Clinical trial results:
An interventional, randomised, double-blind, parallel-group, active-comparator, flexible-dose study on the efficacy of vortioxetine versus escitalopram on cognitive dysfunction in patients with inadequate response to current antidepressant treatment of major depressive disorder

Summary

EudraCT number	2014-000231-16
Trial protocol	DE FI SK
Global end of trial date	01 March 2016

Results information

Result version number	v1 (current)
This version publication date	19 February 2017
First version publication date	19 February 2017

Trial information

Trial identification

Sponsor protocol code	15907A

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT02272517
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	H. Lundbeck A/S
Sponsor organisation address	Ottiliavej 9, Valby, Denmark, 2500
Public contact	Lundbeck Clinical Trials, H. Lundbeck A/S, LundbeckClinicalTrials@lundbeck.com
Scientific contact	Lundbeck Clinical Trials, H. Lundbeck A/S, LundbeckClinicalTrials@lundbeck.com

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	01 March 2016
Is this the analysis of the primary completion data?	Yes
Primary completion date	01 March 2016
Global end of trial reached?	Yes
Global end of trial date	01 March 2016
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

This study aims at evaluating the effect of vortioxetine on cognitive dysfunction in major depressive disorder (MDD) patients with inadequate response to current antidepressant treatment.

Protection of trial subjects:

The trial was conducted in accordance with the Declaration of Helsinki (2013) and ICH Good Clinical Practice (1996)

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	02 December 2014
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Slovakia: 19
Country: Number of subjects enrolled	Finland: 37
Country: Number of subjects enrolled	Germany: 10
Country: Number of subjects enrolled	Serbia: 35
Worldwide total number of subjects	101
EEA total number of subjects	66

Notes:

Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	100
From 65 to 84 years	1

85 years and over	0

Subject disposition

Recruitment

Recruitment details: -

Pre-assignment

Screening details:

In- or outpatients with a primary diagnosis of MDD according to DSM-IV-TR™ criteria, as confirmed using the Mini International Neuropsychiatric Interview (MINI), who had a Montgomery Åsberg Depression Rating Scale (MADRS) total score ≥22 at the Screening Visit. Patients had to be candidates for a switch due to inadequate response to antidepressant

Period 1

Period 1 title	Period 1 (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Subject, Investigator

Arms

Are arms mutually exclusive?	Yes
Arm title	Vortioxetine 10-20mg

Arm description: -

Arm type	Experimental
Investigational medicinal product name	vortioxetine 10 mg/day
Investigational medicinal product code	
Other name	Brintellix, Trintellix
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

10 mg/day; encapsulated tablets, orally, 8 weeks

Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

powder-filled capsules, orally, 1 week
After 8-week, double-blind treatment period, patients entered a 1-week, double-blind, taper-down period: patients treated with vortioxetine received placebo

Investigational medicinal product name	vortioxetine 20 mg/day
Investigational medicinal product code	
Other name	Brintellix, Trintellix
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

20 mg/day; encapsulated tablets, orally, 8 weeks

Arm title	Escitalopram 10-20mg

Arm description: -

Arm type	Experimental

Investigational medicinal product name	Escitalopram 20 mg/day
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

20mg/day; encapsulated tablets, orally, 8 weeks;

Investigational medicinal product name	Escitalopram 10 mg/day
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

10 mg/day; encapsulated tablets, orally, 8 weeks

Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

powder-filled capsules, orally, 1 week
After 8-week, double-blind treatment period, patients entered a 1-week, double-blind, taper-down period: patients treated with 10mg/day escitalopram received placebo

Number of subjects in period 1	Vortioxetine 10-20mg	Escitalopram 10-20mg
Started	51	50
Completed	47	45
Not completed	4	5
Consent withdrawn by subject	-	1
Administrative	-	1
Adverse event, non-fatal	3	1
Not treated	1	1
Protocol deviation	-	1

Baseline characteristics

Reporting groups	
Reporting group title	Vortioxetine 10-20mg
Reporting group description: -	
Reporting group title	Escitalopram 10-20mg
Reporting group description: -	

Reporting group values	Vortioxetine 10-20mg	Escitalopram 10-20mg	Total
Number of subjects	51	50	101
Age categorical Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0
Children (2-11 years)	0	0	0
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	51	49	100
From 65-84 years	0	1	1
85 years and over	0	0	0
Age continuous Units: years			
arithmetic mean	46.7	49.7	
standard deviation	± 10.6	± 10.3	-
Gender categorical Units: Subjects			
Female	40	35	75
Male	11	15	26
Race Units: Subjects			
White	51	50	101

