Individualizing the Treatment of Depression

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Depressed patients indicate the treatments that are likely to benefit them through a variety of clinical clues.

In her JPCFA article "Where Did The Listening Go?", Dr. Shirah Vollmer articulates the importance of matching both pharmacological and psychotherapeutic interventions to what we find out from patients when we pay attention to these clues. She also reminds us that the current emphasis on soma at the expense of psyche may compromise our abilities to discern what really matters to the person we are treating.

What about the data? Evidence-based medicine and its principle implement, the randomized controlled trial (RCT), have helped eliminate many of the confounding biases that have influenced medical thinking since the days when blood, phlegm and bile explained all ills; but RCTs can be blunt instruments that diminish the significance of important details. As an example, pre-marketing trials funded by pharmaceutical companies have proven particularly ill-suited to uncovering differences in antidepressant (AD) effectiveness for particular patients.

In a Viewpoint published in ACS Chemical Neuroscience (1) I have tried to shed some light on how neuroscience and psychiatric practice can empower one another. I talk about the moderators and mediators that impact AD remission rates, the progressively vanishing benefits from ADs after each failed treatment attempt and the improved remission rates seen when clinicians prescribe ADs according to a symptom-guided system. The main message of the article is that clinical recognition of individual differences remains the best beacon for guiding patients back to well-being.

References