

Trial record **1 of 1** for: hmgm

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## A Study of Patients With Major Depressive Disorder and Residual Apathy

The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our [disclaimer](#) for details.

ClinicalTrials.gov Identifier:  
**NCT00985504**

[Recruitment Status](#) ⓘ:

Completed

[First Posted](#) ⓘ: September 28, 2009

[Results First Posted](#) ⓘ:

October 3, 2011

[Last Update Posted](#) ⓘ:

December 13, 2011

**Sponsor:**

Eli Lilly and Company

**Collaborator:**

Boehringer Ingelheim

**Information provided by (Responsible Party):**

Eli Lilly and Company

[Study Details](#)

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<b>Study Type:</b>	Interventional
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<b>Study Design:</b>	Allocation: Randomized; Intervention Model: Parallel Assignment; Masking: Triple (Participant, Care Provider, Investigator); Primary Purpose: Treatment
<b>Condition:</b>	Major Depressive Disorder
<b>Interventions:</b>	Drug: Duloxetine Drug: Escitalopram

## ▶ Participant Flow

 [Hide Participant Flow](#)

### Recruitment Details

**Key information relevant to the recruitment process for the overall study, such as dates of the recruitment period and locations**

No text entered.

### Pre-Assignment Details

**Significant events and approaches for the overall study following participant enrollment, but prior to group assignment**

Acute treatment period (1 week): Participants randomized to switch to 60 milligrams (mg) duloxetine once daily (QD) by mouth (po) or 10 mg escitalopram QD po.

Optimization period (7 weeks): Participants given duloxetine or escitalopram in acute study period may optimize their QD po doses (60-120 mg duloxetine QD po; 10-20 mg escitalopram QD po).

### Reporting Groups

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	

Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

### Participant Flow for 2 periods

#### Period 1: Acute Treatment Period

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>STARTED</b>	<b>244</b>	<b>239</b>
<b>COMPLETED</b>	<b>229</b>	<b>227</b>
<b>NOT COMPLETED</b>	<b>15</b>	<b>12</b>
<b>Adverse Event</b>	<b>3</b>	<b>4</b>
<b>Entry Criteria Not Met</b>	<b>1</b>	<b>2</b>
<b>Protocol Violation</b>	<b>2</b>	<b>0</b>
<b>Sponsor Decision</b>	<b>0</b>	<b>1</b>
<b>Withdrawal by Subject</b>	<b>9</b>	<b>5</b>

#### Period 2: Optimization Period

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>STARTED</b>	<b>229</b>	<b>227</b>
<b>COMPLETED</b>	<b>203</b>	<b>204</b>
<b>NOT COMPLETED</b>	<b>26</b>	<b>23</b>
<b>Adverse Event</b>	<b>7</b>	<b>9</b>
<b>Death</b>	<b>0</b>	<b>1</b>
<b>Lack of Efficacy</b>	<b>5</b>	<b>3</b>
<b>Lost to Follow-up</b>	<b>0</b>	<b>1</b>
<b>Physician Decision</b>	<b>1</b>	<b>0</b>
<b>Protocol Violation</b>	<b>3</b>	<b>1</b>
<b>Withdrawal by Subject</b>	<b>10</b>	<b>8</b>

## ► Baseline Characteristics

### Hide Baseline Characteristics

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

No text entered.

#### Reporting Groups

	Description
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Total</b>	Total of all reporting groups

#### Baseline Measures

	Duloxetine	Escitalopram	Total
<b>Overall Participants Analyzed</b> [Units: Participants]	<b>244</b>	<b>239</b>	<b>483</b>
<b>Age</b> [Units: Years] Mean (Standard Deviation)	<b>44.15 (13.81)</b>	<b>44.93 (12.89)</b>	<b>44.54 (13.35)</b>
<b>Gender</b> [Units: Participants]			
<b>Female</b>	<b>187</b>	<b>179</b>	<b>366</b>
<b>Male</b>	<b>57</b>	<b>60</b>	<b>117</b>

