Identifying Treatment-Resistant Depression in the Real-World: Clinical Practice and Barriers to Care

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Introduction

- Patients with treatment-resistant depression (TRD) who are candidates for interventional treatments (IV ketamine, intranasal esketamine, transcranial magnetic stimulation) are often not identified or referred late for treatments from which they may benefit.
- This mixed-method study examined how a small group of US prescribers identify TRD patients and what delays referral or initiation of interventional treatments, including IV ketamine, esketamine, and transcranial magnetic stimulation (TMS).

Objective/Hypothesis

- To characterize current TRD patient identification practices, referral patterns, and barriers to interv-entional care among US prescribers.

Methods

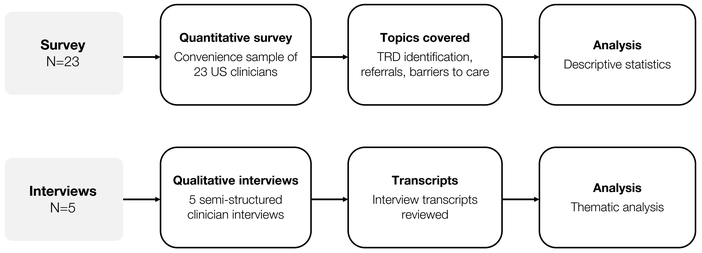
Study design

- Using a mixed-methods survey, a convenience sample of 23 clinicians was surveyed to understand identification of TRD patients, referrals, and barriers to interventional care.
- 5 qualitative clinician interviews were conducted with a semi-structured interview guide.

Analysis

- Responses were summarized using descriptive statistics and semi-structured interview transcripts were reviewed and thematically analyzed.

Figure 1: Mixed-methods study design

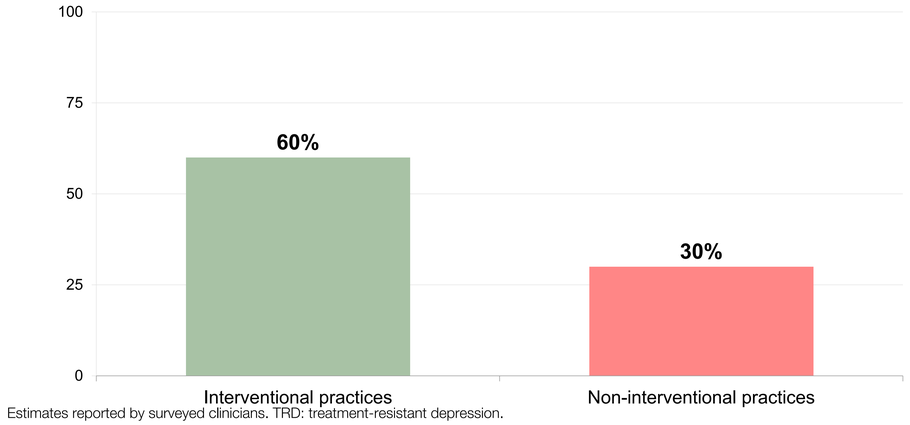


Abbreviations: TRD: treatment-resistant depression; TMS: transcranial magnetic stimulation; IV: intravenous; PHQ-9: Patient Health Questionnaire-9.

Results

- Most surveyed clinicians determined the TRD status of patients on an ad-hoc basis.
- Failure of a defined number of oral antidepressants was the primary criterion for initiating interventional treatment.
- The PHQ-9 was the most commonly used scale to assess disease severity and treatment response.

Figure 2: Estimated share of eligible patients receiving interventional treatment



Estimates reported by surveyed clinicians. TRD: treatment-resistant depression.

TRD is identified **ad hoc**, and eligible patients reach interventional care **later** than clinicians would like. **Patient resistance** and **insurance costs** are the leading barriers.

Position Only

Barriers to interventional care

- Patient resistance (**100%**), and costs and insurance coverage (**93%**) were cited as barriers to interventional therapies.

Timing of interventional treatment

- Although more than **90%** of interventionalists were willing to begin interventional care after three or fewer failed oral antidepressants, nearly **60%** of patients arrived having failed four or more.

Table 1: Key survey findings

Finding	Estimate
Eligible patients receiving interventional treatment — interventional practices	**60%**
Eligible patients receiving interventional treatment — non-interventional practices	**30%**
Clinicians citing patient resistance as a barrier	**100%**
Clinicians citing costs and insurance coverage as a barrier	**93%**
Interventionalists willing to begin interventional care after ≤3 failed oral antidepressants	**>90%**
Patients arriving having already failed ≥4 oral antidepressants	**~60%**

Conclusions

- **In a small convenience sample of clinicians, findings suggest that TRD identification in real-world practice is largely informal and inconsistent, and eligible patients are frequently referred for interventional care later than preferred.**
- **Patient resistance and insurance/cost barriers were the dominant obstacles.**
- **These findings characterize where delays and variability arise in the TRD treatment pathway.**

COI Disclosure

Research was conducted by Osmind in collaboration with Compass Pathways. D.A., J.L., J.Q., and W.S. All authors are employees of and/or hold equity in Osmind. V.W., Y.H., L.O., and M.S. are employees of a subsidiary of Compass Pathways PLC and hold shares and/or share options in Compass Pathways PLC.

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