End points

End points reporting groups	
Reporting group title	Vortioxetine 10-20mg
Reporting group description: -	
Reporting group title	Escitalopram 10-20mg
Reporting group description: -	

Primary: Change from baseline to Week 8 in Digit Symbol Substitution Test (DSST)	
End point title	Change from baseline to Week 8 in Digit Symbol Substitution Test (DSST)
End point description: Digit Symbol Substitution Test (DSST) is a cognitive test designed to assess psychomotor speed of performance requiring visual perception, spatial decision-making, and motor skills. It consists of 133 digits and requires the patient to substitute each digit with a simple symbol in a 90-second period. Each correct symbol is counted, and the total score ranges from 0 (less than normal functioning) to 133 (greater than normal functioning)	
End point type	Primary
End point timeframe: baseline to Week 8	

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	8.46 (± 1.2)	6.46 (± 1.21)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.228
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	2
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.28
upper limit	5.28

Secondary: Change from baseline to Week 8 in University of San Diego Performance-based Skills Assessment – Brief (UPSA-B) total score

End point title	Change from baseline to Week 8 in University of San Diego Performance-based Skills Assessment – Brief (UPSA-B) total score

End point description:

The UPSA-B is a role-play based performance test designed to assess functional skills in patients with mental illness. The UPSA-B consists of two subscales: managing finances (for example, counting correct change, writing a check to pay a bill) and communication with others (for example, dialing an emergency telephone number, rescheduling a medical appointment). Raw scores of the two subscales are converted to scaled scores from 0 to 100, where higher scores indicate better functional capacity.

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	49	48		
Units: Score				
least squares mean (standard error)	10.79 (± 1.02)	9.45 (± 1.08)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	97
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.3457
Method	ANCOVA
Parameter estimate	Mean difference (final values)
Point estimate	1.34
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.47
upper limit	4.15

Secondary: Change from baseline to Week 8 in Rey Auditory Visual Learning Test (RAVLT) score: Acquisition

End point title	Change from baseline to Week 8 in Rey Auditory Visual Learning Test (RAVLT) score: Acquisition

End point description:

Rey Auditory Verbal Learning Task (RAVLT) is a cognitive test designed to assess verbal learning and memory, including immediate memory, efficiency of learning, retroactive and encoding versus retrieval. The RAVLT consists of a number of tasks where the RAVLT acquisition (learning) is the total number of correctly recalled words from three lists of words with a possible score between 0 and 45. The higher score the better performance

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	4.62 (± 0.7)	3.96 (± 0.73)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.5
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	0.66
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.27
upper limit	2.59

Secondary: Change from baseline to Week 8 in Rey Auditory Visual Learning Test (RAVLT) score. Delayed recall

End point title	Change from baseline to Week 8 in Rey Auditory Visual Learning Test (RAVLT) score. Delayed recall

End point description:

Rey Auditory Verbal Learning Task (RAVLT) is a cognitive test designed to assess verbal learning and memory, including immediate memory, efficiency of learning, retroactive and encoding versus retrieval. The RAVLT consists of a number of tasks where RAVLT delayed recall (memory) is the number of correctly recalled words at the end of the test battery from one list of words with a possible score between 0 and 15. The higher score the better performance

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	1.84 (± 0.32)	1.41 (± 0.33)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.3347
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	0.42
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.44
upper limit	1.29

Secondary: Change from baseline to Week 8 in Trail Making Test A (TMT-A) score

End point title	Change from baseline to Week 8 in Trail Making Test A (TMT-A) score

End point description:

Trail Making Test (TMT) is a cognitive test designed to assess scanning, visuomotor tracking, executive function, and cognitive flexibility. It consists of two parts, A and B. Part A assesses cognitive processing speed. The lower the score the faster the processing speed

End point type	Secondary

End point timeframe:

baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	-7.54 (± 1.76)	-9.35 (± 1.8)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.4684
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	1.81
Confidence interval	
level	95 %
sides	2-sided
lower limit	-3.12
upper limit	6.73

