Persistence: The Importance of Staying the Course

Persistence is a critical component in the treatment journey of patients with major depressive disorder (MDD) and bipolar I disorder (BP-1) that can potentially impact their outcomes and quality of life. While various factors may lead to a patient discontinuing treatment, there are ways healthcare providers (HCPs) can support persistence. Incorporating strategies to help encourage and aid patients in staying the course can potentially improve long-term outcomes and overall quality of life for patients with mental disorders.

Treatment Persistence in MDD and BP-1

MDD

Persistence, a key component of adherence, refers to taking a medication throughout the intended course of treatment as prescribed by an HCP.[1]

The first-line pharmacologic treatment for MDD recommended by the American Psychiatric Association (APA) is antidepressant therapy, which occurs in three phases over the course of approximately 17 to 30+ months.[2,3] However, studies show a significant proportion of patients discontinue their antidepressant therapy prematurely.[4]

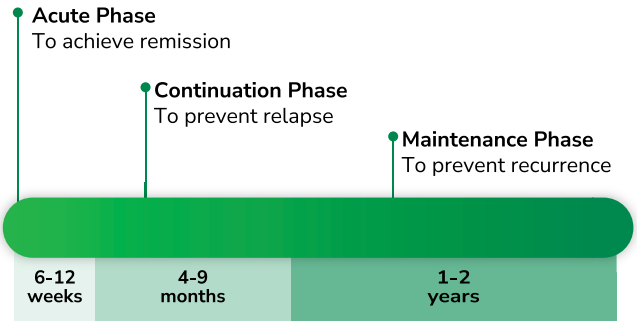
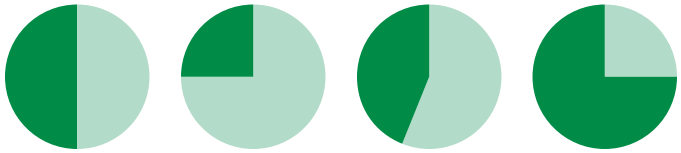


Figure 1. Three phases of treatment for MDD.[2-5]

Patient Persistence With Antidepressant Therapy in MDD[1,4]



~50% are nonadherent to therapy

25% discontinue within 1 month

44% discontinue within 3 months

75% discontinue within 6 months

Figure 2. Persistence with antidepressant therapy in MDD.[1,4]

BP-1

Persistence With Atypical Antipsychotic Treatment in BP-1[6]

Approximately 41% to 58% of patients receiving atypical antipsychotics are nonadherent to their treatment.

In a study of patients with BP, 18% of patients remained persistent one year after starting treatment.*

- Patients became non-persistent within approximately three months of starting treatment.
- Less than 50% of patients were taking clinically recommended doses of atypical antipsychotics after two months of treatment.

*In a study of 1,102 patients with BP treated with atypical antipsychotics.

Potential Consequences of Poor Treatment Persistence in MDD and BP-1

Discontinuing treatment before the completion of the intended course can negatively impact patient outcomes, making recovery more challenging and potentially increasing the risk for a more chronic course of disease.[7-12]

- Lower remission rates
- Higher risk of relapse or recurrence
- Higher healthcare costs
- Increases in the severity of depression
- Higher rates of emergency department visits and hospitalizations
- Higher risk of suicide

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Barriers to Persistence in the Real World

Various factors can affect persistence in patients receiving treatment for MDD and BP-1, including delayed improvement in symptoms, side effects, and a lack of understanding about the course of treatment. Additionally, provider-related factors can also influence treatment persistence, such as insufficient communication about treatment expectations and a lack of regular follow-up.

