

Can Adding Risperidone to Antidepressant Therapy Relieve Persistent Symptoms of Depression?

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The full report is titled “Risperidone for Treatment-Refractory Major Depressive Disorder. A Randomized Trial.” It is in the 6 November 2007 issue of *Annals of Internal Medicine* (volume 147, pages 593-602). The authors are R.A. Mahmoud, G.J. Pandina, I. Turkoz, C. Kosik-Gonzalez, C.M. Canuso, M.J. Kujawa, and G.M. Gharabawi-Garibaldi.

What is the problem and what is known about it so far?

Major depression is a persistent sadness or “feeling blue” that interferes with daily activities. Common symptoms are lack of energy, change in sleep or appetite, loss of interest in activities, and thoughts of worthlessness or guilt. Sometimes the condition goes away on its own, but most people with major depression need treatment with counseling or medication (or both) to speed recovery.

Treating depression can be difficult. Antidepressant drug therapy may relieve some but not all symptoms, and it may cause troublesome adverse effects. If an antidepressant drug does not work well, doctors sometimes switch to another drug or add a second drug. Risperidone (Risperdal, Janssen, Titusville, New Jersey) is an atypical antipsychotic drug. It is sometimes used to treat depression that is resistant to other therapies. We do not know whether adding risperidone to antidepressant therapy will help patients with persistent symptoms.

Why did the researchers do this particular study?

To see whether risperidone is better than placebo for reducing symptoms in adults with persistent depression even while they are receiving antidepressant drug therapy.

Who was studied?

274 adults with major depression that was suboptimally responsive to antidepressant therapy. Most were middle-aged women (74%) who had had depression for many years.

How was the study done?

Researchers followed patients on antidepressant drug therapy for 4 weeks. They then randomly assigned the patients with persistent symptoms to receive either risperidone or placebo (dummy pills). Neither the patients nor their caregivers knew the treatment assignments. After 6 weeks, the researchers compared numbers of patients without symptoms (remission) in the 2 groups.

What did the researchers find?

More patients treated with risperidone had remission of depression than those given placebo (25% vs. 11%). Risperidone caused more somnolence (5% vs. 2%) and dry mouth (5% vs. 1%) than placebo.

What were the limitations of the study?

The trial duration was short. Patients used many different antidepressant drugs. Nineteen percent of the risperidone-treated patients and 12% of the placebo-treated patients did not complete treatment.

What are the implications of the study?

Adding risperidone may relieve symptoms in some patients with prolonged and persistent depression despite treatment. Many patients, however, may continue to have symptoms and need additional or different therapies.

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