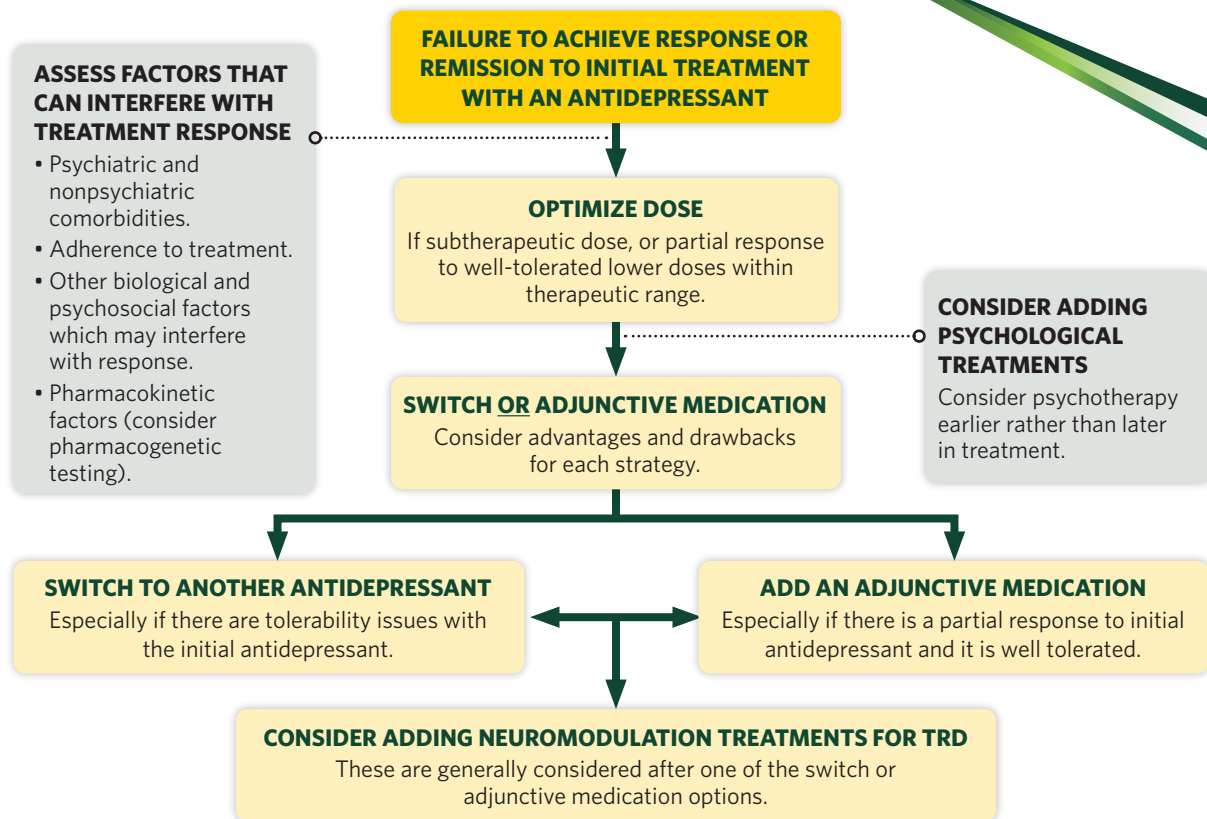


Managing inadequate response to an antidepressant

according to the 2023 CANMAT Guidelines treatment algorithm¹



Adapted from Lam RW, et al. 2024

- **Switching** should be considered first when there is no response to the initial antidepressant, or when the first medication has troublesome side effects.
- **Adjunctive strategies** should be considered first when there is a partial response to the initial antidepressant, and there are minimal or no tolerability issues with the first medication.

Brexpiprazole is listed as a first-line adjunctive therapy option (Level of evidence 1)^{1*}

^{Pr}REXULTI® is indicated for use as an adjunct to antidepressants for the treatment of major depressive disorder (MDD) in adult patients with an inadequate response to prior antidepressant treatments during the current episode.²

The 2023 CANMAT Guidelines propose “difficult-to-treat depression” (DTD) as a more appropriate disease description for discussing unsatisfactory responses to standard treatments. The impact of REXULTI on DTD, as specifically outlined by these guidelines, has not yet been assessed in prospectively designed, well-controlled, randomized trials, as this description was proposed after completion of those trials.

