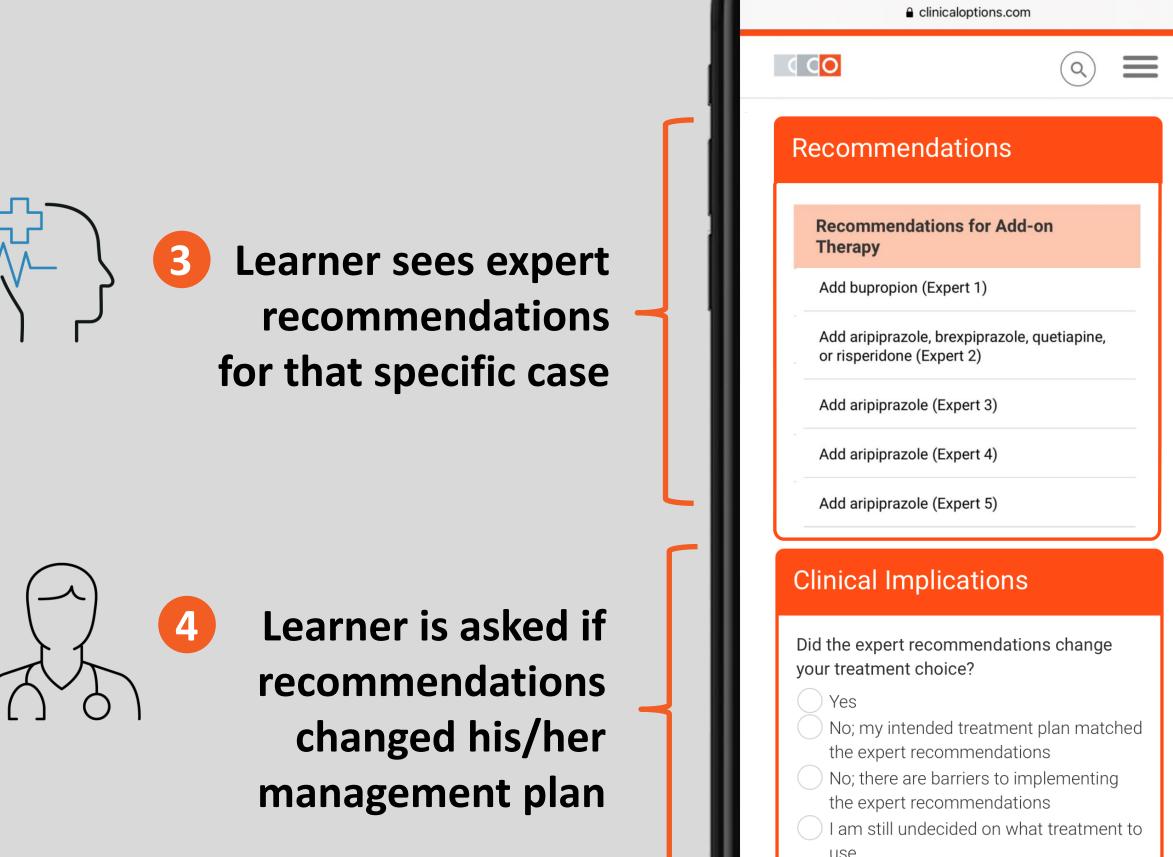
- Efficacy of current treatment
- Tolerability of/adherence to current treatment
- Concerns about sexual dysfunction, weight gain/metabolic abnormalities, activation/sedation

3. Cases

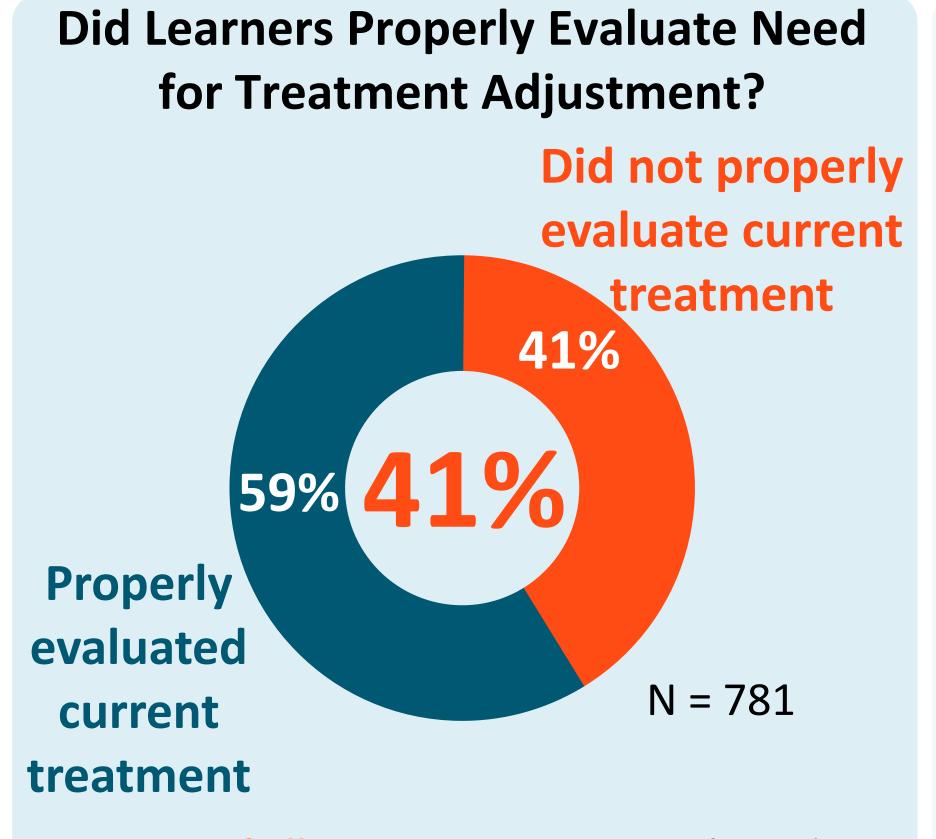
- From April 2020 to March 2021,
 534 learners entered 781 unique patient case scenarios
 - n = 394 cases via the CCO site (authenticated)
 - n = 140 cases via the app (anonymous)
- 87% of learners were US-based and 13% were from outside the US
- **62% of learners were physicians,** 20% were nurses/NP/PA, 11% were pharmacists