<b>Ethnicity (NIH/OMB)</b> [Units: Participants]			
<b>Hispanic or Latino</b>	<b>45</b>	<b>44</b>	<b>89</b>
<b>Not Hispanic or Latino</b>	<b>199</b>	<b>195</b>	<b>394</b>
<b>Unknown or Not Reported</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Race (NIH/OMB) <sup>[1]</sup></b> [Units: Participants]			
<b>American Indian or Alaska Native</b>	<b>34</b>	<b>37</b>	<b>71</b>
<b>Asian</b>	<b>90</b>	<b>82</b>	<b>172</b>
<b>Native Hawaiian or Other Pacific Islander</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Black or African American</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>White</b>	<b>120</b>	<b>119</b>	<b>239</b>
<b>More than one race</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Unknown or Not Reported</b>	<b>0</b>	<b>0</b>	<b>0</b>
<sup>[1]</sup> One participant selected 2 races. Therefore, the total number of participants in the race category will be larger than the number of participants in the baseline table.			
<b>Region of Enrollment</b> [Units: Participants]			
<b>Australia</b>	<b>24</b>	<b>25</b>	<b>49</b>
<b>Canada</b>	<b>44</b>	<b>43</b>	<b>87</b>
<b>China</b>	<b>47</b>	<b>41</b>	<b>88</b>
<b>Italy</b>	<b>23</b>	<b>22</b>	<b>45</b>
<b>Korea, Republic of</b>	<b>18</b>	<b>15</b>	<b>33</b>
<b>Mexico</b>	<b>42</b>	<b>43</b>	<b>85</b>
<b>Russian Federation</b>	<b>23</b>	<b>25</b>	<b>48</b>
<b>Taiwan</b>	<b>23</b>	<b>25</b>	<b>48</b>
<b>Taking Escitalopram 3 Months Prior to Study Entry <sup>[1]</sup></b> [Units: Participants]			
<b>Yes</b>	<b>67</b>	<b>59</b>	<b>126</b>

No	177	180	357
<p><sup>[1]</sup> Previous therapy status is defined as the number of participants who had taken escitalopram 3 months prior to study entry.</p>			
<p><b>Apathy Evaluation Scale - Clinician Rated Version (AES-C) Total Score</b> <sup>[1]</sup> [Units: Units on a scale] Mean (Standard Deviation)</p>	<p><b>46.28 (7.82)</b></p>	<p><b>46.34 (8.14)</b></p>	<p><b>46.31 (7.97)</b></p>
<p><sup>[1]</sup> The AES-C is a validated 18-item instrument used to assess cognitive, behavioral, emotional and other symptoms of apathy. Clinicians rate each item based on verbal and nonverbal information provided by the participant. Item scores range from 1 (not at all characteristic) to 4 (a lot characteristic). Total scores range from 18 to 72 where higher derived scores indicate more severe apathy.</p>			
<p><b>Montgomery-Asberg Depression Rating Scale (MADRS) Total Score</b> <sup>[1]</sup> [Units: Units on a scale] Mean (Standard Deviation)</p>	<p><b>10.57 (3.49)</b></p>	<p><b>10.29 (3.68)</b></p>	<p><b>10.43 (3.59)</b></p>
<p><sup>[1]</sup> The MADRS is a rating scale for severity of depressive mood symptoms. The MADRS has a 10-item checklist. Items are rated on a scale of 0-6, for a total score range of 0 (low severity of depressive symptoms) to 60 (high severity of depressive symptoms).</p>			
<p><b>Montgomery-Asberg Depression Rating Scale (MADRS) Item 8 Score</b> <sup>[1]</sup> [Units: Units on a scale] Mean (Standard Deviation)</p>	<p><b>1.82 (1.10)</b></p>	<p><b>1.82 (1.15)</b></p>	<p><b>1.82 (1.13)</b></p>
<p><sup>[1]</sup> The MADRS Item 8 assesses participants' inability to feel, through evaluation of their interest in their surroundings or activities that normally give pleasure, as well as their ability to react with adequate emotion to circumstances or people. The score ranges from 0 (normal interest in the surroundings and in other people) to 6 (the experience of being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends).</p>			
<p><b>Clinical Global Impressions of Severity Scale (CGI-S)</b> <sup>[1]</sup></p>	<p><b>3.05 (0.91)</b></p>	<p><b>3.04 (0.91)</b></p>	<p><b>3.05 (0.91)</b></p>

[Units: Units on a scale] Mean (Standard Deviation)			
<p><sup>[1]</sup> The CGI-S measures severity of illness at the time of assessment compared with start of treatment. Scores range from 1 (normal, not at all ill) to 7 (among the most extremely ill participants).</p>			
<p><b>Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total Score <sup>[1]</sup></b> [Units: Units on a scale] Mean (Standard Deviation)</p>	<b>10.72 (4.92)</b>	<b>10.51 (4.95)</b>	<b>10.62 (4.93)</b>
<p><sup>[1]</sup> RSAT assesses symptoms of apathy or decreased motivation among depressed participants who have achieved symptomatic remission with antidepressant treatment and consists of 6 self-report items assessing energy level, motivation and interest, cognitive functioning, weight gain, sleep and sexual functioning, as well as affect. Each item score ranges from 0 to 4 with total scores ranging from 0 to 28. Higher scores indicate greater disease severity.</p>			
<p><b>The Massachusetts General Hospital Cognitive and Physical functioning Questionnaire (MGH-CPFQ) Total <sup>[1]</sup></b> [Units: Units on a scale] Mean (Standard Deviation)</p>	<b>24.78 (5.73)</b>	<b>24.69 (5.83)</b>	<b>24.73 (5.78)</b>
<p><sup>[1]</sup> The MGH-CPFQ is a 7-item participant-rated questionnaire evaluating the participant's cognitive and physical well-being during the past month. It assesses motivation, wakefulness, energy, focus, recall, word-finding difficulty, and mental acuity. Each of the 7 items is scored on a 6-point scale ranging from "greater than normal" (score of 1) to "normal" (score of 2), to "totally absent" (score of 6). Total scores range from 7 to 42. Higher scores indicate greater disease severity.</p>			
<p><b>Sheehan Disability Scale - Total Score (SDS Total) <sup>[1]</sup></b> [Units: Units on a scale] Mean (Standard Deviation)</p>	<b>15.32 (6.76)</b>	<b>14.62 (6.39)</b>	<b>14.98 (6.58)</b>
<p><sup>[1]</sup> The SDS is completed by the participant and is used to assess the effect of the participant's symptoms on their work/social/family life. Total scores range from 0 to 30 with higher values indicating greater disruption in the participant's work/social/family life.</p>			

**▶ Outcome Measures**

 [Hide All Outcome Measures](#)

**1. Primary: Change From Baseline in the Apathy Evaluation Scale - Clinician Rated Version (AES-C) Total Score at Week 8 [ Time Frame: Baseline, 8 weeks ]**

<b>Measure Type</b>	Primary
<b>Measure Title</b>	Change From Baseline in the Apathy Evaluation Scale - Clinician Rated Version (AES-C) Total Score at Week 8
<b>Measure Description</b>	The AES-C is a validated 18-item instrument used to assess cognitive, behavioral, emotional and other symptoms of apathy. Clinicians rate each item based on verbal and nonverbal information provided by the participant. Item scores range from 1 (not at all characteristic) to 4 (a lot characteristic). Total scores range from 18 to 72 where higher derived scores indicate more severe apathy. The Least Squares (LS) Mean Value was calculated from a mixed model repeated measures (MMRM) model with terms of treatment, pooled investigator, visit, treatment*visit, baseline, and baseline*visit.
<b>Time Frame</b>	Baseline, 8 weeks

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All randomized participants with a baseline and at least 1 post-baseline result.

**Reporting Groups**

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
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**Measured Values**

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>Participants Analyzed</b>	<b>213</b>	<b>210</b>
<b>Change From Baseline in the Apathy Evaluation Scale - Clinician Rated Version (AES-C) Total Score at Week 8</b> [Units: Units on a scale] Least Squares Mean (Standard Error)	<b>-13.88 (0.54)</b>	<b>-13.50 (0.54)</b>

**Statistical Analysis 1 for Change From Baseline in the Apathy Evaluation Scale - Clinician Rated Version (AES-C) Total Score at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.612
<b>Mean Difference (Final Values)</b> <sup>[5]</sup>	-0.38
<b>95% Confidence Interval</b>	-1.87 to 1.10

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The "Kenward-Roger approximation" was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

No text entered.

**[5]** Other relevant estimation information:

No text entered.

**2. Secondary: Change From Baseline in the Apathy Evaluation Scale-Clinician Rated Version (AES-C) Subscale Scores at Week 8 [ Time Frame: Baseline, 8 weeks ]**

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in the Apathy Evaluation Scale-Clinician Rated Version (AES-C) Subscale Scores at Week 8
<b>Measure Description</b>	AES-C subscales separately assess participants' intensity of cognitive, behavioral, emotional, and other apathy symptoms with individual item scores of 1 (not at all characteristic) to 4 (a lot characteristic). Subtotal score ranges for the subscales are: 8-32 (cognitive), 5-20 (behavioral), 2-8 (emotional), and 3-12 for other (display of personal insight, initiative and motivation). Higher subscale scores indicate greater illness severity. The LS Mean Value was calculated from an MMRM model with terms of treatment, pooled investigator, visit, treatment*visit, baseline, and baseline*visit.
<b>Time Frame</b>	Baseline, 8 weeks

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All randomized participants with a baseline and at least 1 post-baseline result.

**Reporting Groups**

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	

Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

### Measured Values

	Duloxetine	Escitalopram
<b>Participants Analyzed</b>	<b>213</b>	<b>210</b>
<b>Change From Baseline in the Apathy Evaluation Scale-Clinician Rated Version (AES-C) Subscale Scores at Week 8</b> [Units: Units on a scale] Least Squares Mean (Standard Error)		
<b>Cognition Items Total Score</b>	<b>-6.49 (0.26)</b>	<b>-6.25 (0.26)</b>
<b>Behavior Items Total Score</b>	<b>-3.35 (0.15)</b>	<b>-3.25 (0.16)</b>
<b>Emotional Items Total Score</b>	<b>-1.66 (0.08)</b>	<b>-1.58 (0.08)</b>
<b>Other Items Total Score</b>	<b>-2.43 (0.10)</b>	<b>-2.44 (0.10)</b>

### Statistical Analysis 1 for Change From Baseline in the Apathy Evaluation Scale-Clinician Rated Version (AES-C) Subscale Scores at Week 8

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.504

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for Cognition Items Total Score.

**Statistical Analysis 2 for Change From Baseline in the Apathy Evaluation Scale-Clinician Rated Version (AES-C) Subscale Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.665

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Behavior Items Total Score.

**Statistical Analysis 3 for Change From Baseline in the Apathy Evaluation Scale-Clinician Rated Version (AES-C) Subscale Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.489

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for Emotional Items Total Score.

**Statistical Analysis 4 for Change From Baseline in the Apathy Evaluation Scale-Clinician Rated Version (AES-C) Subscale Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.945

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:  
No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:  
No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:  
The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:  
This is the p-value for Other Items Total Score.

**3. Secondary: Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8 [ Time Frame: Baseline, 8 weeks ]**

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8
<b>Measure Description</b>	RSAT assesses symptoms of apathy or decreased motivation among depressed participants who have achieved symptomatic remission with antidepressant treatment and consists of 6 self-report items assessing energy level, motivation and interest, cognitive functioning, weight gain, sleep and sexual functioning, as well as affect. Each item score ranges from 0 to 4 with total scores ranging from 0 to 28. Higher scores indicate

	greater disease severity. LS Mean Value was calculated from an MMRM model with terms of treatment, pooled investigator, visit, treatment*visit, baseline, and baseline*visit.
<b>Time Frame</b>	Baseline, 8 weeks

**Population Description**

<b>Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.</b>
All randomized participants with a baseline at and least 1 post-baseline result.

**Reporting Groups**

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

**Measured Values**

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>Participants Analyzed</b>	<b>212</b>	<b>210</b>
<b>Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8</b> [Units: Units on a scale] Least Squares Mean (Standard Error)		
<b>RSAT Total Score</b>	<b>-5.50 (0.26)</b>	<b>-4.98 (0.26)</b>
<b>Energy Level</b>	<b>-1.33 (0.07)</b>	<b>-1.19 (0.07)</b>
<b>Motivation and Interest</b>	<b>-1.41 (0.06)</b>	<b>-1.29 (0.06)</b>
<b>Cognitive Functioning</b>	<b>-0.90 (0.06)</b>	<b>-0.80 (0.06)</b>
<b>Weight Gain</b>	<b>-0.25 (0.05)</b>	<b>-0.11 (0.05)</b>

<b>Sleep</b>	<b>-0.48 (0.08)</b>	<b>-0.55 (0.08)</b>
<b>Sexual Functioning</b>	<b>-0.62 (0.07)</b>	<b>-0.60 (0.07)</b>
<b>Affect</b>	<b>-0.53 (0.04)</b>	<b>-0.50 (0.04)</b>

#### Statistical Analysis 1 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.157

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Total Score.

#### Statistical Analysis 2 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.119

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Energy Level score.

**Statistical Analysis 3 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.184

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Motivation and Interest score.

**Statistical Analysis 4 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.226

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Cognitive Functioning score.

**Statistical Analysis 5 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.059

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Weight Gain score.

**Statistical Analysis 6 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.466

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

- [2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:  
No text entered.
- [3]** Other relevant method information, such as adjustments or degrees of freedom:  
The “Kenward-Roger approximation” was used in the MMRM model.
- [4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:  
This is the p-value for the Sleep score.

**Statistical Analysis 7 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.822

- [1]** Additional details about the analysis, such as null hypothesis and power calculation:  
No text entered.
- [2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:  
No text entered.
- [3]** Other relevant method information, such as adjustments or degrees of freedom:  
The “Kenward-Roger approximation” was used in the MMRM model.
- [4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:  
This is the p-value for the Sexual Functioning score.

**Statistical Analysis 8 for Change From Baseline in the Rothschild Scale for Antidepressant Tachyphylaxis (RSAT) Total and Individual Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.599

- [1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Affect score.

**4. Secondary: Patient’s Global Impressions of Improvement Scale (PGI-I) Rating Scale Score at Week 8 [ Time Frame: 8 weeks ]**

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Patient’s Global Impressions of Improvement Scale (PGI-I) Rating Scale Score at Week 8
<b>Measure Description</b>	The PGI-I is a scale that measures the participant's perception of improvement at the time of assessment compared with the start of treatment. The score ranges from 1 (very much better) to 7 (very much worse). The LS Mean Value was calculated from an MMRM model with terms of treatment, pooled investigator, visit, and treatment*visit.
<b>Time Frame</b>	8 weeks

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All randomized participants.

**Reporting Groups**

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the

	remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

**Measured Values**

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>Participants Analyzed</b>	<b>213</b>	<b>210</b>
<b>Patient’s Global Impressions of Improvement Scale (PGI-I) Rating Scale Score at Week 8</b> [Units: Units on a scale] Least Squares Mean (Standard Error)	<b>2.59 (0.08)</b>	<b>2.55 (0.08)</b>

**Statistical Analysis 1 for Patient’s Global Impressions of Improvement Scale (PGI-I) Rating Scale Score at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.723

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the PGI-I.

### 5. Secondary: Change From Baseline in the Clinical Global Impression of Severity (CGI-S) Rating Scale at Week 8 [ Time Frame: Baseline, 8 weeks ]

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in the Clinical Global Impression of Severity (CGI-S) Rating Scale at Week 8
<b>Measure Description</b>	The CGI-S measures severity of illness at the time of assessment compared with start of treatment. Scores range from 1 (normal, not at all ill) to 7 (among the most extremely ill patients). The LS Mean Value was calculated from an MMRM model with terms of treatment, pooled investigator, visit, treatment*visit, baseline, and baseline*visit.
<b>Time Frame</b>	Baseline, 8 weeks

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All randomized participants with a baseline and at least 1 post-baseline result.

#### Reporting Groups

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

#### Measured Values

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>Participants Analyzed</b>	<b>213</b>	<b>210</b>
	<b>-0.86 (0.06)</b>	<b>-0.93 (0.06)</b>

<p><b>Change From Baseline in the Clinical Global Impression of Severity (CGI-S) Rating Scale at Week 8</b></p> <p>[Units: Units on a scale]</p> <p>Least Squares Mean (Standard Error)</p>		
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**Statistical Analysis 1 for Change From Baseline in the Clinical Global Impression of Severity (CGI-S) Rating Scale at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.410

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

No text entered.

**6. Secondary: Change From Baseline in the Montgomery-Asberg Depression Rating Scale (MADRS) Total Score and Item 8 (Inability to Feel) at Week 8 [ Time Frame: Baseline, 8 weeks ]**

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in the Montgomery-Asberg Depression Rating Scale (MADRS) Total Score and Item 8 (Inability to Feel) at Week 8
<b>Measure Description</b>	MADRS is a rating scale for severity of depressive mood symptoms and has a 10-item checklist. Items are rated on a scale of 0-6, for a total

	score range of 0 (low severity of depressive symptoms) to 60 (high severity of depressive symptoms). Item 8 assesses the participant's inability to feel. Scores range from 0 (normal interest in surroundings and other people) to 6 (emotional paralysis, inability to feel anger/grief/pleasure). The LS Mean Value was calculated from an MMRM model with terms of treatment, pooled investigator, visit, treatment*visit, baseline, and baseline*visit.
<b>Time Frame</b>	Baseline, 8 weeks

**Population Description**

<b>Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.</b>
All randomized participants with a baseline and at least 1 post-baseline result.

**Reporting Groups**

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

**Measured Values**

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>Participants Analyzed</b>	<b>213</b>	<b>210</b>
<b>Change From Baseline in the Montgomery-Asberg Depression Rating Scale (MADRS) Total Score and Item 8 (Inability to Feel) at Week 8</b> [Units: Units on a scale] Least Squares Mean (Standard Error)		
<b>Total Score</b>	<b>-4.21 (0.32)</b>	<b>-4.14 (0.33)</b>

Item 8 (Inability to Feel)

-1.01 (0.06)

-0.90 (0.06)

### Statistical Analysis 1 for Change From Baseline in the Montgomery-Asberg Depression Rating Scale (MADRS) Total Score and Item 8 (Inability to Feel) at Week 8

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.880

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Total Score.

### Statistical Analysis 2 for Change From Baseline in the Montgomery-Asberg Depression Rating Scale (MADRS) Total Score and Item 8 (Inability to Feel) at Week 8

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Mixed Models Analysis
<b>P Value</b> <sup>[4]</sup>	0.224

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

The “Kenward-Roger approximation” was used in the MMRM model.

- [4] Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Item 8 (Inability to Feel) score.

**7. Secondary: Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8 [ Time Frame: Baseline, 8 weeks ]**

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8
<b>Measure Description</b>	The MGH-CPFQ is a 7-item participant-rated questionnaire evaluating the participant's cognitive and physical well-being during the past month. The MGH-CPFQ assesses motivation, wakefulness, energy, focus, recall, word-finding difficulty, and mental acuity. Each item is scored on a 6-point scale ranging from 1 ("greater than normal") to 2 ("normal") to 6 ("totally absent"). Total scores range from 7 to 42. Higher scores indicate greater disease severity. The LS Mean Value was calculated from an analysis of covariance (ANCOVA) model with terms of treatment, pooled investigator, and baseline.
<b>Time Frame</b>	Baseline, 8 weeks

**Population Description**

<b>Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.</b>
All randomized participants with a baseline and at least 1 post-baseline result.

**Reporting Groups**

	Description
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the

	remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

**Measured Values**

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>Participants Analyzed</b>	<b>221</b>	<b>214</b>
<b>Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8</b> [Units: Units on a scale] Least Squares Mean (Standard Error)		
<b>Total Score</b>	<b>-6.96 (0.34)</b>	<b>-6.91 (0.35)</b>
<b>Motivation/Interest/Enthusiasm Score</b>	<b>-1.34 (0.07)</b>	<b>-1.35 (0.07)</b>
<b>Wakefulness/Alertness Score</b>	<b>-0.96 (0.06)</b>	<b>-1.00 (0.06)</b>
<b>Energy Score</b>	<b>-1.28 (0.07)</b>	<b>-1.21 (0.07)</b>
<b>Ability to Focus/Sustain Attention Score</b>	<b>-0.99 (0.06)</b>	<b>-1.02 (0.06)</b>
<b>Ability to Remember/Recall Information Score</b>	<b>-0.91 (0.06)</b>	<b>-0.85 (0.06)</b>
<b>Ability to Find Words Score</b>	<b>-0.69 (0.05)</b>	<b>-0.71 (0.05)</b>
<b>Sharpness/Mental Acuity Score</b>	<b>-0.79 (0.05)</b>	<b>-0.85 (0.06)</b>

**Statistical Analysis 1 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.910

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:  
No text entered.

- [2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:  
No text entered.
- [3]** Other relevant method information, such as adjustments or degrees of freedom:  
ANCOVA main effect F test
- [4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:  
This is the p-value for the Total Score.

**Statistical Analysis 2 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.882

- [1]** Additional details about the analysis, such as null hypothesis and power calculation:  
No text entered.
- [2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:  
No text entered.
- [3]** Other relevant method information, such as adjustments or degrees of freedom:  
ANCOVA main effect F test
- [4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:  
This is the p-value for the Motivation/Interest/Enthusiasm Score.

**Statistical Analysis 3 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.657

- [1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Wakefulness/Alertness Score.

**Statistical Analysis 4 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.457

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Energy Score.

**Statistical Analysis 5 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.737

[1] Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

[2] Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

[3] Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

[4] Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Ability to Focus/Sustain Attention Score.

**Statistical Analysis 6 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> [1]	All groups
<b>Statistical Test Type</b> [2]	Superiority or Other
<b>Statistical Method</b> [3]	ANCOVA
<b>P Value</b> [4]	0.404

[1] Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

[2] Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

[3] Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

[4] Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Ability to Remember/Recall Information Score.

**Statistical Analysis 7 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> [1]	All groups
<b>Statistical Test Type</b> [2]	Superiority or Other
<b>Statistical Method</b> [3]	ANCOVA

<b>P Value</b> <sup>[4]</sup>	0.808
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**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Ability to Find Words Score.

**Statistical Analysis 8 for Change From Baseline in the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH-CPFQ) Total and Item Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.431

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Sharpness/Mental Acuity Score.

**8. Secondary: Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8 [ Time Frame: Baseline, 8 weeks ]**

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<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8
<b>Measure Description</b>	The SDS is a participant-rated assessment. Total scores range from 0-30 with higher values indicating greater disruption in the participant's work/social/family life. Items 1-3 assess the effect of the participant's symptoms on work/school schedule, social life/leisure activities, and family life/home responsibilities, respectively. Item scores are 0-10; higher values indicate greater disruption. Number of unproductive days and days lost in past week (symptom related) were reported. LS Mean Value was calculated from an ANCOVA model with terms of treatment, pooled investigator, and baseline.
<b>Time Frame</b>	Baseline, 8 weeks

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All randomized participants with a baseline and at least 1 post-baseline result.

#### Reporting Groups

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

#### Measured Values

	<b>Duloxetine</b>	<b>Escitalopram</b>
<b>Participants Analyzed</b>	<b>211</b>	<b>209</b>

<b>Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8</b> [Units: Units on a scale] Least Squares Mean (Standard Error)		
<b>SDS Total Score</b>	<b>-7.55 (0.40)</b>	<b>-7.67 (0.41)</b>
<b>SDS Work Score</b>	<b>-2.42 (0.14)</b>	<b>-2.29 (0.14)</b>
<b>SDS Family Score (N=212, 210)</b>	<b>-2.51 (0.16)</b>	<b>-2.67 (0.16)</b>
<b>SDS Social Score (N=212, 210)</b>	<b>-2.56 (0.16)</b>	<b>-2.72 (0.16)</b>
<b>SDS Days Lost Score (N=208, 204)</b>	<b>-0.55 (0.11)</b>	<b>-0.60 (0.11)</b>
<b>SDS Days Unproductive Score (N=209, 205)</b>	<b>-1.78 (0.13)</b>	<b>-1.89 (0.13)</b>

**Statistical Analysis 1 for Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.821

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the SDS Total Score.

**Statistical Analysis 2 for Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other

<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.491

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Item 1 (Work) Score.

**Statistical Analysis 3 for Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.451

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Item 2 (Family) Score.

**Statistical Analysis 4 for Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups

<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.443

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Item 3 (Social) Score.

**Statistical Analysis 5 for Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.719

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Item 4 (Days Lost) Score.

**Statistical Analysis 6 for Change From Baseline in the Sheehan Disability Scale (SDS) Total and Individual Scores at Week 8**

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<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	ANCOVA
<b>P Value</b> <sup>[4]</sup>	0.517

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

ANCOVA main effect F test

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

This is the p-value for the Item 5 (Days Underproductive) Score.

**9. Secondary: Percentage of Participants Who Relapsed During 8 Weeks [ Time Frame: Baseline through 8 weeks ]**

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Percentage of Participants Who Relapsed During 8 Weeks
<b>Measure Description</b>	Relapse is defined as achieving a Montgomery-Asberg Depression Rating Scale (MADRS) total score $\geq 16$ at any time after baseline. The MADRS is a rating scale for severity of depressive mood symptoms. The MADRS has a 10-item checklist. Items are rated on a scale of 0-6, for a total score range of 0 (low severity of depressive symptoms) to 60 (high severity of depressive symptoms).
<b>Time Frame</b>	Baseline through 8 weeks

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All randomized participants with a baseline and at least 1 post-baseline result.

### Reporting Groups

	Description
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

### Measured Values

	Duloxetine	Escitalopram
<b>Participants Analyzed</b>	<b>243</b>	<b>237</b>
<b>Percentage of Participants Who Relapsed During 8 Weeks</b> [Units: Percentage of participants]	<b>11.9</b>	<b>11.0</b>

### Statistical Analysis 1 for Percentage of Participants Who Relapsed During 8 Weeks

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Fisher Exact
<b>P Value</b> <sup>[4]</sup>	0.776

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

No text entered.

**[4]**

Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

No text entered.

**10. Secondary: Number of Days From Baseline to Relapse as Defined by Montgomery-Asberg Depression Rating Scale (MADRS) Total Score  $\geq$ 16 During 8 Weeks [ Time Frame: Baseline through 8 weeks ]**

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Number of Days From Baseline to Relapse as Defined by Montgomery-Asberg Depression Rating Scale (MADRS) Total Score $\geq$ 16 During 8 Weeks
<b>Measure Description</b>	The number of days from baseline to the first relapse is defined as reaching a MADRS Total Score $\geq$ 16. The MADRS has a 10-item checklist. Items are rated on a scale of 0-6, for a total score range of 0 (low severity of depressive symptoms) to 60 (high severity of depressive symptoms). Censored participants were included in the Kaplan-Meier analysis, the minimum and maximum time to relapse have been calculated and reported here. Median time to relapse and quartiles could not be computationally calculated using the Kaplan-Meier procedure due to low event rate and high completion rate (censored).
<b>Time Frame</b>	Baseline through 8 weeks

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

Number of participants in each treatment group having time to relapse plus the participants censored. Duloxetine had 200 participants censored and escitalopram had 199 participants censored.

**Reporting Groups**

	Description

<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

### Measured Values

	Duloxetine	Escitalopram
<b>Participants Analyzed</b>	<b>229</b>	<b>225</b>
<b>Number of Days From Baseline to Relapse as Defined by Montgomery-Asberg Depression Rating Scale (MADRS) Total Score <math>\geq</math>16 During 8 Weeks</b> [Units: Days]		
<b>Minimum Number of Days from Baseline</b>	<b>4.00</b>	<b>4.00</b>
<b>Maximum Number of Days from Baseline</b>	<b>81.00</b>	<b>68.00</b>

### Statistical Analysis 1 for Number of Days From Baseline to Relapse as Defined by Montgomery-Asberg Depression Rating Scale (MADRS) Total Score $\geq$ 16 During 8 Weeks

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Log Rank
<b>P Value</b> <sup>[4]</sup>	0.691

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

The log-rank test was conducted using Kaplan-Meier Product-Limit method.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

No text entered.

**[4]**

Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

No text entered.

### 11. Secondary: Percentage of Participants Who Discontinue Due to Lack of Efficacy During 8 Weeks [ Time Frame: Baseline through 8 weeks ]

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Percentage of Participants Who Discontinue Due to Lack of Efficacy During 8 Weeks
<b>Measure Description</b>	Percentage of participants who discontinue after baseline due to lack of efficacy in the investigator's opinion.
<b>Time Frame</b>	Baseline through 8 weeks

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All randomized participants.

#### Reporting Groups

	<b>Description</b>
<b>Duloxetine</b>	Participants received 60 milligrams (mg) of duloxetine once daily (QD) by mouth (po) for 1 week (Acute Treatment Period) followed by 60-120 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.
<b>Escitalopram</b>	Participants received 10 mg of escitalopram QD po for 1 week (Acute Treatment Period) followed by 10-20 mg QD po for the remaining 7 weeks (Optimization Period), with an option to continue treatment for an additional 2 weeks.

#### Measured Values

	<b>Duloxetine</b>	<b>Escitalopram</b>

<b>Participants Analyzed</b>	<b>244</b>	<b>239</b>
<b>Percentage of Participants Who Discontinue Due to Lack of Efficacy During 8 Weeks</b> [Units: Percentage of participants]	<b>2.0</b>	<b>1.3</b>

**Statistical Analysis 1 for Percentage of Participants Who Discontinue Due to Lack of Efficacy During 8 Weeks**

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Statistical Test Type</b> <sup>[2]</sup>	Superiority or Other
<b>Statistical Method</b> <sup>[3]</sup>	Fisher Exact
<b>P Value</b> <sup>[4]</sup>	0.724

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

No text entered.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

No text entered.

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

No text entered.

**▶ Serious Adverse Events**

 [Show Serious Adverse Events](#)

**▶ Other Adverse Events**

 [Show Other Adverse Events](#)

 **Limitations and Caveats**

 [Hide Limitations and Caveats](#)

**Limitations of the study, such as early termination leading to small numbers of participants analyzed and technical problems with measurement leading to unreliable or uninterpretable data**

No text entered.

 **More Information**

 [Hide More Information](#)

**Certain Agreements:**

Principal Investigators are **NOT** employed by the organization sponsoring the study.

There **IS** an agreement between Principal Investigators and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

The agreement is:

- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **less than or equal to 60 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.
- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **more than 60 days but less than or equal to 180 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.
- Other disclosure agreement that restricts the right of the PI to discuss or publish trial results after the trial is completed.

**Results Point of Contact:**

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Organization: Eli Lilly and Company  
phone: 800-545-5979

Responsible Party: Eli Lilly and Company  
ClinicalTrials.gov Identifier: [NCT00985504](#) [History of Changes](#)  
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