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**EFFICACY OF DIFFERENT ANTIDEPRESSANTS IN LONG-TERM TREATMENT OF MAJOR DEPRESSIVE DISORDER: A COMPARATIVE STUDY**

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**Introduction:** Few studies have compared the available antidepressants in terms of effectiveness in long-term treatment of Major Depressive Disorder (MDD) (Furukawa et al., 2007; Hansen et al., 2008).

**Objectives:** Long-term prevention of relapses/recurrence should be the main goal of maintenance MDD treatment.

**Aims:** Purpose of the present study was to compare the different antidepressants in terms of retention in treatment (no discontinuation for relapses, hospitalizations or side effects).

**Methods:** 150 outpatients with a MDD diagnosis and treated with antidepressants in mono-therapy have been included. Follow-up period was defined in 24 months and information have been obtained from charts, interviews with patients and their relatives and from the Lombardy regional database. A survival analysis (Kaplan-Meier) was performed, considering recurrences, hospitalizations or discontinuation due to side effects as 'death' events.

**Results:** 48.7% out of patients presented a recurrence within the first two years after the beginning of antidepressant treatment. With the exception of Fluoxetine ( $p=0.09$ ), Amitriptyline ( $p=0.13$ ), Fluvoxamine ( $p=0.83$ ), Venlafaxine ( $p=0.5$ ) and Trazodone ( $p=0.58$ ), Bupropione appears to be less effective in long-term treatment of MDD compared to other antidepressants. Fluvoxamine appears to be less effective compared to Citalopram ( $p=0.036$ ), Paroxetine ( $p=0.037$ ), Clomipramine ( $p=0.05$ ), Sertraline ( $p=0.011$ ) and Duloxetine ( $p=0.024$ ).

**Conclusions:** Bupropione and Fluvoxamine would be less effective in long-term treatment of depression. These data should be confirmed by prospective studies with large samples.