The VIDAs Trilogy and Beyond

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Objective

To compare the real-world effectiveness of vortioxetine as routine clinical treatment for major depressive disorder on depressive and cognitive symptoms, and work productivity in populations across South-East Asia

REVIDA
A real-world study on vortioxetine in patients with major depressive disorder in SEA (Malaysia, Philippines, Singapore, Thailand)

PREVIDA
Pakistani study on real-world evidence with vortioxetine in major depression in Asia (Pakistan, investigator initiated trial [IIT])

TREVIDA
Taiwanese real-world evidence with vortioxetine In major depression patients in Asia (Taiwan)

Overview: TREVIDA patients (mainly vortioxetine 2nd line or later users) were in later and more chronic phases of major depressive disorder versus REVIDA or PREVIDA patients (mainly vortioxetine 1st line users)

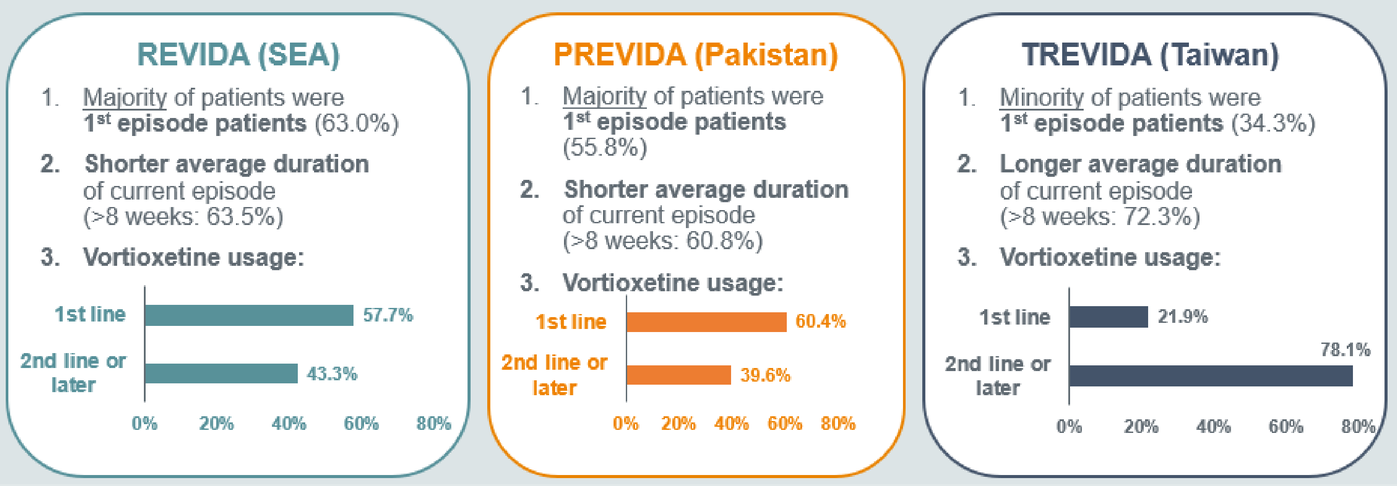
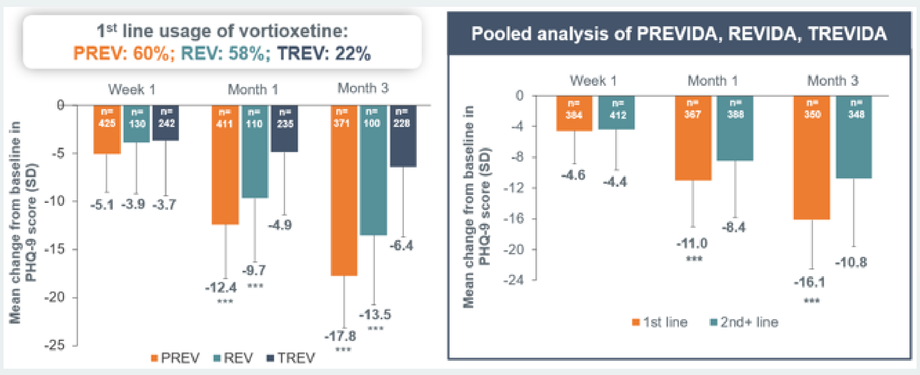
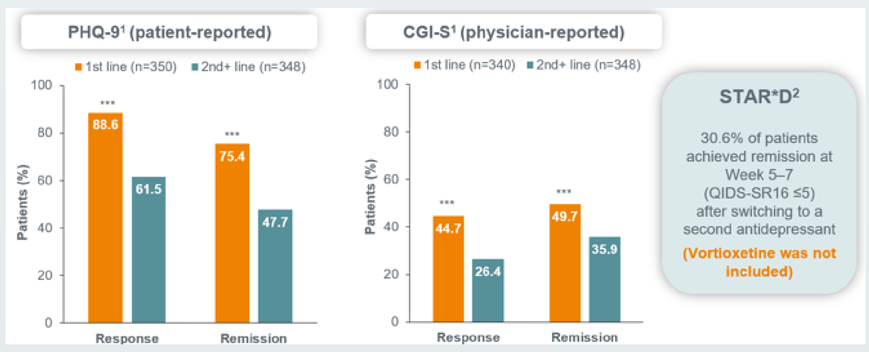


Figure 1. Vortioxetine improves patient-reported depression severity (PHQ-9) more greatly in patients who use it as 1st line treatment vs 2nd line or later



