



Title	A Randomized Controlled Trial to Compare the Cost Effectiveness of Tricyclic Antidepressants, Selective Serotonin Reuptake Inhibitors and Lofepamine (AHEAD)
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Aim

To determine the relative cost effectiveness of 3 classes of antidepressants: tricyclics (TCAs), selective serotonin reuptake inhibitors (SSRIs), and the tricyclic-related antidepressant lofepramine, as first choice treatments for depression in UK primary care.

Conclusions and results

The trial randomized 327 patients. Followup rates were 68% at 3 months and 52% at 1 year. Linear regression analysis revealed no significant differences between groups in number of depression-free weeks when adjusted for baseline (HAD-D). A higher proportion of patients randomized to TCAs entered the preference arm than those allocated to the other choices. Switching to another class of antidepressant in the first few weeks of treatment occurred significantly more often in the lofepramine arm and less in the preference arm. No significant differences were found between arms in mean cost per depression-free week. For values placed on an additional quality adjusted life year (QALY) of over £5000, treatment with SSRIs was likely to be the most cost-effective strategy. Tricyclics were the least likely to be cost effective as first choice of antidepressant for most values of a depression-free week or QALY respectively, but these differences were relatively modest.

Recommendations

Given the low probability of significant differences in cost effectiveness, it is appropriate to base the first choice between these 3 classes of antidepressants in primary care on doctor and patient preferences. Adopting this policy may lead to less switching of medication. Choosing lofepramine is likely to lead to a greater proportion of patients switching treatment in the first few weeks.

Methods

The study was an open label, pragmatic controlled trial with 3 randomized arms and 1 preference arm. Patients were followed for 12 months and were randomized to receive a tricyclic antidepressant, a selective serotonin

reuptake inhibitor, or lofepramine. Standardized recommendations about dose and dose escalation based on the British National Formulary were issued to GPs. Cost effectiveness was based on an analysis of direct costs from an NHS perspective.

Further research/reviews required

It is difficult to see how a better study of this topic could be conducted in the primary care setting. The research agenda for managing depression in primary care should move on to address important questions such as the most appropriate threshold of severity at which to commence antidepressant medication, the effectiveness of strategies to improve recognition of depression, quality of management of identified patients, and the efficacy of interventions to improve patients' compliance with treatment.