Citalopram did not differ from placebo for treatment of depression in patients ≥ 75 years of age


**Question**
Is citalopram effective for treatment of unipolar depression in patients ≥ 75 years of age?

**Methods**

**Design:** Randomized placebo-controlled trial.

**Allocation:** [Concealed]†.*

**Blinding:** Blinded (patients, health care providers, data collectors, outcome assessors, data analysts, and monitoring committee)†.*

**Follow-up period:** 8 weeks.

**Setting:** Multiple centers in the United States.

**Patients:** 178 patients ≥ 75 years of age who had unipolar depression (single, recurrent, or nonpsychotic) based on DSM-IV criteria, with the current episode lasting ≥ 4 weeks; had scores ≥ 20 on the 24-item Hamilton Depression Scale (HDS); and were not living in residential settings. Exclusion criteria were bipolar disorder, obsessive–compulsive disorder, psychotic disorder, or current substance abuse or dependence in the previous year; current suicidal intent or attempt in the previous year; probable Alzheimer disease or vascular dementia; Mini-Mental Status Examination (MMSE) score ≤ 18; Parkinson disease; acute, severe, or unstable medical illness; or failure to respond to a trial of a selective serotonin-reuptake inhibitor (SSRI) or trials of ≥ 2 classes of antidepressants other than SSRIs in the current depressive episode. In efficacy by site of enrollment suggest a need to explore nonpharmacologic determinants of recovery. The findings of Roose and colleagues highlight the need for additional, well-designed clinical studies to explore the benefits of pharmacologic and nonpharmacologic approaches to treatment of depression in elderly persons.

**Main Results**

Patients who received citalopram did not differ from those who received placebo for change in HDS scores (mean difference 1.3%, 95% CI –8.3 to 11)‡, response (Table), or remission (Table) at 8 weeks.

**Conclusion**

In patients ≥ 75 years of age with unipolar depression, citalopram did not differ from placebo for change in Hamilton Depression Scale scores, response rates, or remission rates after 8 weeks.

**Source of funding:** Forest Laboratories.

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†See Glossary.

‡Calculated from data in article.

§ Abbreviations defined in Glossary; RBI, NNT, and CI calculated from data in article.

|| Not significant

**Citalopram vs placebo for depression in patients ≥ 75 years of age**

<table>
<thead>
<tr>
<th>Outcomes at 8 wk</th>
<th>Citalopram</th>
<th>Placebo</th>
<th>RBI (95% CI)</th>
<th>NNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response‡¹</td>
<td>40%</td>
<td>38%</td>
<td>7% (–26 to 55)</td>
<td>Not significant</td>
</tr>
<tr>
<td>Remission¶ ³</td>
<td>35%</td>
<td>33%</td>
<td>4% (–32 to 57)</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

¹Abbreviations defined in Glossary; RBI, NNT, and CI calculated from data in article.

‡≥50% reduction on final Hamilton Depression Scale score.

¶Final Hamilton Depression Scale score ≤ 10.

**Commentary**

Although depression in older adults is often managed with drug therapy, much of the evidence of the benefit of these therapies has been obtained from studies of younger patients. The study by Roose and colleagues is an important step forward in evaluating the benefit of pharmacologic and nonpharmacologic approaches to treatment of depression in elderly persons. The high response rate in the placebo group and differences in efficacy by site of enrollment suggest a need to explore nonpharmacologic determinants of recovery.

The findings of Roose and colleagues highlight the need for additional, well-designed clinical studies to explore the benefits of pharmacologic and nonpharmacologic approaches to treatment of depression in elderly persons.

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**References**