Secondary: Change from baseline to Week 8 in Trail Making Test B (TMT-B) score

End point title	Change from baseline to Week 8 in Trail Making Test B (TMT-B) score

End point description:

TMT is a cognitive test designed to assess scanning, visuomotor tracking, executive function, and cognitive flexibility. It consists of two parts, A and B. Part B examines executive functioning and ability to shift cognitive set. The lower the score the faster the ability to shift cognitive set

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	-29.15 (± 4.55)	-26.61 (± 4.63)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.6896
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-2.54
Confidence interval	
level	95 %
sides	2-sided
lower limit	-15.16
upper limit	10.08

Secondary: Change from baseline to Week 8 in Simple Reaction Time (SRT)	
End point title	Change from baseline to Week 8 in Simple Reaction Time (SRT)
End point description:	
Simple Reaction Time (SRT) is designed to assess psychomotor speed. The patient presses a "yes" button, whenever an onscreen playing card is turned over. The lower score the better performance	
End point type	Secondary
End point timeframe:	
Baseline to Week 8	

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Scores				
least squares mean (standard error)	-0.069 (± 0.017)	-0.076 (± 0.018)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.7726
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	0.007

Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.041
upper limit	0.055

Secondary: Change from baseline to Week 8 in Choice Reaction Time (CRT)

End point title	Change from baseline to Week 8 in Choice Reaction Time (CRT)

End point description:

Choice Reaction Time (CRT) is designed to assess visual attention. The patient presses a "yes" button whenever an onscreen playing card is turned over and is red, or a "no" button if the card is not red. The lower score the better performance

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	-0.053 (± 0.013)	-0.034 (± 0.014)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.3118
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-0.019
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.055
upper limit	0.018

Secondary: Change from baseline to Week 8 in Stroop Colour Naming Test (STROOP) score: Congruent

End point title	Change from baseline to Week 8 in Stroop Colour Naming Test (STROOP) score: Congruent

End point description:

Stroop Colour Naming Test (STROOP) is a cognitive test designed to assess the ability to inhibit a prepotent response to reading words while performing a task that requires attention control. The STROOP comprises two sheets with 50 words on each, and each word is the name of a colour.
In the Congruent STROOP Sheet, the word and ink colour match. The lower the score the faster the processing speed

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	-11.6 (± 1.37)	-8.2 (± 1.45)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0827
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-3.4
Confidence interval	
level	95 %
sides	2-sided
lower limit	-7.25
upper limit	0.45

Secondary: Change from baseline to Week 8 in Stroop Colour Naming Test (STROOP) score: Incongruent

End point title	Change from baseline to Week 8 in Stroop Colour Naming Test (STROOP) score: Incongruent

End point description:

Stroop Colour Naming Test (STROOP) is a cognitive test designed to assess the ability to inhibit a prepotent response to reading words while performing a task that requires attention control. The STROOP comprises two sheets with 50 words on each, and each word is the name of a colour. In the Incongruent STROOP Sheet, the word and ink colour do not match. The lower the score the greater the cognitive flexibility

End point type	Secondary

End point timeframe: Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	-23.93 (± 2.83)	-17.52 (± 2.96)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.1035
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-6.42
Confidence interval	
level	95 %
sides	2-sided
lower limit	-14.17
upper limit	1.34

Secondary: Change from baseline to Week 8 in Perceived Deficits Questionnaire – Depression (PDQ-D) total score

End point title	Change from baseline to Week 8 in Perceived Deficits Questionnaire – Depression (PDQ-D) total score
End point description: Patient-reported cognitive function outcome including attention concentration, retrospective memory, prospective memory, and, planning organization. The total score of the 20 items ranges from 0 to 80 with higher scores reflecting greater subjective cognitive dysfunction as perceived by the patient	
End point type	Secondary
End point timeframe: Baseline to Week 8	

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	-23.41 (± 1.81)	-19.27 (± 1.88)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Escitalopram 10-20mg v Vortioxetine 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.1163
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-4.14
Confidence interval	
level	95 %
sides	2-sided
lower limit	-9.32
upper limit	1.05

Secondary: Change from baseline to Week 8 in Patient Health Questionnaire-9 (PHQ-9) total score

End point title	Change from baseline to Week 8 in Patient Health Questionnaire-9 (PHQ-9) total score

End point description:

The PHQ-9 is a patient-rated scale designed to screen for and to assess severity of depression. The PHQ-9 consists of questions on each of the 9 DSM-IV criteria for depression asking if they have bothered the patient over the last 2 weeks. The 9 questions are summed to a total score ranging from 0 to 27 with higher scores reflecting greater severity

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	47	45		
Units: Score				
least squares mean (standard error)	-10.74 (± 0.73)	-9.49 (± 0.77)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	92
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.2372
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-1.25
Confidence interval	
level	95 %
sides	2-sided
lower limit	-3.34
upper limit	0.84

Secondary: Change from baseline to Week 8 in Clinical Global Impression – Severity of Illness (CGI-S) score

End point title	Change from baseline to Week 8 in Clinical Global Impression – Severity of Illness (CGI-S) score
End point description:	
The Clinical Global Impression - Severity of Illness (CGI-S) is a 7-point scale rated from 1 (normal, not at all ill) to 7 (among the most extremely ill patients).	
End point type	Secondary
End point timeframe:	
Baseline to Week 8	

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	47	45		
Units: Score				
least squares mean (standard error)	-1.74 (± 0.14)	-1.42 (± 0.15)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	92
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.1247
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-0.32
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.73
upper limit	0.09

Secondary: Clinical Global Impression – Global Improvement (CGI-I) score at Week 8

End point title	Clinical Global Impression – Global Improvement (CGI-I) score at Week 8
End point description:	
The Clinical Global Impression - Global Improvement (CGI-I) is a 7-point scale rated from 1 (very much improved) to 7 (very much worse).	
End point type	Secondary
End point timeframe:	
Week 8	

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	47	45		
Units: Score				
least squares mean (standard error)	2.24 (± 0.13)	2.38 (± 0.13)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	92
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.4659
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-0.13

Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.49
upper limit	0.23

Secondary: Change from baseline to Week 8 in Functioning Assessment Short Test (FAST) total score

End point title	Change from baseline to Week 8 in Functioning Assessment Short Test (FAST) total score

End point description:

The FAST is a clinician-rating scale designed to assess difficulty in functioning. The FAST assesses 6 specific areas of functioning: autonomy, occupational functioning, cognitive functioning, financial issues, interpersonal relationships, leisure time. The total score of the 24 items ranges from 0 to 72 with higher scores reflecting more serious difficulties

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Vortioxetine 10-20mg	Escitalopram 10-20mg		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	45		
Units: Score				
least squares mean (standard error)	-16.99 (± 1.78)	-16.35 (± 1.85)		

Statistical analyses

Statistical analysis title	Comparison to Escitalopram
Comparison groups	Vortioxetine 10-20mg v Escitalopram 10-20mg
Number of subjects included in analysis	93
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.8023
Method	Mixed models analysis
Parameter estimate	Mean difference (final values)
Point estimate	-0.64
Confidence interval	
level	95 %
sides	2-sided
lower limit	-5.74
upper limit	4.45

Adverse events

Adverse events information	
Timeframe for reporting adverse events: First dose to follow-up	
Assessment type	Systematic
Dictionary used	
Dictionary name	MedDRA
Dictionary version	18.1
Reporting groups	
Reporting group title	Escitalopram 10-20 mg
Reporting group description: Escitalopram 10-20 MG	
Reporting group title	Vortioxetine 10-20 mg
Reporting group description: Vortioxetine 10-20 MG	

Serious adverse events	Escitalopram 10-20 mg	Vortioxetine 10-20 mg	
Total subjects affected by serious adverse events			
subjects affected / exposed	0 / 49 (0.00%)	0 / 50 (0.00%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	Escitalopram 10-20 mg	Vortioxetine 10-20 mg	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	10 / 49 (20.41%)	17 / 50 (34.00%)	
Nervous system disorders			
Dizziness			
subjects affected / exposed	2 / 49 (4.08%)	5 / 50 (10.00%)	
occurrences (all)	2	6	
Headache			
subjects affected / exposed	6 / 49 (12.24%)	4 / 50 (8.00%)	
occurrences (all)	8	8	
Gastrointestinal disorders			

Nausea subjects affected / exposed occurrences (all)	5 / 49 (10.20%) 6	13 / 50 (26.00%) 14	
Psychiatric disorders Insomnia subjects affected / exposed occurrences (all)	3 / 49 (6.12%) 3	2 / 50 (4.00%) 2	

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? No

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported