The effects of using the PReDicT Test to guide the antidepressant treatment of depressed patients: Interim results on patient compliance and acceptability



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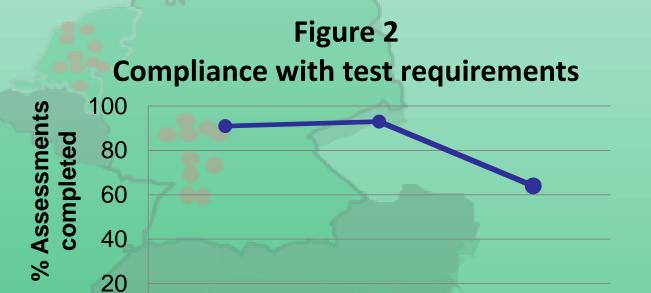
Introduction

- The cost of depression in Europe is estimated at >€80 billion
- Antidepressants are effective in reducing depressive symptoms, but it takes 4-6 weeks before it can be determined whether the treatment is working or not
- More than 50% of patients fail to respond to their first prescribed antidepressant

The solution

- Antidepressants induce changes in processing of emotional information shortly after treatment is initiated
- A machine learning derived algorithm was developed to combine changes in emotional processing with information derived from the Quick Inventory of Depression (QIDS-SR16) questionnaire to predict antidepressant treatment response; this resulting medical device was called the PReDicT Test
- Patients completed tests and questionnaires at home with their data securely transmitted to their physician for evaluation

Figure 1 First medication dose increase or switch Cumulative Frequency (%) cumulative % frequency distribution 60 40 🗕 TaU 20 PReDicT 0 8-14 15-21 22-28 29-35 36-42 43-49 50-56 1-7 Number of Days intervention led to earlier PReDicT changes in treatment



The PReDicT RCT trial

- The trial evaluates whether the PReDicT Test reduces the time to response compared to "treatment-as-usual" (TaU)
- Patients were recruited from ~80 primary care centres across Europe
- All patients completed the PReDicT Test before and approximately one week after beginning treatment
- If the PReDicT Test indicated that a patient was not responding to treatment, a dose increase or a switch in medication was recommended

Results

- Interim results from approximately 500 patients
- A dose increase occurred in 16% of patients whose treatment was guided by the PReDicT Test compared to ~6% of patients receiving TaU (**Figure 1**)
- ~ 35 days after treatment began, a switch to an alternative medication was more common in patients guided by PReDicT (~10%) than those receiving TaU (~3%) (Figure 1)

At the end of the 8 week study period >90% of patients had completed their primary assessments

8 weeks

6 months

Patients were still using the PReDicT Test 6 months after the study end

Conclusions

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1 week

- People valued the technology forming part of their care
- It brought additional information and objectivity to the process and encouraged a connection with their physician
- Interim results suggest that clinicians are willing and do change practice using the PReDicT Test to guide their decision making
- Final results (due 1H'19) will show if PReDicT guided treatment results in better outcomes for patients

References

Kingslake J, Dias R, Dawson GR, Simon J, Goodwin GM, Harmer CJ, Morriss R, Brown S, Guo B, Dourish CT, Ruhé HG, Lever AG, Veltman DJ, van Schaik A, Deckert J, Reif A, Stäblein M, Menke A, Gorwood P, Voegeli G, Pérez V, Browning M. The effects of using the PReDicT Test to guide the antidepressant treatment of depressed patients: study protocol for a randomised controlled trial. Trials. 2017; 18:558.



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