# Efficacy and tolerability of desvenlafaxine in patients with anxious-depressive syndrome: evidence from 21 patients

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## OBJECTIVES

This observational study aimed to evaluate the efficacy and tolerability of desvenlafaxine in patients diagnosed with anxious-depressive syndrome, with particular attention to treatment outcomes and the occurrence of adverse effects, including weight changes and sexual dysfunction.

## PATIENTS AND METHODS

Twenty-one patients (11 males; age range: 28–70 years) with a diagnosis of Major Depressive Disorder (MDD) and comorbid anxiety symptoms were included. All diagnoses were made according to the DSM-5. Eligible patients had a baseline Hamilton Depression Rating Scale (HAM-D) score >10. Desvenlafaxine was administered at an initial dose of 50 mg/day, with the possibility of dose escalation to 100 mg/day in cases of suboptimal response. Clinical assessments were conducted at baseline (T0), 4 months (T1), and 8 months (T2), using the HAM-D and Hamilton Anxiety Rating Scale (HAM-A). Adverse effects were systematically monitored, with a focus on weight variation and sexual dysfunction.

## RESULTS

A significant reduction in both HAM-D and HAM-A scores was observed in the majority of patients from T0 to T2 (Figure 1-2). Statistical analysis (paired t-test) confirmed significant improvement at both T1 and T2 ($p < 0.01$). Patients who required dose escalation to 100 mg/day demonstrated greater clinical improvement, particularly those with an inadequate response to the initial dose. Weight changes were not clinically relevant: 7 patients lost 1–3 kg, 2 gained 1–2 kg, and 3 showed no change.

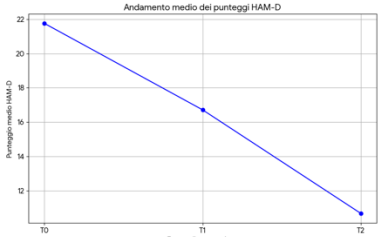


Figure 1

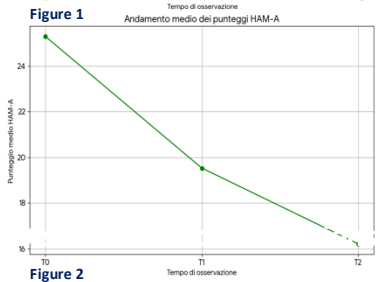


Figure 2

At baseline, 10 patients reported sexual dysfunction: 4 improved, 1 worsened, and 5 remained unchanged. No patients discontinued treatment for adverse effects (Figure 3).

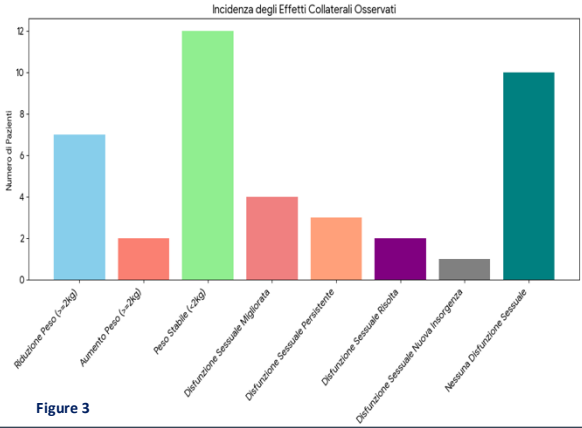


Figure 3

## DISCUSSION AND CONCLUSIONS

Desvenlafaxine demonstrated efficacy in reducing both depressive and anxiety symptoms in patients with anxious-depressive syndrome. These improvements were maintained or further enhanced by the eighth month. Dose escalation was effective in enhancing outcomes in partial responders. The tolerability profile was favorable, with few and manageable side effects. Its variable efficacy among patients underscores the need for personalized treatment approaches. Further controlled studies are needed to confirm these results and identify predictors of response.

## REFERENCES

[1] Davidson, J. R. T. "Major Depressive Disorder Treatment Guidelines in America and Europe." The Journal of Clinical Psychiatry, vol. 71, suppl. E1, 2010, p. e04.

[2] Khan, A., et al. "A Randomized, Double-Blind Study of Two Doses of Desvenlafaxine Succinate in Adult Outpatients with Major Depressive Disorder." Journal of Clinical Psychopharmacology, vol. 31, no. 4, 2011, pp. 536–544.

[3] Thase, M. E., et al. "Efficacy and Safety of Desvenlafaxine 50 mg/d for Prevention of Relapse in Major Depressive Disorder: A Randomized Controlled Trial." The Journal of Clinical Psychiatry, vol. 74, no. 3, 2013, pp. 242–248.