Selective serotonin reuptake inhibitors were less cost effective than initial treatment with tricyclic antidepressants

Part II. The cost-effectiveness of SSRIs in treatment of depression.

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(commentary continued from page 50)

Whereas previous meta-analyses generally agreed with the conclusions of the CCOHTA’s first report, their economic modelling will be more contentious. To explore the cost of prescribing SSRIs vs tricyclics, the CCOHTA examined 3 treatment protocols: (1) give tricyclics only; (2) give tricyclics first, then give an SSRI if the patient cannot tolerate it; and (3) start with an SSRI and then go onto a tricyclic. Most previous economic analyses based on decision modelling have favoured SSRIs. This report suggests that using tricyclics alone is not cost effective, but starting tricyclics and moving to SSRIs if not tolerated (second option) is more cost effective than the third option.

There is much here to commend. The report used data derived from randomised trials wherever possible. The authors presented a more realistic therapeutic alternative to that used in many other economic models in this field. The main problem with the approach is that it is often based on multiple assumptions. The authors partially overcome this by presenting a number of sensitivity analyses with different dropout rates and tricyclic doses, and the main findings are reasonably robust. However, they still had to cobble together results of other studies to estimate resource use on either treatment. They also assumed that rates and costs of overdose, suicide, and road traffic accidents are similar on the 2 treatments—outcomes which are always difficult to model, but are probably rarer on SSRIs. Finally, costs are not constant between countries: what applies in one healthcare setting may not in another.

Whereas efficacy data are likely to be generalisable, cost effectiveness data are not. Despite these caveats, these are important and useful reports. SSRIs have undoubted advantages, and as their price falls they may become first line treatment.

For the time being, however, tricyclics remain the most cost effective first line treatment for depression.

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