ABSTRACT

The objective of this analysis was to determine the efficacy and acceptability of venlafaxine in comparison with that of placebo and other antidepressants in the treatment of major depression by pooling short-term clinical trials with in-patients and out-patients.
Randomised controlled trials were identified by searching of databases Pub-Med Medline and Embase. In metaanalysis were combined 15 trials, three of them were controlled by placebo and 12 by reference drugs. Clinical trials had to use either HAM-D, MADRS or the CGI-I scales as their primary outcome measure and reported response rates, defined as 50% or greater decrease in depression severity (according to the HAM-D and MADRS) or score 1 (very improved) or 2 (improved) (according to the CGI-I scale) from baseline to endpoint. Acceptability to patients was assessed by comparison of total drop-outs in two arms of the trials.
For each efficacy variable (e.g. rating scales HAM-D, MADRS and CGI) and for subgroups of placebo and reference drugs were conducted partial analysis. The statistical analysis of data-sets was performed with statistical program MIX, version 1.54. To estimate size-effect was calculated parameter relative risk (RR) and to determine its reliability was 95% confidence interval was estimated.
To compare response rates among patients treated with either venlafaxin or placebo 5 clinical trials involving 841 patients on the HAM-D scale, 5 trials involving 725 patients on the MADRS scale and 4 trials including total 735 patients on the CGI, were pooled. Venlafaxin was significantly better than placebo on HAM-D (RR = 1.55; 95% CI: 1.35; 1.75); on the MADRS (RR = 1.43; 95% CI: 1.11; 1.82) as were as CGI (RR = 1.5; 95% CI: 1.31; 1.71).
An analysis of response rates among patients treated with either venlafaxine or other antidepressants included 10 trials for assessing by HAM-D scale (1620 patients), 7 trials for evaluation by MADRS scale (979 patients) and 6 trials for CGI scale (781 patients). Response rates were significantly higher with venlafaxin in comparison to antidepresssants when rating by HAM-D (RR = 1.13; 95% 1.03; 1.25) and by CGI scale (RR = 1.18; 95% CI: 1.06; 1.30) and higher, but not significantly, when rating by CGI (RR = 1.12; 95% CI: 0.97; 1.29).
A similar proportion of patients discontinued treatment because of any reason in a group of venlafaxine vs. group of reference drug and non-significantly fewer patients discontinued in venlafaxine group compared with placebo.

These results suggest that venlafaxine has antidepressant efficacy comparable or better to that of tested antidepressants and much better than of placebo. It is well tolerated for hospitalized and outpatients with depression, depression with concomitant anxiety or melancholia.