Sertraline improves depression scores in the elderly in the short term, regardless of medical comorbidity status


What are the effects of sertraline in elderly people with depression, taking comorbid medical illnesses into consideration?

METHODS

The intention to treat analysis included 728 participants. 442 participants had medical comorbidities (vascular disease, diabetes, or arthritis) and were likely to be older, retired, widowed, female, and to have lower ratings of quality of life and functioning than those with no comorbidities (n = 127). Efficacy: at 8 weeks, sertraline significantly improved depression scores compared with placebo for the overall sample (see http://www.ebmentalhealth.com/supplemental for table). There were no significant differences in changes of depression score from baseline between people with and without comorbidities for both the placebo and sertraline groups. Adverse events: data presented for 458 participants. More people taking sertraline discontinued the trial compared with placebo; however statistical comparisons between groups are not presented (sertraline: 25/172, 15% v placebo 11/322, 5%). Discontinuation rates were similar for people with and without comorbidities for both the sertraline and placebo groups.

CONCLUSIONS

Sertraline improved depression scores in elderly people both with and without comorbidities.

NOTES

Results from the 159 people without vascular disease, diabetes, or arthritis but with a current prescription or hospitalisation in the preceding year are not reported in this study. To be included in the ITT analysis, participants only had to take one dose of medication. More detailed information on the adherence rate, or number of doses taken by participants are not presented. Discontinuation rates are presented for 458/569 (80%) participants.

MAIN RESULTS

The intention to treat analysis included 728 participants. 442 participants had medical comorbidities (vascular disease, diabetes, or arthritis) and were likely to be older, retired, widowed, female, and to have lower ratings of quality of life and functioning than those with no comorbidities (n = 127). Efficacy: at 8 weeks, sertraline significantly improved depression scores compared with placebo for the overall sample (see http://www.ebmentalhealth.com/supplemental for table). There were no significant differences in changes of depression score from baseline between people with and without comorbidities for both the placebo and sertraline groups. Adverse events: data presented for 458 participants. More people taking sertraline discontinued the trial compared with placebo; however statistical comparisons between groups are not presented (sertraline: 25/172, 15% v placebo 11/322, 5%). Discontinuation rates were similar for people with and without comorbidities for both the sertraline and placebo groups.

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