

Ixtapa, Zih. GRO. LÍDERES EN INNOVACIÓN MÉDICA 2024

4-7 JUNIO
CARNOT®
LABORATORIOS



Ponente: **Dr. Leonardo Ruiz Flores**

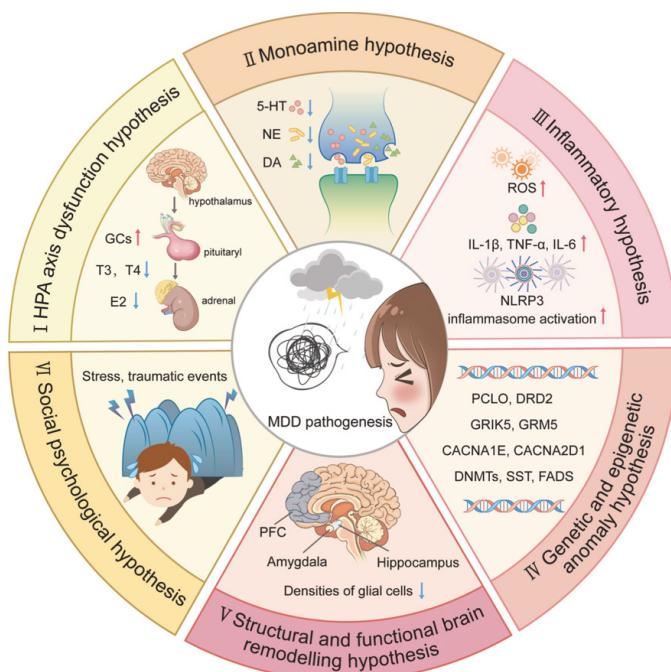
Tema: **Neurotransmisores, sintomatología depresiva y antidepresivos. ¿Realmente hay una primera línea?**

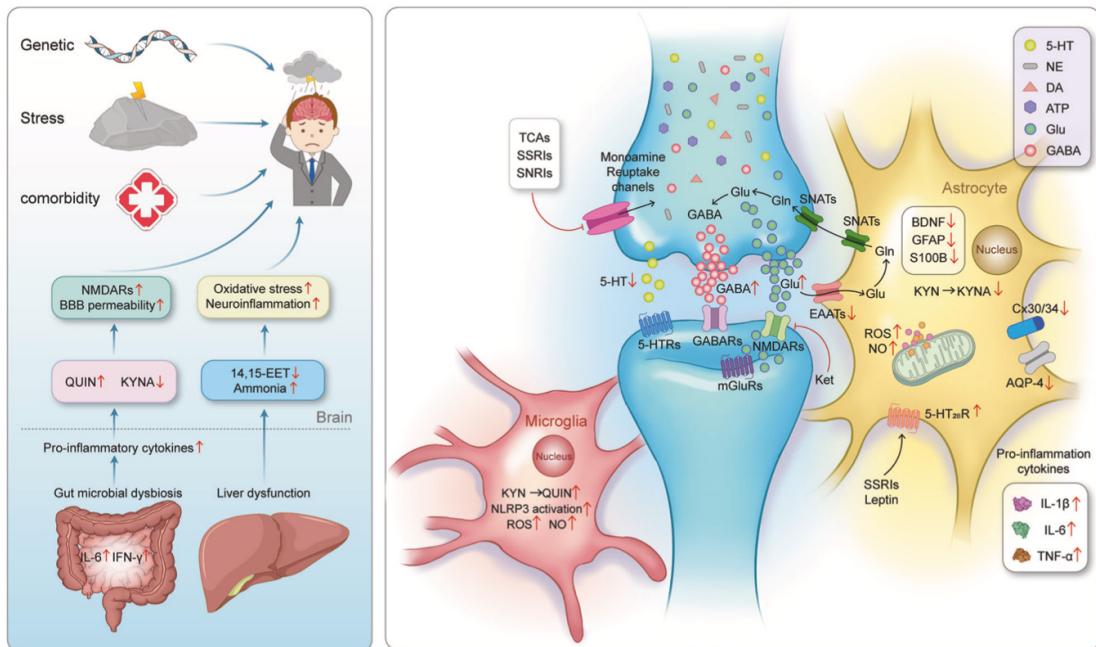
Tendencias en investigación en TDM 2009-2019