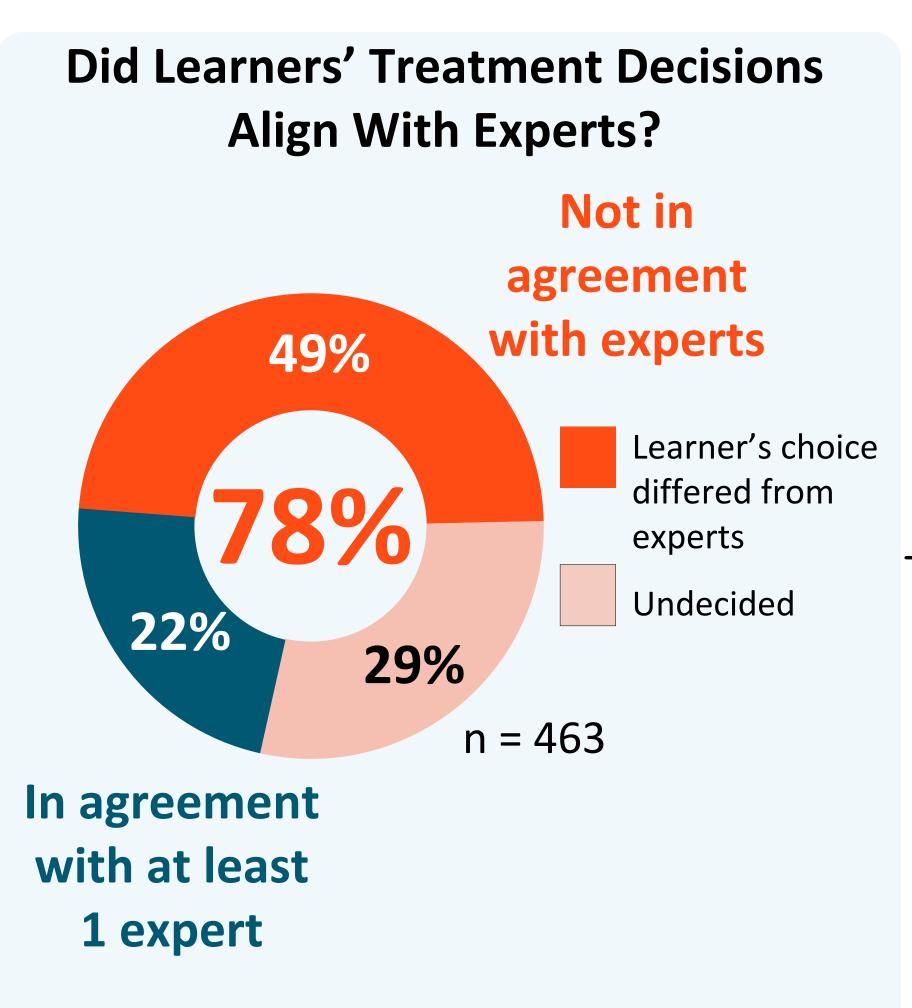
4. Online Decision Support Tool Provides



