



**Mood Disorders Society of Canada**  
Société pour les **troubles de l'humeur** du Canada

***Mood Disorders Society of Canada***

***2018 Treatment Resistant Depression Study***

April 2018

*Prepared by:*



**CRA**   
CORPORATE RESEARCH ASSOCIATES

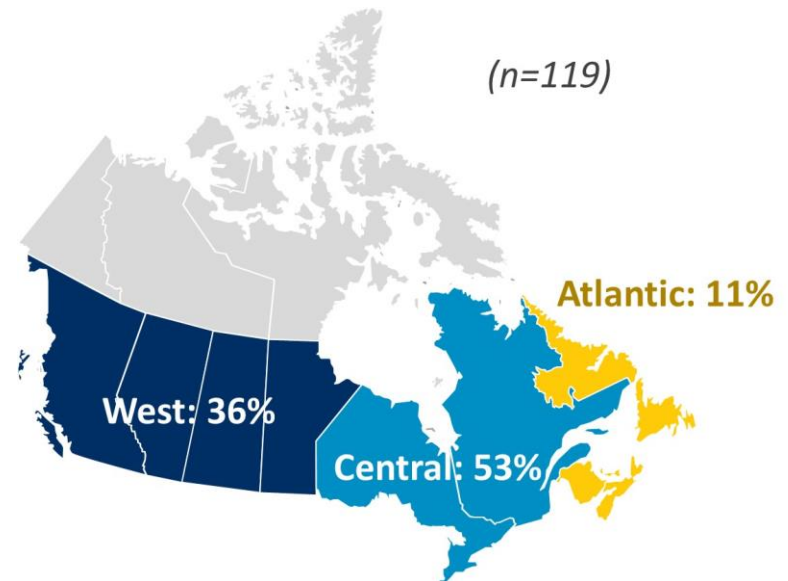
# Study Background & Methodology

The primary objective of the Mood Disorder Society of Canada's **2018 Treatment Resistant Depression Study** was to identify priority issues and improvements or changes to the Canadian mental health care system that need to be addressed with relation to treatment resistant depression (TRD). More specifically, this study sought to gain a better understanding of the issues and concerns among Canadians who are currently living with depression for an extended period of time (i.e., 2+ years) and taking multiple medications for their depression (i.e., 2+ medications), but whose symptoms are not well controlled.

The **2018 Treatment Resistant Depression Study** utilized an online methodology among members of the Mood Disorders Society of Canada (MDSC) and its partner organizations. Invitations to participate in the study were sent directly to the database of members by MDSC, and the survey was promoted through a variety of social media and other outlets. Respondents could complete the survey in English only. In total, 119 surveys were completed between March 3<sup>rd</sup> to 22<sup>nd</sup>, 2018. Due to the nature of online research, a margin of error cannot be applied to the results.

The image shown to the right outlines the percentage of completes by region.

*\* Note, small sample sizes of specific regions warrants caution in the interpretation of regional result comparisons within the report.*



## MDSC Online Survey

- 119 surveys completed
- English only

## Field Dates & Survey Length

- March 3 - 22, 2018
- 25.8 minutes

**Executive  
Summary**Treatment  
Resistant  
DepressionExperience  
with  
DepressionFacility &  
Service  
UsageMedication  
History

Perceptions

Somatic  
TreatmentsRespondent  
Profile

The following highlights are derived from the results from the **2018 Treatment Resistant Depression Study**.