- Manejo del TDM en atención primaria
- Intervenciones para prevenir el TDM
- Patogénesis del TDM
- TDM y comorbilidades
- TDM y riesgos
- TDM y neuroimágen
- TDM y tratamiento con antidepresivos

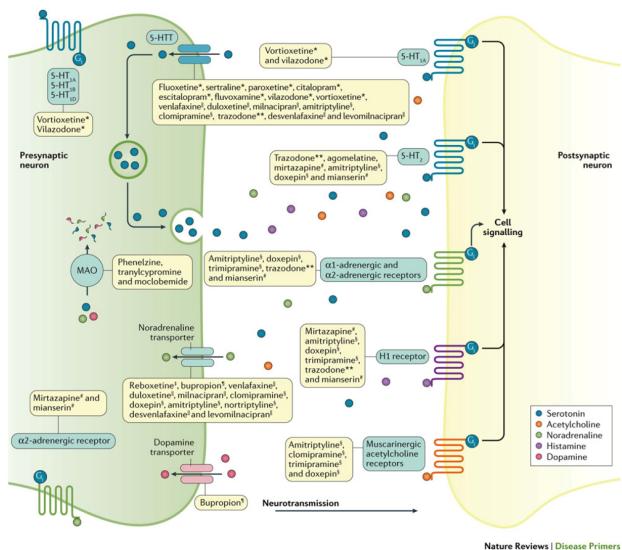
Complejidad del tratamiento

Complejidad de la enfermedad



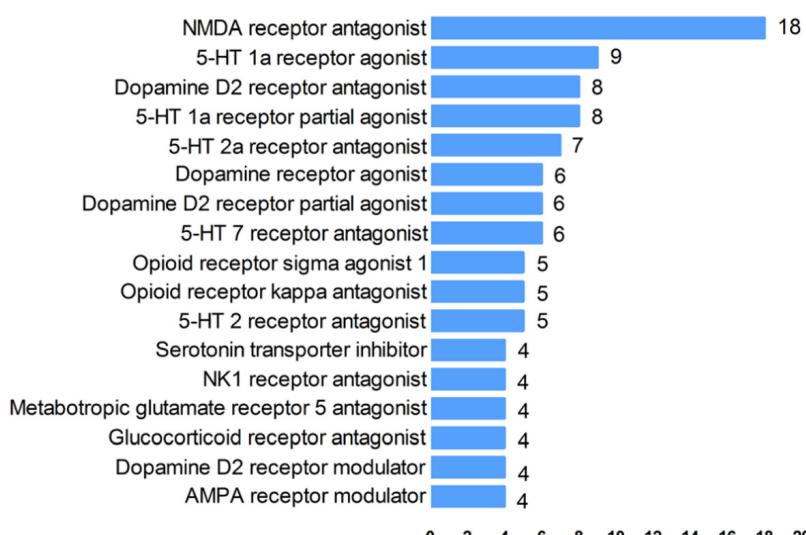


Cui L, Li S, Wang S, Wu X, Liu Y, Yu W, Wang Y, Tang Y, Xia M, Li B. Major depressive disorder: hypothesis, mechanism, prevention and treatment. *Signal Transduct Target Ther*. 2024 Feb 9;9(1):30. doi: 10.1038/s41392-024-01738-y. PMID: 38331979; PMCID: PMC10853571.



