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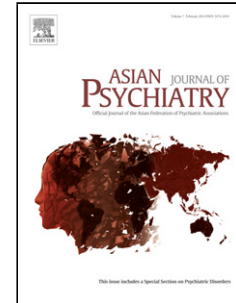
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Treatment-Resistant Depression: A Plea to Mull Over!

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State of Kuwait, June, 2018

Treatment-Resistant Depression (TRD), as a term in and of itself, implies therapeutic nihilism, bears negative connotations to patients, and, might be better replaced with terms such as Difficult-to-Treat Depression.

Moreover, there has been no unified operationalized definition of TRD, adding difficulties interpreting the literature.

Commonly, for research purposes, TRD refers to a failure to respond to two adequate therapeutic trials of antidepressants from two different chemical classes.

Apart from vagueness of what constitutes an adequate therapeutic trial- that definition is fraught with a multitude of fallacies.

First, it assumes failure to response to two chemically different antidepressants confers more resistance than two from the same group; hence inter-class switch would ostensibly be superior to intra-class shift. These contentions have never been substantiated in STAR-D or by Souery et al. [1]

The definition seriously denies role of psychotherapeutic interventions of good evidence-base (e.g. cognitive behavioural therapy CBT) especially with a recent meta-analysis and systematic review by Amick et al. [2] demonstrating no difference in treatment outcome using second generation antidepressants vs. CBT.

Moreover, other somatic therapies such as neuromodulation (e.g. electro-convulsive therapy ECT) are not considered either.

Another problem with the definition is one of categorical dichotomy rather than regarding treatment-resistance as a continuum taking into consideration partial response as Berlim et al.[3] have pointed out.

Fekadu et al. [4] devised the Maudsley Staging Method – a scoring system to quantify treatment-resistance in depression with reasonable face and predictive validity. It is helpful to use in order to overcome the shortcomings in TRD definition. It encompasses five domains, viz.; time-course, severity, number of drugs tried, augmentative strategies, and, ECT use with a maximum score of 15.

Strategies commonly employed in TRD entail switch/shift, combination, or augmentation.

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