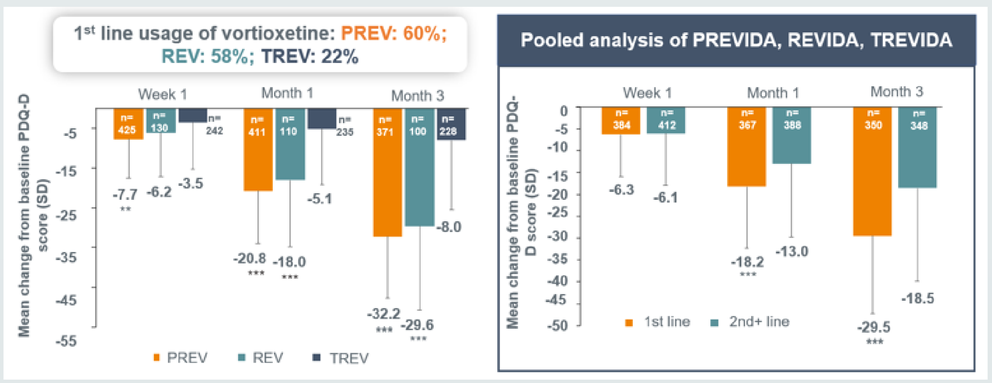
***p<0.0001 compared with TREVIDA or 2nd+ line. PHQ-9: Patient Health Questionnaire-9; PREV: PREVIDA; REV: REVIDA; TREV: TREVIDA.
Bose R et al. Curr Med Res Opin. 2022 May;38(5):661-671.

Figure 2. Vortioxetine improves response and remission rates more greatly in patients who use it as 1st line treatment vs 2nd line or later



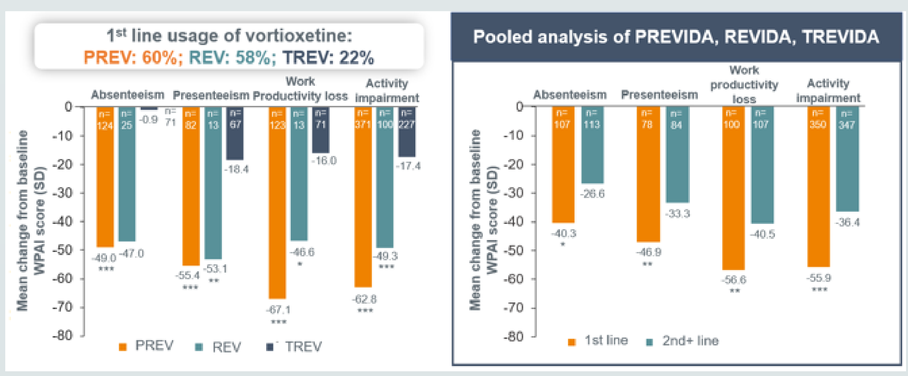
***p<0.0001 compared with 2nd+ line. Response: ≥50% reduction in PHQ-9 or CGI-S score; remission: PHQ-9 score ≤4 or CGI-S score ≤2. CGI-S: Clinical Global Impression – Severity; PHQ-9: Patient Health Questionnaire-9; PREV, PREVIDA; REV, REVIDA; TREV, TREVIDA.
1. Bose R et al. Curr Med Res Opin. 2022 May;38(5):661-671; 2. Rush AJ, et al. Am J Psychiatry. 2006;163:1905–17.

Figure 3. Vortioxetine improves patient-reported cognitive function (PDQ-D) more greatly in patients who use it as 1st line treatment vs 2nd line or later



***p<0.0001 compared with TREVIDA or 2nd+ line. PDQ-D, Perceived Deficits Questionnaire - Depression; PREV, PREVIDA; REV, REVIDA; TREV, TREVIDA.
Bose R et al. Curr Med Res Opin. 2022 May;38(5):661-671.

Figure 4. Vortioxetine improves improves work function more greatly in patients who use it as 1st line treatment vs 2nd line or later



*p<0.05; **p<0.01; ***p<0.0001 compared with TREVIDA or 2nd+ line. PREV: PREVIDA; REV: REVIDA; TREV: TREVIDA; WPAI: Work Productivity and Activity Impairment. Bose R et al. Curr Med Res Opin. 2022 May;38(5):661-671.

Figure 5: Comparison of safety data

PREVIDA	Vortioxetine (N=498)
All adverse drug reactions (ADRs), N (%)	12 (2.4)
No. of ADRs	12
Nausea	3
Headache	3
Severe irritability	3
Rash	1
Vertigo	1
Orthostatic hypotension	1
ADRs leading to study discontinuation, N (%)	12 (2.4)

REVIDA	Vortioxetine (N=138)
All adverse drug reactions (ADRs), N (%)	13 (9.4)
No. of ADRs	20
Abdominal discomfort	4
Nausea	3
Somnolence	2
Urticaria	2
Hypersensitivity	2
Rash	1
Dizziness	1
Headache	1
Drug ineffective	1
Not specified	3
ADRs leading to study discontinuation, N (%)	9 (6.5)

TREVIDA	Vortioxetine (N=253)
All adverse drug reactions (ADRs), N (%)	9 (3.6)
No. of ADRs	11
Nausea	3
Skin itchy	2
GI-upset	2
Dizzy	2
Diarrhea	1
Suicide attempt	1
ADRs leading to study discontinuation, N (%)	6 (2.4)

Key takeaways:

- Vortioxetine used as 1st line treatment showed greater improvements in depressive symptoms, cognitive symptoms and functioning and greater response/remission rates compared with its use later in the treatment paradigm
- Vortioxetine treatment is associated with high response/remission rates in every step of the treatment paradigm
- Vortioxetine was well-tolerated across patient populations in Asia with differing number and duration of major depressive disorder episodes and treatment paradigm with low discontinuation rates

Main Citation: Bose R et al. Curr Med Res Opin. 2022;38(5):661-671