Otte, C., Gold, S., Penninx, B. et al. Major depressive disorder. *Nat Rev Dis Primers* 2, 16065 (2016). <https://doi.org/10.1038/nrdp.2016.65>

B



Guías de tratamiento

Depression in adults: the matched care model

Choice of treatment is based on:

- the severity of the problem
- past experiences of treatment
- the person's preferences

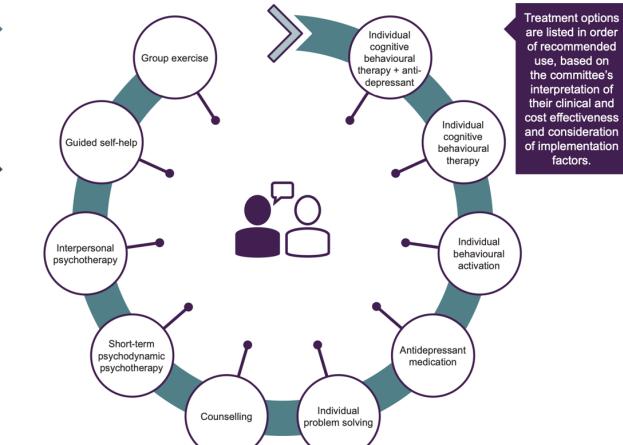


<https://www.nice.org.uk/guidance/ng222/resources/treatment-options-for-chronic-depression-depression-with-personality-disorder-or-psychotic-depression-pdf-11131007010>

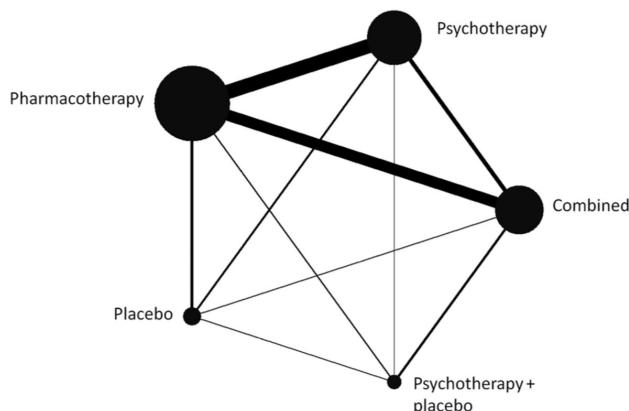
Depression in adults: discussing first-line treatments for more severe depression

Discuss treatment options with people who have a new episode of more severe depression. Match their choice of treatment to their clinical needs and preferences.

If the person has a clear preference, or experience from previous treatment to use as a guide; support the person's choice, unless there are concerns about suitability for this episode of depression.



<https://www.nice.org.uk/guidance/ng222/resources/treatment-options-for-chronic-depression-depression-with-personality-disorder-or-psychotic-depression-pdf-11131007010>



Cuijpers P, Noma H, Karyotaki E, Vinkers CH, Cipriani A, Furukawa TA. A network meta-analysis of the effects of psychotherapies, pharmacotherapies and their combination in the treatment of adult depression. World Psychiatry. 2020 Feb;19(1):92-107. doi: 10.1002/wps.20701. PMID: 31922679; PMCID: PMC6953550.

Guía de tratamiento del TDM

Departamento de Defensa de EEUU

Tratamiento farmacológico como una de las primeras opciones

Considerar de manera especial a poblaciones como las mujeres embarazadas, los pacientes geriátricos, pacientes con otras enfermedades.

Guías del Colegio Americano de Médicos

Anales de Medicina Interna

-Recomendación Uno

Monoterapia con: terapia cognitivo conductual o inicio de tratamiento con antidepresivo de segunda generación.

-Recomendación Dos

Inicio de tratamiento con terapia cognitivo conductual

-Recomendación Tres

Cambiar a otro antidepresivo de segunda generación (diferente familia farmacológica) o agregar un segundo fármaco con evidencia para TDM (adyuvante).

Guías CANMAT

Fármacos de primera línea

Guías CANMAT

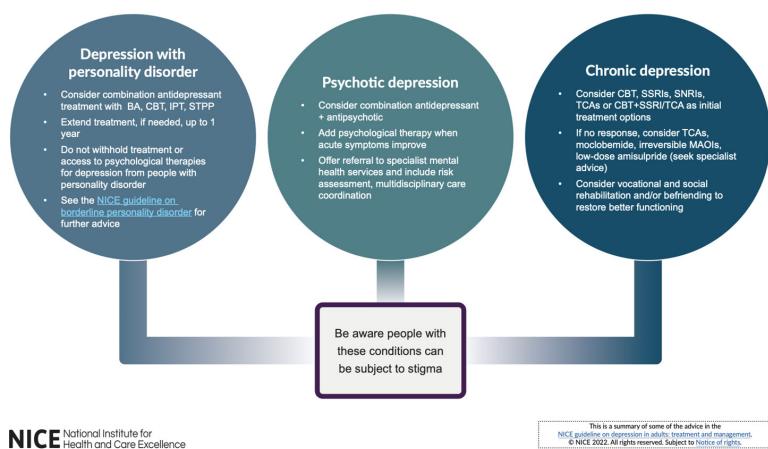
Table 3.3. Summary Recommendations for Antidepressants.

| Line of treatment | Antidepressant | Daily dose ¹ | Mechanism | Level of evidence |
|-------------------|------------------|-------------------------|---|-------------------|
| First line | Citalopram | 20–40 mg | SSRI | ● |
| | Escitalopram | 10–20 mg | SSRI | ● |
| | Fluoxetine | 20–60 mg | SSRI | ● |
| | Fluvoxamine | 100–300 mg | SSRI | ● |
| | Paroxetine | 20–50 mg | SSRI | ● |
| | Sertraline | 50–200 mg | SSRI | ● |
| | Desvenlafaxine | 50–100 mg | SNRI | ● |
| | Duloxetina | 60–120 mg | SNRI | ● |
| | Levomilnacipran* | 40–120 mg | SNRI | ● |
| | Venlafaxine-XR | 75–225 mg | SNRI | ● |
| | Bupropion | 150–450 mg ² | NDRI | ● |
| | Mirtazapine | 30–60 mg | α_2 antagonist; 5-HT2 antagonist | ● |
| | Vilazodone* | 20–40 mg | SRI; 5-HT1A agonist | ● |
| | Vortioxetine | 10–20 mg | SRI; 5-HT1A, 5-HT1B agonist; 5-HT1D, 5-HT3A, 5-HT7 antagonist | ● |
| # | Agomelatine # | 25–50 mg | MT1, MT2 agonist; 5-HT2 antagonist | ● |
| | Mianserin # | 30–90 mg | α_2 antagonist; 5-HT2 antagonist | ● |
| | Milnacipran # | 50–200 mg | SNRI | ● |

Lam RW, Kennedy SH, Adams C, Bahji A, Beaulieu S, Bhat V, Blier P, Blumberger DM, Brietzke E, Chakrabarty T, Do A, Frey BN, Giacobbe P, Gratzer D, Grigoriadis S, Habert J, Ishrat Husain M, Ismail Z, McGirr A, McIntyre RS, Michalak EE, Müller DJ, Parikh SV, Quilty LS, Ravindran AV, Ravindran N, Renaud J, Rosenblat JD, Samaan Z, Saraf G, Schade K, Schaffer A, Sinyor M, Soares CN, Swanson J, Taylor VH, Tourjman SV, Uher R, van Ameringen M, Vazquez G, Vigod S, Voineskos D, Yatham LN, Miley RV. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults: Réseau canadien pour les traitements de l'humeur et de l'anxiété (CANMAT) 2023 : Mise à jour des lignes directrices cliniques pour la prise en charge du trouble dépressif majeur chez les adultes. Can J Psychiatry. 2024 May 6:7067437241245384. doi: 10.1177/07067437241245384. Epub ahead of print. PMID: 38711351.

¿La primera línea es igual para todos los pacientes?

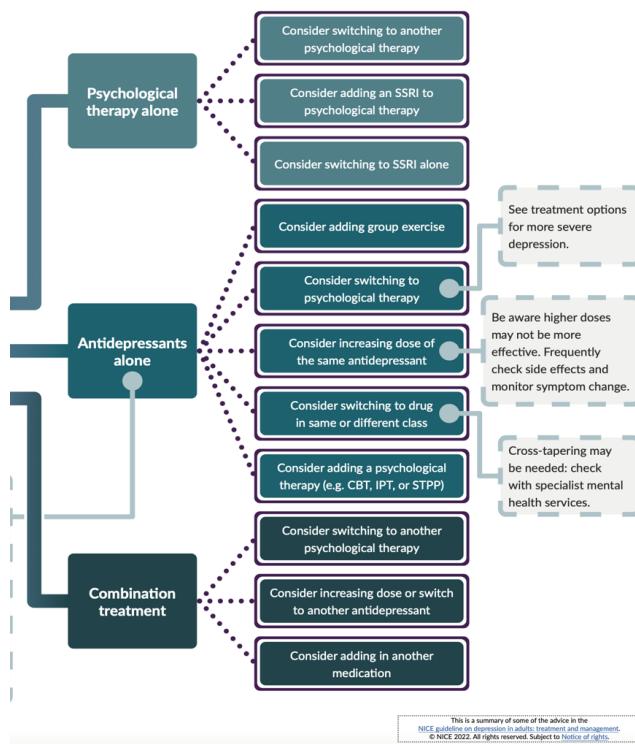
Depression in adults: treatment options for chronic depression, depression with personality disorder or psychotic depression



NICE National Institute for Health and Care Excellence

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<https://www.nice.org.uk/guidance/ng222/resources/treatment-options-for-chronic-depression-depression-with-personality-disorder-or-psychotic-depression-pdf-11131007010>



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Table 7.2. Summary Recommendations for Adjunctive Medications for (DTD).

| Line of treatment | Adjunctive agent | Target dose ¹ | Level of evidence |
|-------------------|------------------------|---|-------------------|
| First line | Aripiprazole | 2–10 mg | ● |
| | Brexpiprazole* | 0.5–2 mg | ● |
| Second line | Bupropion | 150–450 mg | ● |
| | Intranasal esketamine* | 56–84 mg intranasally | ● |
| | IV racemic ketamine* | 0.5–1.0 mg/kg IV | ● |
| | Olanzapine | 2.5–10 mg | ● |
| | Quetiapine-XR* | 150–300 mg | ● |
| | Risperidone* | 1–3 mg | ● |
| | Lithium | 600–1200 mg (therapeutic serum level: 0.5–0.8 mmol/L) | ● |
| | Cariprazine* | 1.5–3 mg | ● |
| | Mirtazapine/Mianserin | 30–60 mg/30–90 mg | ● |
| | Modafinil | 100–400 mg | ● |
| | Triiodothyronine | 25–50 mcg | ● |

Lam RW, Kennedy SH, Adams C, Bahji A, Beaulieu S, Bhat V, Blier P, Blumberger DM, Brietzke E, Chakrabarty T, Do A, Frey BN, Giacobbe P, Gratzner D, Grigoriadis S, Habert J, Ishrat Husain M, Ismail Z, McGirr A, McIntyre RS, Michalak EE, Müller DJ, Parikh SV, Quilty LS, Ravindran AV, Ravindran N, Renaud J, Rosenblat JD, Samaan Z, Saraf G, Schade K, Schaffer A, Sinyor M, Soares CN, Swanson J, Taylor VH, Tourjman SV, Uher R, van Ameringen M, Vazquez G, Vigod S, Voineskos D, Yatham LN, Milev RV. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults: Réseau canadien pour les traitements de l'humeur et de l'anxiété (CANMAT) 2023 : Mise à jour des lignes directrices cliniques pour la prise en charge du trouble dépressif majeur chez les adultes. Can J Psychiatry. 2024 May 6:7067437241245384. doi: 10.1177/07067437241245384. Epub ahead of print. PMID: 38711351.

Factores para considerar en la elección del tratamiento

- Respuesta al tratamiento previo
- Gravedad
- Cronicidad
- Comorbilidad
- Riesgo de suicidio
- Psicosis
- Rasgos catatónicos o melancólicos
- Estado funcional
- Tolerabilidad de tratamientos previos

Figure 4. Second-generation antidepressants: cautions and contraindications.

| | | ! = Caution ⊖ = Contraindication | | | | | | | | | | | | | |
|------------|-----------------|---------------------------------------|------------------|-------------------|-------------|-----------------------------|---|--|--------------------------|------------------------|---|--|---------------------------------------|-------------------------------------|-----------------|
| Class | Drug | Alcohol Use Disorder or Alcohol Use | Bipolar Disorder | Bleeding Disorder | Bradycardia | Bulimia or Anorexia Nervosa | Cardiac Disease or Recent Myocardial Infarction | Child-Pugh Class A to C Hepatic Impairment or Chronic or Acute Hepatic Disease | Congestive Heart Failure | Diabetes (Type 1 or 2) | Electrolyte Abnormalities (Uncorrected) | Monoamine Oxidase Inhibitor Use Within 14 Days | Renal Impairment (Moderate to Severe) | Seizure Disorder or Seizure History | QT Prolongation |
| SSRIs | Citalopram | ! | NR | ! | ⊖ | NR | ⊖ | ! | ⊖ | NR | ⊖ | ⊖ | NR | ! | ⊖ |
| | Escitalopram | ! | NR | ! | ! | NR | ! | ! | ! | NR | ! | ⊖ | NR | ! | ! |
| | Fluoxetine | ! | NR | ! | ! | NR | ! | ! | ! | ! | ! | ⊖ | NR | ! | ! |
| | Fluvoxamine | ! | NR | ! | NR | NR | NR | ! | NR | NR | NR | ⊖ | NR | ! | NR |
| | Paroxetine | ! | NR | ! | NR | NR | NR | ! | NR | NR | NR | ⊖ | ! | ! | NR |
| | Sertraline | ! | NR | ! | ! | NR | ! | ⊖ | ! | NR | ! | ⊖ | NR | ! | ! |
| SNRIs | Desvenlafaxine | ! | NR | ! | NR | NR | ! | ! | NR | NR | NR | ⊖ | ! | ! | NR |
| | Duloxetine | ⊖ | NR | ! | NR | NR | ! | ⊖ | NR | ! | NR | ⊖ | ⊖ | ! | NR |
| | Levomilnacipran | ! | NR | ! | NR | NR | ! | NR | NR | NR | NR | ⊖ | ! | ! | NR |
| | Venlafaxine | ! | NR | ! | ! | NR | ! | ! | ! | NR | ! | ⊖ | ! | ! | ! |
| Others | Bupropion | ! | ! | NR | NR | ⊖ | NR | ! | NR | ! | NR | ⊖ | ! | ⊖ | NR |
| | Mirtazapine | NR | ! | NR | ! | NR | ! | ! | ! | NR | ! | ⊖ | ! | ! | ! |
| | Nefazodone | NR | ! | NR | NR | NR | ! | ⊖ | NR | NR | NR | ⊖ | NR | ! | NR |
| | Trazodone | ! | ! | ! | ! | NR | ⊖ | NR | ! | NR | ! | ⊖ | NR | ! | ! |
| | Vilazodone | NR | ! | ! | NR | NR | NR | NR | NR | NR | NR | ⊖ | NR | ! | NR |
| | Vortioxetine | NR | ! | ! | NR | NR | NR | NR | NR | NR | NR | ⊖ | NR | ! | NR |
| Anxiolytic | Buspirone | NR | NR | NR | NR | NR | NR | ! | NR | NR | NR | ⊖ | ⊖ | NR | NR |

Qaseem A, Owens DK, Etxeandia-Ikobaltzeta I, Tufte JE, Cross JT Jr, Wilt TJ; Clinical Guidelines Committee of the American College of Physicians; Crandall CJ, Hicks LA, Balk EM, Cooney TG, Fitterman N, Lin JS, Maroto M, Miller MC, Obley AJ, Owens DK, Shekelle PG, Harrod CS, Yost J. Nonpharmacologic and Pharmacologic Treatments of Adults in the Acute Phase of Major Depressive Disorder: A Living Clinical Guideline From the American College of Physicians (Version 1, Update Alert). Ann Intern Med. 2024 Apr;177(4):e230440. doi: 10.7326/L23-0440. Epub 2024 Mar 19. PMID: 38498880.