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


Q 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.

For correspondence: Javier Ballesteros, Department of Neuroscience, Medical Psychology and Psychiatry, University of the Basque Country, Barria Sarriena, Leioa, Spain; ampero@lg.ehu.es

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