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MAJOR DEPRESSIVE DISORDER, ANHEDONIA, AND AGOMELATINE: AN OPEN-LABEL STUDY

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**Introduction:** Today there is a large number of antidepressant drugs. However, the effect of treatment is often suboptimal. Unlike other antidepressants agomelatine has a novel neurochemical mechanism. It is an MT1 and MT2 melatonergic receptor agonist and a selective antagonist of the 5-HT<sub>2C</sub> receptors. In this open-label 8-week study we aimed to investigate the efficacy of agomelatine on depressive symptoms in patients with major depression. Secondary endpoints were the effect of agomelatine on anhedonia.

**Methods:** Thirty major depressive patients received a flexible dose (25-50 mg; per os, daily) of agomelatine. Depressive (Hamilton Depression Scale) and anxious (Hamilton Anxiety Scale) symptoms, anhedonia (Snaith Hamilton Rating Scale), and sleep quality (Leeds Sleep Evaluation Questionnaire) were assessed.

**Results:** Twenty-four patients (80%) completed 8 weeks of treatment. Significant improvements were seen at all visits on the HAM-D ( $p < .05$ ), HAM-A ( $p < .01$ ), SHAPS ( $p < .05$ ), LSEQ ( $p < .05$ ). Nine subjects (30%) were responders and 5 (17%) remitters at week 1; 18 (60%) were remitters by the end of the trial. There was no serious adverse event. No aminotransferase elevations were noted.

**Discussion:** In line with previous studies, in which agomelatine was associated with early clinical improvement this study also provides evidence of an early response and the findings of improvements in depression scores. Beside this is the first study where agomelatine was effective in the treatment of anhedonia. Additional trials are needed to delineate the place of agomelatine in the contemporary pharmacotherapy for depressive disorders.