When dealing with treatment resistant depression, one of the most compelling clinical issues is to decide whether to switch to another antidepressant or to augment antidepressant treatment with an agent belonging to a different class. In this meta-analysis the benefit of adjunctive treatment of standard antidepressants with an atypical antipsychotic for treatment resistant depression was assessed. Despite some interesting findings, careful consideration of the analysis is needed before drawing conclusions for clinical practice.

Firstly, a number of definitions exist for clinically significant treatment resistance, and we do not know which criteria were adopted in the included studies. A table with patients’ baseline characteristics would have let readers know which patient populations were included, and whether combining the results of different studies was clinically reasonable. Secondly, results from individual trials were not presented, and given the lack of these data the forest plots cannot confidently be interpreted and it is impossible to replicate the analysis. This omission is particularly relevant to this meta-analysis, as 7 out of 10 included studies were conference proceedings, and discrepancies have been documented between the results of the meeting abstract and the subsequent full-length publication.

The main clinical finding of the meta-analysis is that adjunctive treatment of standard antidepressants (mainly fluoxetine) with some atypical antipsychotics (olanzapine, risperidone, quetiapine) might be more effective in terms of response and remission. However, tolerability is a crucial issue in augmentation strategies; the greater the number of drugs taken, the greater the risk of adverse events. As the authors stated in the text, a higher proportion of discontinuations due to adverse effects was found in the augmentation group. Furthermore, the duration of the trials included in this analysis (between 4 and 12 weeks) does not allow assessment of the real burden of side-effects associated with this augmentation strategy. This is especially true for the side-effect profile of atypical antipsychotics, which tend to become evident in the long term.

A Cipriani, MD, M Dieterich, MD, C Barbul, MD
University of Verona, Verona, Italy

Competing interests: None.

Review: Atypical antipsychotics are effective adjuncts for treatment resistant depression but increase discontinuation due to adverse effects

_Evid Based Mental Health_ 2008 11: 14
doi: 10.1136/ebmh.11.1.14

Updated information and services can be found at:
http://ebmh.bmj.com/content/11/1/14

_These include:_

**References**
This article cites 4 articles, 1 of which you can access for free at:
http://ebmh.bmj.com/content/11/1/14#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**
Articles on similar topics can be found in the following collections

- Drugs: psychiatry (344)
- Depressive disorder (570)
- Clinical trials (epidemiology) (989)
- Epidemiology (1570)
- Substance dependence (407)
- Bipolar disorder (236)
- Neurology (1070)
- Editor’s choice (98)

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/