Objective: Remission is increasingly recognized as the optimal outcome of the acute phase of antidepressant therapy. Evidence suggests that therapy with dual (5-HT & NE) reuptake inhibitors may bring about higher rates of remission than SSRI. Duloxetine is a dual reuptake inhibitor that has well-established efficacy and safety in clinical trials. Here we examine the remission rates in controlled studies of duloxetine.

Method: Pooled data from all 6 randomized, double-blind, placebo controlled clinical trials comparing duloxetine with an SSRI in the treatment of depression were analyzed. The primary definition of remission was a score of <=7 on the 17-item Hamilton Rating Scale for Depression (HAMD17). Because the threshold for entry into these studies was lower than traditionally employed thresholds (HAMD17 >=15), a subset of patients with baseline HAMD17 scores >=19 was also examined.

Results: Remission rates were 43% (300/697) for duloxetine, 38% (162/423) for SSRI, and 28% (144/507) for placebo (p<.001). Odds ratios were 1.22 (95% confidence interval, CI: 0.95, 1.56) for duloxetine/SSRI and 1.90 (95% CI: 1.49, 2.43) for duloxetine/placebo. In patients with baseline HAMD17 scores >=19, remission rates were 38% (163/429) for duloxetine, 29% (70/245) for SSRI, and 18% (51/289) for placebo (p<.001). Odds ratios were 1.53 (95% CI: 1.09, 2.15) for duloxetine/SSRI and 2.86 (95% CI: 2.00, 4.10) for duloxetine/placebo.

Conclusion: Remission rates for duloxetine were statistically significantly greater than placebo and numerically greater than SSRI in controlled clinical trials. In patients with baseline HAMD17 scores >=19, remission rates for duloxetine were statistically significantly greater than both SSRI and placebo.