plus oral antidepressants (ESK NS+OAD) versus quetiapine extended release plus oral antidepressants (QTP XR+OAD) among patients with treatment-resistant depression (TRD). This comparison was based on a subanalysis of results from the ESCAPE-TRD Phase 3b trial (ex-US) comparing response and remission rates for ESK NS+OAD vs QTP XR+OAD in TRD patients over 32 weeks.

Methods. An Excel-based model was developed to estimate the cost-per-remitter for ESK NS+OAD and QTP XR+OAD from the perspective of a commercial insurance plan in the US. Remission rates, response rates, and relapse rates (among patients remitting or responding during the first 8 weeks of treatment) were estimated in 4-week intervals over 32 weeks using data from the ESCAPE-TRD Phase 3b clinical trial comparing ESK NS+OAD versus QTP XR+OAD in patients with TRD. Patients not remitting/responding (non-responders) or experiencing a relapse either stayed on current treatment (i.e., ESK NS+OAD or QTP XR+OAD) or discontinued current treatment and initiated either augmented therapy with antipsychotics (APS) or recurring transcranial magnetic stimulation (rTMS). For basecase analysis, equal proportions of non-responders off-treatment initiated rTMS or augmented therapy with APS. In a scenario analysis, all non-responders off-treatment initiated rTMS. Direct costs, including medical and drug costs, were derived from health economic literature and the RED BOOK® drug pricing database. Indirect costs attributed to work productivity loss from presenteeism and absenteeism were derived from a separate analysis of ESCAPE-TRD patients using the Work Productivity and Activity Impairment: Depression (WPAI:D) questionnaire and US Bureau of Labor Statistics survey results.

Results. The cumulative relapse-free remission rate at 32 weeks was 50% for patients receiving ESK NS+OAD and 33% for patients receiving QTP XR+OAD. In the basecase analysis, the cost-per-remitter (including direct and indirect costs) for ESK NS +OAD was $3,102.17 lower than that of QTP XR+OAD. In the scenario where 100% of non-responders off-treatment were assumed to initiate rTMS, the cost-per-remitter (including direct and indirect costs) for ESK NS+OAD was $15,133.66 lower than that of QTP XR+OAD.

Conclusion. These findings suggest that esketamine nasal spray in conjunction with oral antidepressants is a cost-efficient alternative compared with quetiapine extended release for treatment of TRD for commercial insurance plans. The comparative benefits associated with ESK NS+OAD treatment are driven primarily by better short- and long-term efficacy observed in the trial and particularly pronounced when considering the costs associated with lost productivity.

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Effectiveness of Esketamine as a Treatment for Depression: A Real-World Survey of Disease Improvement

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Introduction. Major depressive disorder (MDD) is the second leading cause of disability in the US, and increases the risk of poor health outcomes. This analysis assessed the real-world benefit and availability of esketamine for patients with difficult-to-treat-MDD.

Methods. Data were drawn from the Adelphi Real World Depression Disease Specific Programme XII (DSP™), a cross-sectional retrospective survey of physicians and their patients in the United States in 2022. Physicians reported details for patients with MDD receiving esketamine regarding their prescribed medication (including access), daily functioning and disease improvement whilst receiving esketamine (reported by Clinical Global Impression Improvement Scale (CGI-I)),)) change in depression severity (reported by Clinical Global Impression Severity Scale (CGI-S)) and physician satisfaction. CGI-I responses measured level of disease improvement since the initiation of current depression treatment regimen ('Very much worse=1' to 'Very much improved=7'). CGI-S response options were converted to numerics to measure level of severity change ('Normal, not at all ill=0' to 'Among the most extremely ill patients=6') and compared at time of esketamine initiation and currently. Physician satisfaction with medication's ability to achieve patient treatment goals was derived from a numeric scale (where 'Not at all satisfied=1' to 'Very satisfied=5').

Results. 94 patients with MDD were currently receiving esketamine. Mean age was 44.3 (SD 13.26) and 47% were male. 26% of patients had been receiving esketamine for 0-3 months, 5% for 3-6 months, 15% for 6-12 months, 23% for 1-2 years and 30% for more than 2 years. CGI-I results showed physicians rated depression as improved in 98% of patients receiving esketamine >30 days. CGI-S results showed that patients receiving esketamine 1-30 days had a mean improvement of 1.2 while patients receiving esketamine for >30 days showed mean improvement of 0.9. 80% of physicians reported high satisfaction (score of 4 or 5) with esketamine's ability to achieve patient treatment goals.

In patients receiving esketamine >30 days physicians reported that 62% could function better socially, 53% had a better quality of life, 41% had increased ability to work, 37% could better meet their own basic needs and 34% had an improvement in overall general health.

When prescribing esketamine, the treatment was only "available without restrictions" for 18% of patients, whilst 82% experienced at least some restrictions.

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Conclusion. Physicians reported rapid and sustained clinical improvement among patients with MDD treated with esketamine in this real-world survey.

Funding. The analysis described here used data from Adelphi Real World Depression DSP. The DSP is a wholly owned Adelphi Real World product. Janssen is one of the multiple subscribers to the DSP.

Did Bipolar Disorder Enhance Jackson Pollock's Ability to Communicate Through Conscious and Unconscious Images (Polloglyphs)?

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Experts have been fascinated with Jackson Pollock (born 1912, died 1956) and his famous "drip paintings" ever since he began producing them in the 1940s. It is well documented that Pollock began to have mood swings as a child, with symptoms of social anxiety relieved by alcoholic binges from his teen years until his death. He received psychoanalytic psychotherapy, psychiatric hospitalization and some psychopharmacologic treatments from age 23 until his death at age 44. Most of his treatment was by psychiatrists trained in Jungian or Freudian psychoanalysis. Pollock was first hospitalized at New York Westchester Hospital in 1938 with his first "breakdown," likely a manic/hypomanic or psychotic episode combined with alcohol intoxication. Without modern antipsychotic medications or lithium at the time, he was allowed to rest and improve and at that time was tested extensively with Rorschach ink blots, a new technology at the time, and which undoubtedly influenced the Polloglyphs embedded in his later works.

Pollock was afflicted with hallucinatory spells, particularly visual. With his eyes wide open, he would suddenly begin to see whirling images, and Pollock himself realized that for his drip paintings he had seen those images before he painted them. Bipolar experts have written about altered sensory phenomena experienced in bipolar disorder and even theorized a suprasensory world for some patients with enhanced visual perceptual abilities especially when manic or hypomanic. Although Jackson according to his biographers was variably diagnosed as "alcoholic psychosis," "schizoid" or "a schizophrenia like disorder characterized by alternating periods of violent agitation and paralysis or withdrawal," in today's world he would more likely be diagnosed as bipolar. This is supported by other comments from his biography that "more and more the schizophrenic like state described by his psychiatrist was playing itself out in a binary drama of depression and elation." His older brother Charles was hospitalized in 1942 for a "nervous breakdown" possibly a bipolar episode, suggesting a positive family history of bipolar disorder in the Pollock family.

About 1947 he began his drip paintings and his longest period of uninterrupted productivity until about 1950. During this period, he created his masterpieces, especially during the years between 1948 and 1950, a time when he drank little and was treated with the early mood stabilizers Dilantin and phenobarbital. He stopped his meds and eventually crashed his car after drinking and died at age 44. Experts have long pondered the relationship between creativity/genius and bipolar disorder. For Pollock, the Polloglyphs in his drip paintings seem to be linked to his creativity and genius shaped by bipolar disorder thus expressing his inner emotions as camouflaged images on canvas.

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