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**STAR\*D: Landmark Depression Treatment Study Releases Final Results**

**Arlington, Va.** - In STAR\*D, the nation's largest depression treatment study, results indicate that 67 percent of patients who complete from one to four treatment steps can reach remission. An overview of STAR\*D (Sequential Treatment Alternatives to Relieve Depression) treatment outcomes is presented in the November 2006 issue of *The American Journal of Psychiatry (AJP)*, the official journal of the American Psychiatric Association (APA).

In the *AJP* article "Acute and Longer-Term Outcomes in Depressed Outpatients Requiring One or Several Treatment Steps: A STAR\*D Report," A. John Rush, M.D., of the University of Texas Southwestern Medical Center, and colleagues describe overall results for the 3,671 participants in STAR\*D. The federally funded study investigated treatment effectiveness in a broadly representative range of depressed outpatients treated in psychiatric and primary care practices.

Remission was more common among patients in their first or second treatment trial (37 percent and 31 percent, respectively) than among those requiring three or four trials (14 percent and 13 percent). Participants who required more treatment steps tended to have more chronic depression and more coexisting psychiatric and general medical disorders.

The report also provides the first look at the longer-term follow-up findings for patients who benefited from the one to four treatment steps. Results revealed higher relapse rates for those who required more initial treatment steps, and clearly documented that remission (the return to the depression free state) as opposed to simple improvement (i.e., better but not well) was predictive of the best long-term outcomes.

"The advantage of the sequential design is that it gives some indication of whether or not a patient can expect remission from treatment," said *AJP* Editor-In-Chief Robert Freedman, M.D. "What we learn from Dr. Rush's summary is that there is a good chance for patients to remit eventually. What we do not know is how to make the selection of the best treatment for each patient as efficient as possible."

Patients who did not experience remission or could not tolerate the treatment at a given step were strongly encouraged to proceed to the next treatment step. They were allowed to choose among groups of subsequent treatments, which included cognitive therapy alone or combined with medication, as well as several different antidepressants used alone or in combination.

"The STAR\*D outcomes have numerous clinical implications," said Darrel A. Regier, M.D., M.P.H., director of the APA's Division of Research. "For instance, the finding of higher relapse rates among patients who did not reach full remission and among those with a higher number of treatment steps suggests a need for close follow-up and special attention to patients with chronic depression or other medical illness."

In an accompanying editorial, J. Craig Nelson, M.D., of the University of California, San Francisco, assesses what has been learned from STAR\*D.

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These studies were funded by the National Institute of Mental Health. Medications for the STAR\*D trials were provided at no cost by Bristol-Myers Squibb, Forest Pharmaceuticals, GlaxoSmithKline, King Pharmaceuticals, Organon, Pfizer and Wyeth Pharmaceuticals. Additional financial disclosures appear at the end of each article.

(*Am J Psychiatry*. 2006; 163: 1905-1917).

**Note to Editors:** Contact APA's Office of Communications and Public Affairs at 703-907-8640 or [press@psych.org](mailto:press@psych.org) for an embargoed copy of the article and editorial.

Earlier STAR\*D results were reported in the following:

*American Journal of Psychiatry* 2006; 163:28–40, January 2006

*New England Journal of Medicine* 2006; 354:1231–1242, March 23, 2006

*New England Journal of Medicine* 2006; 354:1243–1252, March 23, 2006

*American Journal of Psychiatry* 2006; 163: 1161-1172, July 2006

*American Journal of Psychiatry* 2006; 163: 1519-1541, September 2006

**About the *American Journal of Psychiatry*:**

The *American Journal of Psychiatry*, the official journal of the American Psychiatric Association, publishes a monthly issue with scientific articles submitted by psychiatrists and other scientists worldwide. The peer review and editing process is conducted independently of any other American Psychiatric Association components. Therefore, statements in this press release or the articles in the Journal are not official policy statements of the American Psychiatric Association. The Journal's editorial policies conform to the Uniform Requirements of the International Committee of Medical Journal Editors, of which it is a member. For further information about the Journal visit [www.ajp.psychiatryonline.org](http://www.ajp.psychiatryonline.org).

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