



Escitalopram versus Hormone Therapy (Norethindrone Acetate and Ethinyl Estradiol): Impact on Depression, Sleep, Vasomotor Symptoms, and Quality of Life in Peri and Postmenopausal Women



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ABSTRACT

- The menopausal transition appears to be a period of heightened vulnerability to mood disturbance, leading to a significant adverse impact on quality of life and social functioning.
- Menopausal women with depressive disorders (n=38) were randomized to receive an 8-week open treatment with escitalopram (flexible dose 10-20mg) or Hormone Therapy (HT) to alleviate depression, menopause-related symptoms, and to improve quality of life (QOL).
- At week 8, escitalopram was more efficacious than HT in treating depressive disorders (75% versus 25%, respectively). Both treatment groups showed significant improvement of vasomotor symptoms, sleep and QOL.
- After an 8-week extension phase, 60% (6/10) of women who had not responded satisfactorily to HT achieved remission of depression with concomitant use of escitalopram.

BACKGROUND

- Antidepressants have shown to be efficacious for the treatment of menopause-related depressive disorders. Preliminary data also suggest that antidepressants alleviate vasomotor symptoms.
- The efficacy of Hormone Therapy (HT) for the treatment of vasomotor symptoms is well established. On the other hand, the use of HT for menopause-related mood and anxiety symptoms has shown mixed results. Moreover, the safety of long-term use of HT has been questioned.

METHODS

Subjects

- 38 women were enrolled in the study (15 perimenopausal, 23 postmenopausal, 40-60 years old).
- Perimenopausal status, irregular cycles and amenorrhea for <12 months; postmenopausal, amenorrhea ≥12 months.
- Diagnosis of depressive disorders (M.I.N.I. interview).
- No contraindications to HT.

Analysis

- Intent-to-treat, LOCF; N=32, 16 on HT, 16 on escitalopram.
- Nonparametric procedures.
- $\alpha = .05$ for all analyses.

METHODS (Cont.)

MEASURES	DEFINITION
Remission of Depression	MADRS < 10 at week 8; sub-scores for depressed mood < 4
Remission of Menopause-related Symptoms	≥ 50% decrease in GCS scores (excluding psychological sub-scores) from baseline to week 8.
Remission of Hot Flashes	GCS vasomotor sub-scores ≤1 at week 8 HFRDIS total score <10 at week 8 ≥ 50% decrease in Hot Flash composite score
Improvement in Sleep	Pittsburgh Sleep Quality Index sub-scores
Improvement in Quality of Life	Changes in MENQOL from baseline to week 8
Overall Remission	Remission of Depression and Menopause-related Symptoms

RESULTS

Patient characteristics

- At baseline, both treatment groups were similar with respect to menopausal status, severity of depression, or severity of menopause-related symptoms ($p > 0.05$ Pearson χ^2 tests)

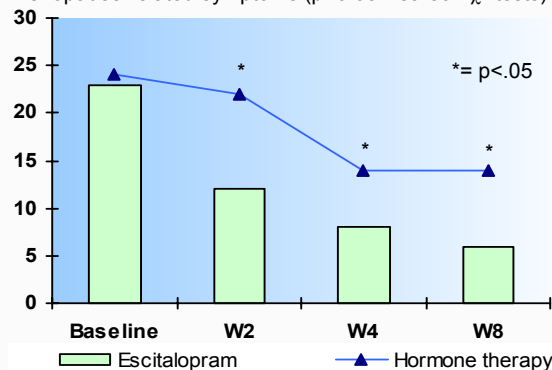


Figure – Changes in depressive symptoms (MADRS- Montgomery-Asberg Depression Rating Scale, median scores), from baseline to week 8, in subjects treated with escitalopram (n=16) or hormone therapy (n=16).

RESULTS (Cont.)

1. Treatment Outcome (8 weeks)

- **Full remission of depression** was observed in 75% (12/16) of subjects treated with escitalopram, compared to 25% (4/16) treated with HT; $p = 0.01$, Fisher χ^2 tests .
- **Remission of menopause-related symptoms** was noted in 7/16 (43.8%) women treated with escitalopram, and 6/16 (37.5%) treated with HT; $p = 0.50$, Fisher χ^2 tests
- **Remission of Hot Flashes** – there were no significant differences ($p > 0.05$, χ^2 tests) between escitalopram and HT, based on the following instruments:
 - GCS vasomotor sub-scores: 66.7% versus 60%
 - HFRDIS scores: 56.3% versus 62.5%
 - Hot Flash Composite scores: 53.3% versus 73.3%
- **Overall remission** was observed in 56.3% (9/16) of women treated with escitalopram, and in 12.5% (2/16) of women treated with HT; $p = 0.02$ (Fisher χ^2 test).

- **Improvement in Sleep** was observed in both treatment groups ($p > 0.05$, Fisher χ^2 tests), assessed by Pittsburgh Sleep Quality Index sub-scores for sleep efficiency and sleep disturbance.

- **Improvement in Quality of Life** was significant, and observed in both treatment groups, as assessed by changes in MENQOL scores

2. Treatment Outcome (8-week extension phase)

Ten of the 12 non-responders to HT alone received an 8-week combination of escitalopram and HT

- **Remission of depression** occurred in 60% of subjects
- **Remission of hot flashes** occurred in 70% of subjects

CONCLUSIONS

- Escitalopram was more efficacious than HT for the treatment of depressive disorders in menopausal women.
- Escitalopram may constitute an option to treat symptomatic menopausal women who are unable or unwilling to receive treatment with HT.