* Level 1 = High-quality meta-analysis with narrow confidence intervals and/or 2 or more randomized controlled trials with adequate sample size, preferably placebo controlled.
CANMAT: Canadian Network for Mood and Anxiety Treatments; TRD: treatment-resistant depression.

If it's time to consider adjunctive therapy for your patients with MDD, choose brexpiprazole!

^{Pr}REXULTI[®] is indicated for use as an adjunct to antidepressants for the treatment of major depressive disorder (MDD) in adult patients with an inadequate response to prior antidepressant treatments during the current episode.²



To learn more about REXULTI, visit [REXULTI.ca](https://www.rexulti.ca)

Clinical use:

When considering the use of REXULTI as adjunctive treatment in MDD, clinicians must take into account the safety concerns associated with antipsychotic drugs, a class of drugs to which REXULTI belongs. Safety concerns of this class include: weight gain; hyperlipidemia; hyperglycemia; tardive dyskinesia; and neuroleptic malignant syndrome. REXULTI should only be prescribed in patients with MDD by clinicians who are aware of the importance and are experienced in the early detection and management of the safety issues associated with this class of drugs.

The efficacy and safety of REXULTI in the adjunctive treatment of MDD were demonstrated in 6-week, double-blind, placebo-controlled trials in adult patients. Therefore, the required length of adjunctive treatment with REXULTI is not known. When prescribed as an adjunct to antidepressants in the treatment of MDD, REXULTI should be used for the shortest period of time that is clinically indicated. It is not known whether efficacy in adjunct treatment is due to REXULTI alone or from combined treatment with an antidepressant.

- The safety and efficacy of REXULTI have not been systematically evaluated in MDD patients ≥ 65 years of age. Use caution when treating geriatric patients.
- REXULTI is not indicated in pediatric patients (<18 years) and its use is not recommended in this population.

Most serious warnings and precautions:

Increased mortality in elderly patients with dementia:

Elderly patients with dementia treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of 13 placebo-controlled trials with various atypical antipsychotics (modal duration of 10 weeks) in these patients showed a mean 1.6-fold increase in the death rate in the drug-treated patients. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature.

Other relevant warnings and precautions:

- Body temperature regulation
- Risk of falls and somnolence
- Contains lactose
- Orthostatic hypotension
- Risk of QT prolongation
- Evaluate patients for a history of drug abuse
- Driving and operating machinery
- Reports of hyperglycemia and diabetic ketoacidosis
- Weight gain
- Dyslipidemia
- Hyperprolactinemia
- Priapism
- Risk of leukopenia/neutropenia
- Venous thromboembolism
- Serious hypersensitivity reactions
- Neuroleptic malignant syndrome
- Tardive dyskinesia
- Risk of seizures/convulsions
- Risk of suicide
- Risk of impulse-control disorders/compulsive behaviours
- Severe cutaneous adverse reactions
- Dysphagia
- Should not be used during pregnancy or breast-feeding
- Caution when used in geriatric patient populations due to potential increased risk of cerebrovascular adverse events, including fatalities
- Monitoring and laboratory tests: blood glucose, fasting lipid profile and body weight, complete blood count (CBC), white blood cell (WBC) and differential counts, prolactin and blood pressure, should be monitored at baseline and periodically throughout treatment

For more information:

Please consult the Product Monograph at www.rexultimonograph.ca for important information relating to clinical use, warnings and precautions, adverse reactions, drug interactions, and dosing information, which have not been discussed in this piece. The Product Monograph is also available by calling 1-877-341-9245.

* See guidelines for complete recommendations.

References: 1. Lam RW, Kennedy SH, Adams C, *et al.* Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults. *Can J Psychiatry*. 2024;69(9):641-687. 2. REXULTI Product Monograph. Otsuka Pharmaceutical Co., Ltd. 3. CANMAT. Data on File. CANMAT Letter to PAAB.



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