5. Intended Management Approach



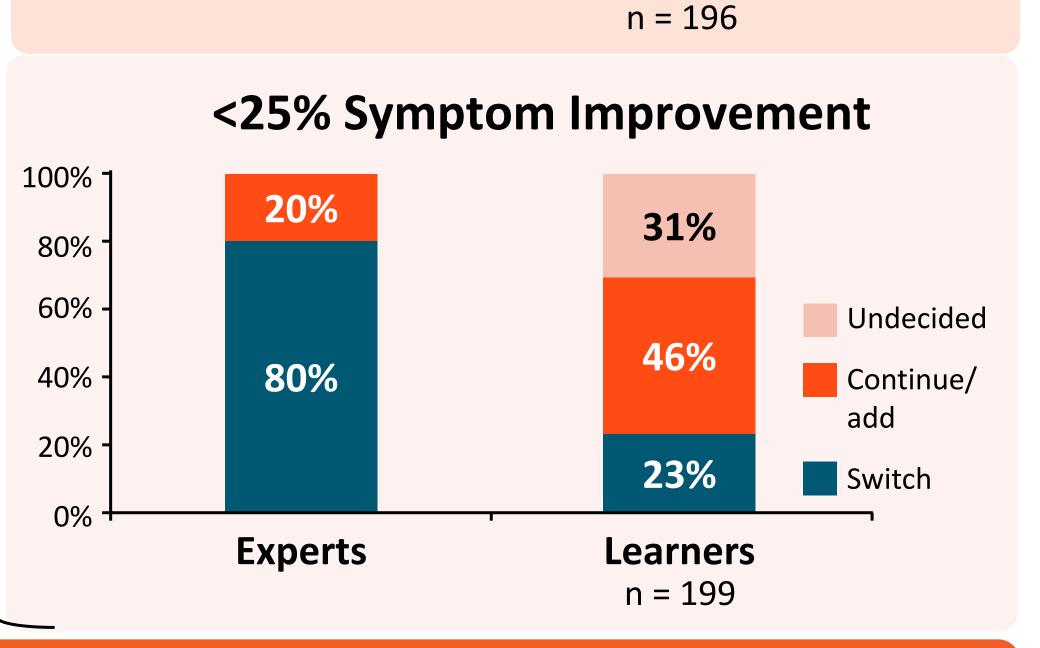
- In 41% of all cases, participants selected a treatment plan before evaluating the need for treatment adjustment via the following strategies:
 - Measure change in symptoms
 - Dose optimization
 - Assess adherence/tolerability
 - Re-evaluate MDD diagnosis



In 78% of cases, where a treatment decision was made, participants selected a treatment plan that differed from experts

In Patients Not in Remission, Did Experts and Learners Add or Switch? ≥25% Symptom Improvement 20% 25%

Experts



Learners

6. Posteducation Impact

Subset of Learner Cases Where Baseline Plan Differed From Experts and Learner Identified Future Plan



Did the recommendation change your treatment choice?



No, did not change plan owing to barriers, undecided

40%

N = 114

7. Conclusions

- This point-of-care app can be part of an implementation strategy to positively influence practice behaviors: Clinicians can see if their intended treatment choice is congruent with a panel of experts and reconsider their plans as appropriate. The app revealed—and helped learners correct—key gaps:
 - Learners often failed to practice measurement-based care by neglecting to evaluate the need for treatment adjustment in 41% of case scenarios
 - Of cases where a treatment decision was made, learners' intentions differed from experts in 78% of case scenarios

Acknowledgements: This research is based on CME activities supported by an independent educational grant from Otsuka and Lundbeck Alliance.

Disclosures: ¹None. ¹Consulting Fees: Acadia, Alkermes, Allergan, Avanir, BioXcel, Eisai, Impel, Indivior, Intra-Cellular Therapies, Janssen, Lundbeck, Merck, Neurocrine, Otsuka, Pfizer, Sage, Shire, Sunovion, Takeda, and Teva; Ownership Interest: Bristol-Myers Squibb, Johnson & Johnson, Lilly, Merck, and Pfizer.

¹Research Grants: Janssen/Johnson & Johnson & Johnson and Takeda; Consulting Fees: Alkermes, Allergan, Angelini, Gedeon Richter, Janssen/Johnson & Johnson, Lilly, Merck, and Teva; Non-CME/CE services: Alkermes, Allergan, Angelini, Gedeon Richter, Gerson Lehrman Group, Intra-Cellular Therapies, Janssen/Johnson & Johnson, Lilly, Bersia, Forestal, Rovi, Sumitomo Dainippon, Sunovion, Supernus, Takeda; and Teva; Non-CME/CE services: Alkermes, Allergan, Angelini, Gedeon Richter, Gerson Lehrman Group, Intra-Cellular Therapies, Janssen, Lilly, Merck, Neurocrine, Otsuka, Pfizer, Sage, Shire, Sunovion, Takeda, and Teva; Non-CME/CE services: Alkermes, Allergan, Lilly, Bersia, Intra-Cellular Therapies, Janssen, Lilly, Merck, Neurocrine, Otsuka, Pfizer, Sage, Shire, Sunovion, Takeda, Teva, and Teva; Non-CME/CE services: Alkermes, Allergan, Allergan, Allergan, Allergan, Allergan, Allergan, Prizer, Solice, Sunovion, Sunov