

Educate Your Patient

Patient Education Resource on Add-on Therapy for Major Depressive Disorder



Major depressive disorder (MDD) can be difficult to treat. Many patients may not respond to the first antidepressant they try, or they might have side effects that require them to stop taking the medication.¹ Finding an appropriate treatment plan is important to helping you manage your depressive symptoms. Your healthcare provider might prescribe a second medication to help treat your MDD.



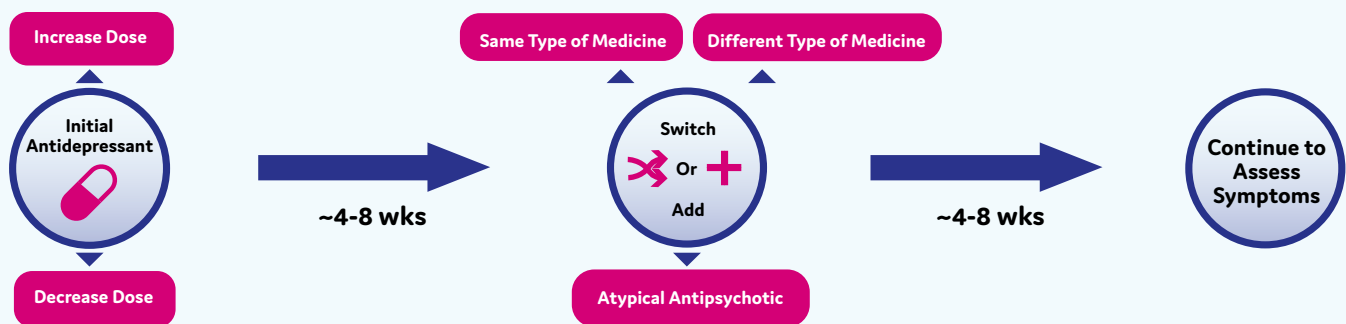
Why might your healthcare provider prescribe a second medication to treat your MDD?

As many as **two-thirds** of patients may need to try more than 1 treatment for their MDD to help manage their depressive symptoms.²

In some cases, even if the antidepressant medication does work for a patient with MDD, the relief from depressive symptoms may be unsatisfactory (that is, symptoms are reduced only by 25% to approximately 50% rather than completely). This is considered a **partial response**.³

One treatment approach that is sometimes used for treating your MDD when an antidepressant is not working effectively by itself is to add a second medication (**Figure 1**). Taking more than 1 type of medication to treat your MDD is known as **"add-on" therapy**. Research shows that for some people, "adding-on" an antipsychotic to an antidepressant can potentially help improve depressive symptoms.⁴

FIGURE 1: Treatment Options for Patients With MDD



Adapted from American Psychiatric Association: Practice Guideline for the Treatment of Patients with Major Depressive Disorder. *Am J Psychiatry*. 2010.

Many patients begin therapy for MDD with an antidepressant. The American Psychiatric Association (APA) recommends that you try this initial treatment for 4 to 8 weeks to determine if it works for you.

If after 4 to 8 weeks you do not have an adequate decrease in your depressive symptoms, your healthcare provider can discuss options such as "add-on" therapy or switching to another medication.

The APA recommends another 4 to 8 weeks to see if this treatment can adequately reduce your depressive symptoms. Your healthcare provider will continue to assess any depressive symptoms over time and determine if changes to your treatment plan may be needed.



What are antipsychotics?

Research into the safety and effectiveness of antipsychotics as “add-on” therapies for MDD has increased over the past decade, and more healthcare providers are using this type of treatment for patients with MDD who do not experience adequate improvement in their depression symptoms from an antidepressant alone.^{5,6} The APA and other mental health experts support the use of certain antipsychotics as “add-on” therapies for MDD.¹

Antipsychotics are not only prescribed for people experiencing psychosis. These medications may help balance chemical messengers in the brain and are prescribed for a variety of conditions. Patients should not feel shame, guilt, or any other negative emotions about taking an antipsychotic medication.



How might an antipsychotic affect me?

Research suggests that certain antipsychotics can be effective in reducing depressive symptoms in patients with MDD when added to an antidepressant.¹ However, this does not mean antipsychotic medications will be effective for every MDD patient. Like most medications, your response to an antipsychotic will be individual. Your healthcare provider will determine whether antipsychotic “add-on” therapy for MDD is right for you, including discussing with you the efficacy and safety of your medication.

Like many other medications, antipsychotics can have side effects.¹ While using an “add-on” therapy, your healthcare provider will meet with you regularly to discuss any side effects as well as other aspects of your treatment journey.¹

- How is your medication working for you?
- Have your depressive symptoms improved, and how much?
- Have you noticed changes in how you feel emotionally, mentally, or physically?
- Are there any side effects that you have noticed?
- How could your support system better care for you during your treatment journey?

This resource is intended for educational purposes only and is intended for US health care professionals who may choose to share this handout with patients or their caregivers. This handout does not replace proper medical care. Please reach out to your health care provider with any questions or concerns you might have.

References

1. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder. *Am J Psychiatry*. 2010.
2. Gerhard T, Stroup TS, Correll CU, et al. Antipsychotic medication treatment patterns in adult depression. *J Clin Psychiatry*. 2018;78(2):1097.
3. Thase M, Connolly KR. *Waltham: UpToDate*. 2022.
4. Mohamed S, Johnson GR, Chen P, et al. Effect of antidepressant switching vs augmentation on remission among patients with major depressive disorder unresponsive to antidepressant treatment: the VAST-D randomized clinical trial. *JAMA*. 2017;318(2):132-145.
5. Mulder R, Hamilton A, Irwin L, et al. Treating depression with adjunctive antipsychotics. *Bipolar Disord*. 2018;20:17-24.
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