

# Antidepressant efficacy varies for depressive symptom clusters

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three symptom clusters identified in the self-reported Quick Inventory of Depressive Symptomatology scale in STAR\*D, which was replicated in CO-MED and was similar for the clinician-rated Hamilton Depression rating scale. Eight of nine antidepressants were more effective for core emotional symptoms than for sleep or atypical symptoms. Between-drug differences in efficacy were often greater than the difference between treatments and placebo.

"Selecting the best drug for a given [cluster](#) may have a bigger benefit than that gained by use of an active compound versus a placebo," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Antidepressant treatment efficacy varies for empirically-defined clusters of symptoms, according to a study published online Feb. 22 in *JAMA Psychiatry*.

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Adam M. Chekroud, from Yale University in New Haven, Conn., and colleagues determined the efficacy of antidepressant treatments on empirically defined groups of [symptoms](#). Data on patients with [depression](#) from the Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) trial were used to identify clusters of symptoms. These findings were replicated using the Combining Medications to Enhance Depression Outcomes (CO-MED) trial. Using intent-to-treat data for the 4,706 patients from both trials, the authors examined whether observed symptom clusters have differential response trajectories; data were also included for 2,515 additional placebo and active-comparator phase 3 trials of duloxetine.

The researchers found that at baseline, there were

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