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EFFECT OF ARIPIPRAZOLE ADJUNCTIVE TO ANTIDEPRESSANTS ON SEXUAL FUNCTIONING: A SUBGROUP ANALYSIS OF A 52-WEEK OPEN-LABEL SAFETY STUDY (CN138-164)

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Introduction: This presentation addresses impacts of adjunctive aripiprazole (AA) in major depressive disorder (MDD).

Objective: Assess impacts of long-term (≤ 52 weeks) open-label AA to ADT on efficacy, sexual function and weight change in MDD.

Methods: Data were analyzed post-hoc from de novo patients enrolled in an open-label safety study of AA after inadequate response to one or more ADT. Three ADT classes were included: SSRIs, SNRIs, and a noradrenaline-dopamine reuptake inhibitor, bupropion.

Global well-being with AA was assessed (mean change in CGI-S score from baseline by ADT). Sexual functioning was assessed by Sexual Function Inventory (SFI) items: interest in sex, sexual arousal, achievement of orgasm, erection maintenance and sexual satisfaction. Item 6 captured change in the overall improvement score. Weight change at Week 52 (last observation carried forward) was assessed.

Results: Overall mean change in CGI-S (n=285) by Week 52 was -1.5. Mean changes in CGI-S from baseline scores (4.2-4.4) were: escitalopram (n=64) -1.5, venlafaxine XL (n=48) -1.4, sertraline (n=39) -1.7, fluoxetine (n=41) -1.3, paroxetine or CR (n=37) -1.5 and bupropion XL or SR (n=46) -1.4. Improvements on SFI items (n=155) ranged from -0.2 (sexual satisfaction) to -0.6 (interest in sex and orgasm). Mean overall improvement score (3.8) indicated mild-to-moderate sexual dysfunction. All AA groups experienced a mean weight increase (range +1.8 kg [sertraline] to +3.3 kg [fluoxetine]).

Conclusions: AA moderately improved CGI-S scores (to a similar degree) when added to three different classes of ADTs. Sexual functioning in patients on ADT modestly improved after adding aripiprazole to ADT.