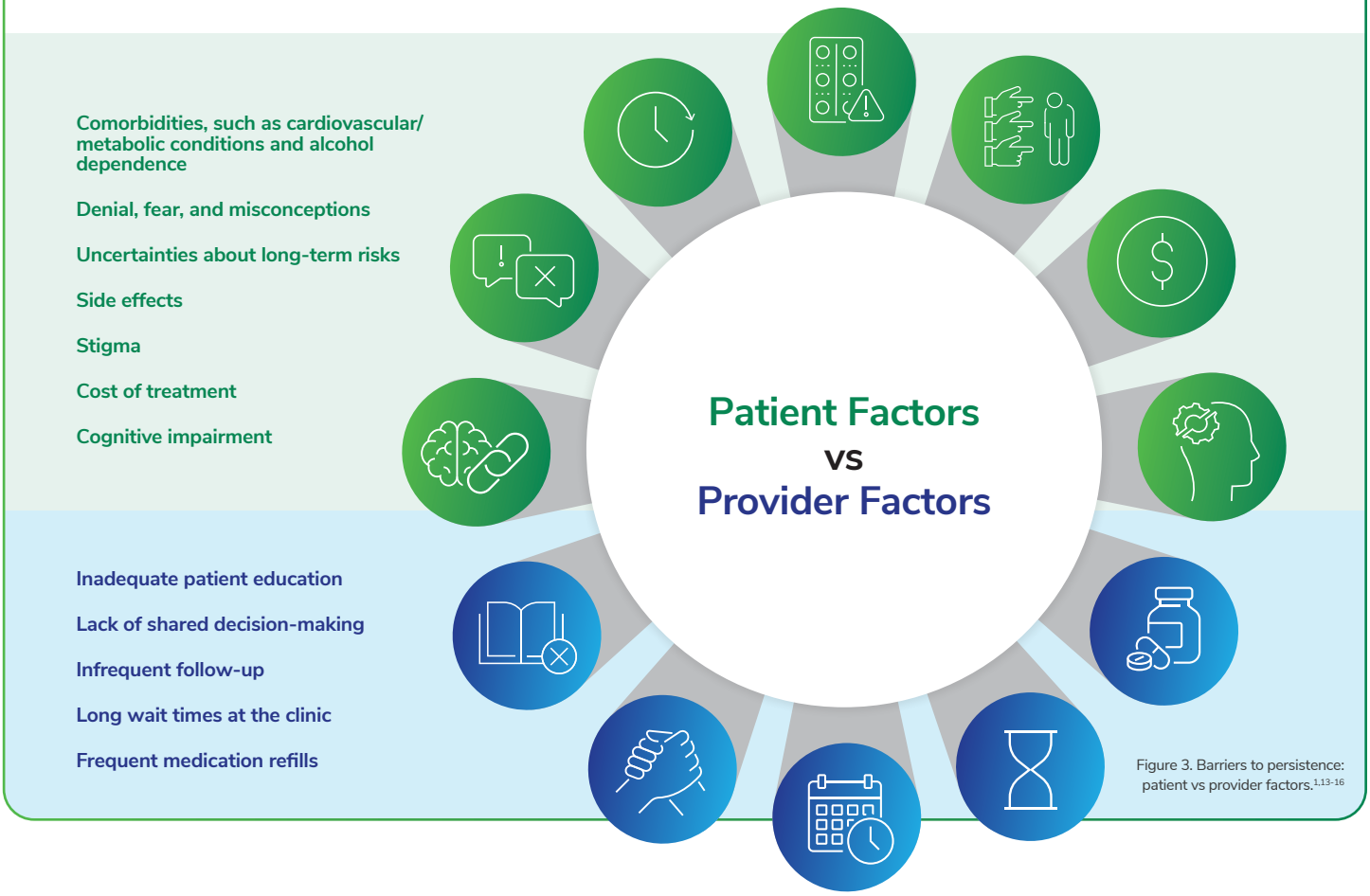

Figure 3. Barriers to persistence: patient vs provider factors.[1,13-16]

HCPs can implement strategies in their clinical practice to help overcome barriers to treatment persistence and support patients in adhering to their treatment. Some of the ways HCPs can help keep their patients engaged include practicing shared decision-making, ensuring regular follow-ups, and providing adequate education about the diagnosis, treatment, and treatment course.

Strategies to help improve persistence[7,16]:

- ✓ Establish a strong therapeutic alliance with the patient
- ✓ Regularly monitor symptoms and side effects
- ✓ Ensure easy access to specialist care
- ✓ Routinely assess adherence
- ✓ Collect a thorough patient history
- ✓ Educate simply and early
- ✓ Use shared decision-making in selecting treatments
- ✓ Offer patient support programs

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