

The Treatment-Resistant Depression

TRDRegistry

Information for Psychiatrists

Overview

The TRDRegistry

The **TRD Registry** is the first registry specifically for patients with treatment-resistant depression (TRD), providing unprecedented insight into long-term outcomes for patients with TRD. By collecting comprehensive data from ≥ 1000 patients over a period of 5 years, the TRD Registry will support rigorous analyses and substantially improve the understanding of TRD and available treatments. Up to 100 sites will participate in the registry.

The primary objective of the TRD Registry is to follow the clinical course and outcome for patients with TRD treated with and without adjunctive VNS TherapyTM. Baseline and 5-year analyses include:

- Predictors of response
- Sexual experience
- Treatment histories
- Suicidality
- Depressive symptoms
- General medical conditions
- Female health issues
- Dosage and duration of antidepressant treatments, including VNS Therapy
- Job-related activities and productivity
- Quality of life
- Global side effects

The TRD Registry will contribute substantially to the overall understanding of TRD and of the treatment options most appropriate for specific patient populations. It will generate data supporting numerous peer-reviewed publications and will provide a valuable resource for psychiatrists, payers, patients, and their families.

About TRD

Although there is no one accepted definition for TRD, the challenge it poses to psychiatrists and patients is universally acknowledged. For the purposes of this registry, TRD describes patients with chronic or recurrent depression who are experiencing a major depressive episode and have not had an adequate response to ≥ 4 adequate antidepressant treatments (lifetime).

An estimated 4.4 million Americans are experiencing TRD.^{1,2}

A Unique Long-Term Program

The TRD Registry is the first of its type specifically for patients with TRD. The registry design includes ≥ 500 patients receiving adjunctive VNS TherapyTM and ≥ 500 patients receiving other antidepressant treatments without VNS Therapy.

All patients are followed for 60 months:

- VNS patients will be followed for 60 months.
- All non-VNS patients will be followed for 60 months – with the exception of those consented for 24-month follow-up. Non-VNS patients originally consented for 24-month follow-up will be given the opportunity to re-consent for 60 months.

Visits are scheduled quarterly for year 1 and semiannually for years 2 to 5. Patients receive compensation for each TRD Registry-related doctor visit.

Participants in the TRD Registry

The TRD Registry will enroll patients over a maximum of 4 years.

Inclusion Criteria:

- Current major depressive episode (DSM-IV-TR criteria) lasting ≥ 2 years OR ≥ 3 lifetime episodes if current depressive episode < 2 years
- Chronic or recurrent depression resistant to ≥ 4 adequate antidepressant treatments (lifetime)
- CGI severity of illness score ≥ 4
- Age ≥ 18 years
- Informed consent; ability to complete forms
- VNS Therapy patients: either scheduled or being evaluated for procedure
- Patients who become pregnant while enrolled in the registry are encouraged to continue their participation

Exclusion Criteria:

- History of any psychotic disorder (schizophrenia, schizoaffective disorder, etc)
- History of rapid-cycling bipolar disorder
- Currently psychotic or current episode includes psychotic features
- Currently enrolled in a double-blind investigational study
- Previously received VNS Therapy

An Institutional Review Board (IRB) will approve the TRD Registry protocols at each local site to ensure that the Registry follows the institution's safety and ethical standards. The TRD Registry observes the privacy rules of the Health Insurance Portability and Accountability Act (HIPAA), identifying patients only by a unique 7-digit number, not by name.

A Wide Range of Treatments

Patients included in the TRD Registry may be treated with any treatments used for depression: medications, psychotherapy, ECT, VNS Therapy™, etc. This is an observational study: all treatments are observed and recorded, not dictated by the registry plan. Patients may not be currently enrolled in a double-blind investigational study, but open-label trials are permitted. Half of the enrolled patients will receive adjunctive VNS Therapy (vagus nerve stimulation).

TRD Registry Assessments

The Registry collects a series of assessments designed to measure factors such as severity of depression, quality of life, psychosocial impairment, history of healthcare, history of trauma, sexual functioning, medication usage, and side-effect burden.

Screening/baseline and follow-up visits have 3 parts:

- The registry physician at the site collects data from the patient
- Patient provides self-assessments
- A central rater group at the NYSPI Department of Research Training collects additional data over the telephone.

For a full listing of assessments, see below:

Forms completed by Clinician

Form Name	Screening /Baseline Visit	Follow-up Assessments
Patient Contact Information Sheet	X	
Patient Demographics and History Form	X	
Klein Trauma & Abuse-Neglect Questionnaire	X	
Clinical Global Impressions (CGI)		X
Assessment of Suicidality*	X	X
Female Health Questionnaire	X	X
VNS Therapy™ Status and Parameters†	X	X
Mood Disorder Treatments Log Form		X
Medical Status		X

Forms completed by Central Rater Group

Form Name	Screening /Baseline Visit	Follow-up Assessments
Assessment of Suicidality*	X	X
Mini International Neuropsychiatric Interview (MINI)	X	
Montgomery-Asberg Depression Rating Scale (MADRS)‡	X	X
Longitudinal Interval Follow-up Evaluation – Range of Impaired Functioning Tool (LIFE-RIFT)	X	
Streamlined Longitudinal Interval Continuation Evaluation-condensed (SLICE-C)‡		X

Forms completed by Patient

Form Name	Screening`/Baseline Visit	Follow-up Assessments
Frequency, Intensity, and Burden of Side Effects Rating (FIBSR)	X	X
Endicott Work and Productivity Scale (EWPS)	X	X
Job-Related Work Activities	X	X
Health Care Utilization	X	X
Quality of Life, Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF)	X	X
Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR)	X	X
Arizona Sexual Experience (ASEX)	X	X

* If the central rater group assesses the patient to be at high risk of suicide, the registry physician will be notified.

† For patients receiving adjunctive VNS Therapy only.

‡ The MADRS and SLICE-C are administered for visits 3-14 for VNS Therapy-treated patients and non-VNS Therapy patients. For all others the MADRS and SLICE-C are administered at visits 3-8.

Exiting the Registry

There are 4 scenarios for exiting the TRD Registry:

- Upon completion of the 60-month visit
- The patient and/or registry physician wish to discontinue participation for any reason
- Sponsor terminates the registry
- Patient is noncompliant, i.e., refuses to complete registry forms

At the patient's final registry visit, all follow-up procedures and the 1-page exit form should be completed and faxed to the sponsor.

References: 1. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of 12-month DMS-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry.* 2005;62:617-627. 2. Fava M, Rush AJ, Trivedi MH, et al. Background and rationale for the Sequenced Treatment Alternatives to Relieve Depression (STAR-D) study. *Psychiatr Clin North Am.* 2003;26:457-494.