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Augmenting Antidepressants with Atypical Antipsychotics in Major Depressive Disorder

Premiere Date: Wednesday, June 11, 2008

LIVE Broadcast: 12:00 p.m.-1:00 p.m. ET 11:00 a.m.-12:00 p.m. CT

10:00 a.m.-11:00 a.m. MT 9.00 a m - 10.00 a m PT

Taped Re-Air: 3:00 p.m.-4:00 p.m. ET 2:00 p.m.-3:00 p.m. CT 1:00 p.m.-2:00 p.m. MT 12:00 p.m.-1:00 p.m. PT

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STATEMENT OF NEED

Major depressive disorder (MDD) is a debilitating illness that affects 13% of the U.S. population.¹ Antidepressant (AD) medications, including SSRIs, SNRIs, tricyclic antidepressants, and novel agents such as bupropion, have been the mainstay of treatment. Data from the NIMH-sponsored Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trial showed that only one-third of those with MDD achieved remission after initial treatment with an AD; an additional 25% remit after switching to another AD.² These findings underscore the need for alternative treatment strategies for patients who do not remit with ADs alone.

Atypical antipsychotics can be effective adjunct medications for the treatment of MDD. These agents have an array of pharmacodynamic and pharmacokinetic properties that clinicians need to understand. Translating our understanding of the link between the neurobiology of depression and the differential responses seen among patients with traditional AD treatment is critical to identifying optimal treatment strategies. In this case-based neuroscienceCME activity, faculty will discuss strategies for improving rates of remission, the neurobiological underpinnings of MDD, mechanisms of action of pharmacotherapies, and evidence-based augmentation strategies with atypical antipsychotics.

Hasin DS, Goodwin RD, Stinson FS, Grant BF. Epidemiology of major depressive disorder: results from the National Epidemiologic Survey on Alcoholism and Related Conditions. Arch Gen Psychiatry 2005;62:1097-1106.

Trivedi MH, Rush AJ, Wisniewski SR, et al. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. Am J Psychiatry 2006;163:28-40.

ACTIVITY GOAL

To describe the neurobiology of depression as it relates to mechanisms of drug action, and discuss augmentation strategies with atypical antipsychotics for the substantial group of patients who do not remit with traditional antidepressants.

LEARNING OBJECTIVES

At the end of this CE activity, participants should be able to:

- Identify remission rates among patients treated for major depressive disorder and strategies to improve remission rates in depression.
- Explain the neurobiology of depression and the mechanisms by which traditional antidepressants and atypical antipsychotic medications exert their effects.
- Compare and contrast the efficacy and safety of atypical antipsychotics when used as augmentation to traditional antidepressants in the management of depression.

TARGET AUDIENCE

Physicians, physician assistants, nurse practitioners, nurses, psychologists, social workers, certified case managers, pharmacists, and other healthcare professionals interested in mental health.

COMMERCIAL SUPPORT

CME Outfitters, LLC, and CME LLC gratefully acknowledge an educational grant from Bristol-Myers Squibb Company and Otsuka America Pharmaceuticals, Inc., in support of this CE activity.

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□ YES! Register me for this LIVE evidence-based neuroscienceCME TV activity on June 11, 2008.

Cito	Namo
Site	Name:

Participants:____

Individual Name:

Degree:____

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Community Mental Health 🛛 State Mental Health 🖓 Primary Care Phone: Practice Setting: Private Practice Other:

Fax: _

Email:

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FACULTY INFORMATION

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Reunette W. Harris Professor and Chairman Department of Psychiatry and Behavioral Sciences Emory University School of Medicine Atlanta, GA

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It has been assigned code 6WASUP-PRV-0636. 1.0 contact hours will be awarded upon successful completion. This activity is co-provided with CME LLC.

Note to Nurse Practitioners: The content of this CNE activity pertains to Pharmacology.

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