Review: combining pindolol with an SSRI improves early outcomes in people with depression


What is the efficacy and tolerability of pindolol plus selective serotonin reuptake inhibitors (SSRIs) in people with depression?

METHODS

Design: Systematic review with meta-analysis.


Study selection and analysis: Eligible studies were randomised controlled trials (RCTs) comparing pindolol plus SSRIs with placebo plus SSRIs in people with depression. RCTs examining early response (between 10 days and 2 weeks) and late response (3–6 weeks) were included. Studies involving non-SSRI antidepressants and crossover RCTs were excluded. Sensitivity and heterogeneity analyses were conducted.

Outcomes: Depressive symptoms: efficacy assessed by the number of participants responding to treatment (defined as a decrease of >50%, or similar criterion, on the Hamilton Depression Rating Scale (HDRS) or Montgomery-Åsberg Depression Rating Scale (MADRS)). Tolerability: proportion of the total study population not completing the study. Safety: proportion of total participants experiencing side effects.

MAIN RESULTS

Nine RCTs met inclusion criteria (594 participants).

Early response: five RCTs met inclusion criteria. Pindolol plus SSRIs significantly improved depressive symptoms compared with placebo plus SSRIs, for the first two weeks of treatment (OR 2.8, 95% CI 1.4 to 5.7; NNT = 6, 95% CI 4 to 20).

Late response: seven RCTs met inclusion criteria. There were no significant differences between groups after 3–6 weeks (OR 1.4, 95% CI 0.8 to 2.7). However, the late response studies were heterogeneous.

Tolerability and safety: there were no significant differences in tolerability or adverse events between groups (pindolol plus SSRIs v placebo plus SSRIs; OR for tolerability, 1.3, 95% CI 0.8 to 2.3; OR for adverse events, 1.3, 95% CI 0.7 to 2.1).

CONCLUSIONS

During the first two weeks of treatment, the addition of pindolol to an SSRI appears to increase response; however there was no evidence of improved efficacy beyond this period.

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