Depression Research Update
November 2016

Three new studies examine placebo responses to antidepressants, the effect of SSRIs on sleep in the elderly, and the best time of day for psychotherapy sessions.[1-3] Scroll through the slides for the latest findings and take-home messages.
Study 1. No Rise in Placebo Responses With Antidepressants

1. Average Placebo Response Rates in Antidepressant Trials Have Been Stable for More Than 25 Years:
Previous studies showed that placebo response rates in antidepressant trials have been increasing since the 1970s, but these studies have methodological problems. A recent systematic review included 252 double-blind, randomized, placebo-controlled trials of first- and second-generation antidepressants for acute treatment of major depression in adults. The results show that average placebo response rates in antidepressant trials have remained constant, in the range between 35% and 40%.[1] Link to study.
Clinical implication: The continuing placebo response to antidepressants identifies a need for non-drug strategies to boost clinical responses.
2. SSRIs May Disrupt REM Sleep in Elderly Patients, Leading to Neurodegeneration:

Antidepressants significantly affect sleep architecture in the elderly by increasing sleep latency and decreasing REM sleep duration. A review of 10 studies of patients age 50 or older with REM sleep disorders who took antidepressants found that REM sleep behavioral disorders may be an early sign of neurodegeneration. Antidepressants, particularly SSRIs, can put elderly patients at risk for neurodegenerative diseases.[2] [Link to study]
Clinical implications

Clinical implication: Consider screening elderly patients for neurodegenerative signs and symptoms before prescribing an antidepressant.
Study 3. Early-Day Psychotherapy for Panic Disorder

3. Morning Psychotherapy Sessions Are More Helpful Than Later-Day Sessions: Patients appear to make more progress toward overcoming anxiety, fears, and phobias when therapy sessions are scheduled in the morning. A recent study included 24 patients with panic disorder and agoraphobia who received 3 weekly exposure sessions. Early-day sessions were associated with superior therapeutic gains, as well as higher pre-exposure cortisol levels. This suggests that cortisol mediates the effect of time of day on therapeutic outcomes.[3] Link to study.
Take-home message: Early-day extinction-based therapy yields better outcomes than later-day sessions, partly because of the enhancing effect of higher cortisol levels.
REFERENCES:

