

BEYOND DEPRESSIVE SYMPTOMS, HOW AGOMELATINE MODIFIES EMOTIONAL REACTIVITY, COGNITIVE SPEED, MOTIVATION, PSYCHOMOTOR FUNCTION AND SENSORY PERCEPTION?

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Introduction: Baseline values and early changes of emotional reactivity, cognitive speed, psychomotor function, motivation and sensory perception have been poorly studied in unipolar depression, although they could help to characterize different dimensions harder to capture by clinicians, give new insights on how patients are improved, and offer new markers depicting how early changes testify later treatment response.

Methods: 1565 adult outpatients with MDD receiving agomelatine completed QIDS-C, CGI and MATHYS scales at inclusion, W2 and W6. The MATHYS includes 20-item self-rated visual analogue scales (from inhibition -0- to activation -10- with -5- representing the usual state) leading to five *a priori* dimensions (emotional reactivity, cognitive speed, psychomotor function, motivation and sensory perception).

Results: All dimensions increased from inclusion to W2 and from W2 to W6 ($p < 10^{-3}$). Roughly, improvement was 2-point (out of 10) for motivation, 1.5 for psychomotor function and 0.5 for other dimensions.

Motivation: (1) had a trend as being more severe at inclusion in later non-responders ($t=1.25$, $df=1563$, $p=0.10$) (2) displayed the highest difference at W2 in later responders versus non-responders ($t=7.98$, $df=1563$, $p < 10^{-6}$) (3) correlated the highest with QIDS-C improvement ($r=0.22$, $df=1563$, $p < 10^{-6}$) (4) best predicted at W2 later treatment response as per the highest area under the ROC curve ($AUC=0.606$, $95\%CI[0.588-0.643]$, $p < 0.001$).

Conclusions: Motivation had the earliest capacity to be improved, the best predictive value for treatment response and the largest global margin of progress in depressed outpatients. Assessing self-reported motivation in MDD could offer an interesting paradigm shift while assessing linear changes of depressive symptoms.