

(#6) Assessment of anxiety severity among patients with generalized anxiety disorder on venlafaxine: A retrospective, observational, real-world study

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Generalized Anxiety Disorder (GAD)

GAD affects approximately 3.1% of the global adult population¹



recurrent and chronic course, significant burden in psychiatric care²



left untreated leads to increased risk of mortality and morbidity, lower quality of life, and functioning²



CPGs recommendations include venlafaxine as a first-line agent in the management of GAD³



AIM | OBJECTIVE

Demonstrate the utility for venlafaxine in GAD seen in routine clinical practice is congruent with that shown in clinical trials



CONCLUSION

- This retrospective observational study of patients with GAD demonstrates, with statistical significance, that venlafaxine is an effective treatment in real-world clinical practice
- This is congruent to the efficacy of venlafaxine in GAD as established in clinical trials^{4,5}

METHODS

Study design

- Retrospective | Observational
- De-identified data from EHRs of patients with GAD seen in the US mental health centers
- Holmusk's NeuroBlu[®] Data

Inclusion criteria

- Adult patients with GAD
- ± comorbid MDD & AD
- N=756 Female=594
- Moderate to severe illness (GAD-7 score ≥10) N= 598
- Prescribed venlafaxine
- 90-day washout period
- At least two GAD-7 measurements
- (at baseline & within a 4–12-week follow-up window)

Analysis

- Median change (IQR) in GAD-7 scores - baseline to follow-up
- stratified by sex & baseline symptom severity (Wilcoxon signed-rank test)

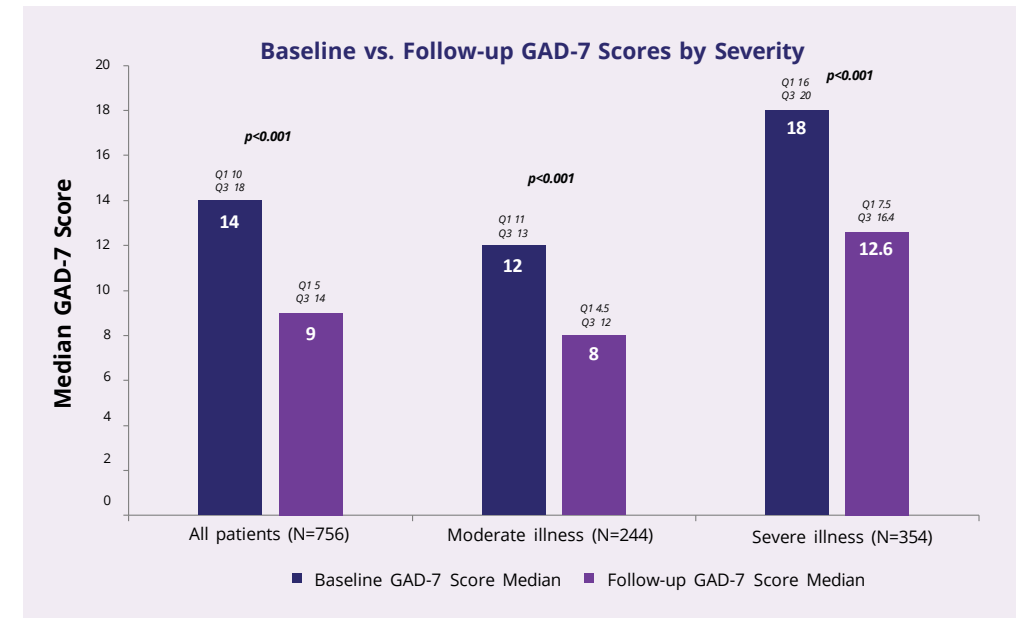


RESULTS

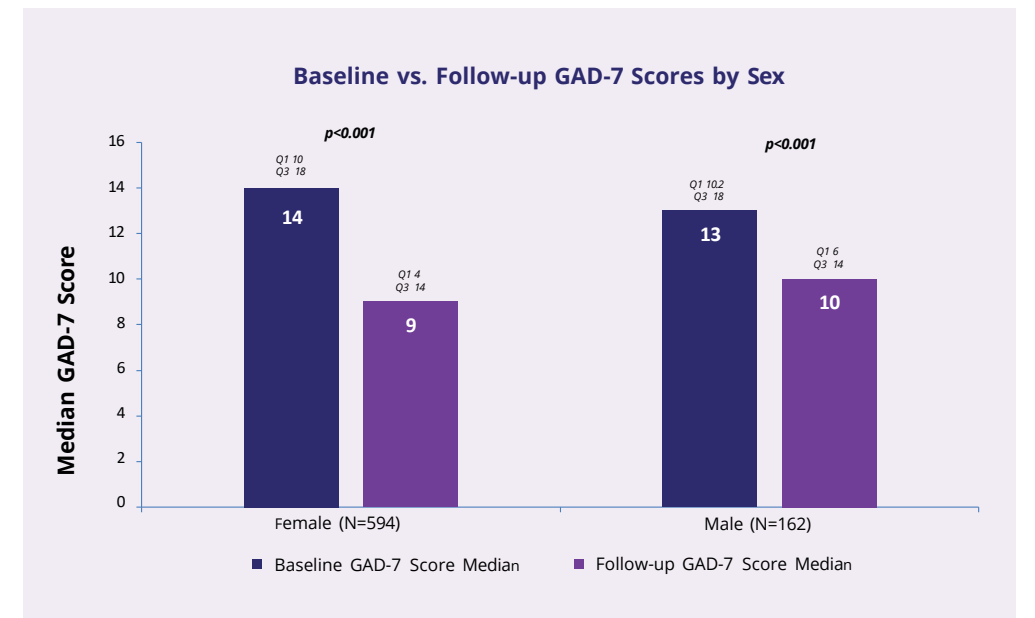
- The change in median GAD-7 score from baseline was statistically significant across all patients
- 72.5% showed improvement in GAD-7 scores, with 48.1% showing clinically meaningful improvement (defined as a reduction of ≥4 points on GAD-7⁶)

CPG clinical practice guidelines EHR electronic health records MDD major depressive disorder AD anxiety disorder IQR interquartile range

References: 1. Castelpietra G et al. *Lancet Reg Health Eur*. 2022;16:100341 2. Gelenberg AJ et al. *JAMA*. 2000;283(23):3082–3088 3. Katzman MA et al. *BMC Psychiatry*. 2014;14 :S1 4. Allgulander C et al. *Br J Psychiatry*. 2001;179(1):15-22. 5. Boyer P et al. *Eur Psychiatry*. 2004;19(5):272-279 6. Toussaint A et al. *J Affect Disord*. 2020;265:395-401.



ALL PATIENTS



MALE | FEMALE