- **The term ‘Treatment Resistant Depression (TRD)’.** The term TRD is generally perceived to be an appropriate description for cases of major depressive disorder that do not respond adequately to appropriate courses of at least two antidepressants. That said, the term is largely perceived to have a negative connotation, and respondents were slightly less likely to deem the term appropriate when describing their own situation, despite the fact that all self-reported taking two or more antidepressants, but nonetheless were still experiencing symptoms from time to time.
- **Experience with Depression.** The majority of respondents have dealt with depression for more than a decade, with many experiencing more than 10 acute depressive episodes since their diagnosis. Overall, few report to be coping well with their symptoms, with tiredness/low energy, sleep issues, and feeling bad about oneself being the most frequently occurring symptoms experienced. More alarmingly, a clear majority report to have resorted to negative coping measures in the past (i.e., deliberate self-harm, alcohol use, and/or recreational drug use), and many require assistance with day-to-day living. These findings suggest a clear need for greater access to support services to aid with coping strategies and self-care.
- **The Doctor/Patient Relationship.** Nearly all respondents report seeing a psychiatrist or family doctor for their depression, with most having at least four appointments per year. Treatment decisions are generally made jointly, with respondents also relying on a wide variety of other information sources for advice on their depression. Only one-third of respondents strongly agree that they trust their doctor completely to make the right decisions for them.
- **Health Facilities and Support Services.** Emergency Room (ER) visitation and hospital admission for depression is common among those experiencing TRD. Indeed, nearly two-thirds of respondents report having visited the hospital Emergency Room for their depression in the past, while just over one-half report to have been admitted to hospital. While most report feeling better following hospitalization and having changes to their drug treatment, few believe their condition actually improved as a result.
- **Health Coverage.** While few reported to have no health insurance, respondents strongly agree that all Canadians living with depression should have free access to innovative antidepressant medications. Moreover, nearly all strongly agree that approved medications deemed safe and effective forms of treatments should be fully covered by public funding.

- **Anti-Depressant Treatments.** Those experiencing TRD have taken a wide-variety of anti-depressant drug medications to treat their depression. Respondents most commonly report having taken Wellbutrin and Effexor/Effexor XR, followed by Celexa, Prozac, Zoloft, Cipralex and Paxil at one point during their treatment. Specific medications are generally used for less than five years. While medication order varies, Prozac and Celexa are most commonly identified as being initial treatments. Alternatively, Effexor/Effexor XR and Wellbutrin are most commonly prescribed as replacement or supplementary treatments, and both are most commonly identified as being part of respondents' current drug treatment. Compared to the past, far fewer report taking Ativan, Seroquel, Lithium, Risperdal, Xanax, Valium and Zyprexa.
- **Somatic Treatments.** Awareness of somatic treatment options varies with the vast majority of respondents indicating they had heard of Electroconvulsive Therapy (ECT) prior to the survey, while far fewer were familiar with Repetitive Transcranial Magnetic Stimulation (rTMS) or Vagus Nerve or Deep Brain Stimulation. Overall, fewer than two in ten respondents report having tried any somatic treatments in the past. Concern over possible side-effects was the most common reason respondents reported for not trying ECT, while failure to try rTMS was primarily attributed to a lack of awareness.

Of those who have tried rTMS and/or Vagus Nerve, this decision was primarily driven by doctor recommendation and/or prior drug therapy being ineffective. That said, reviews regarding the effectiveness of each treatment option were mixed, with respondents generally reporting low-levels of satisfaction.

- **Overall Perceptions.** Above all, depression is widely regarded as a medical condition that is not taken seriously enough by society, and many of those suffering from TRD appear to be personally impacted by the negative stigma associated with depression. Moreover, many appear to be frustrated with difficulty experienced when accessing mental health services.

In general, respondents appear to have limited expectations and optimism regarding their future treatment plans. Indeed, fewer than one-quarter strongly agree that recovery from depression is possible for them. Most respondents appear resigned to taking medications for the rest of their life, and fewer than one-quarter strongly agree that they are optimistic about the future prospects for treating their depression. One-half of respondents strongly agree that, for them, the best they can hope for is for their symptoms to be under control.

# Executive Summary (continued)

- **Overall Perceptions (continued).** With regards to new drug treatment options, while respondents appear very open to trying new treatments and express a clear desire for more fast-acting treatment options, concerns over possible side-effects and cost factors appear to be barriers for some. Indeed, a large minority of respondents strongly agree that they are worried when taking new medications. Moreover, one-third of respondents overall state that their concern about side effects makes them reluctant to try new antidepressants. At the same time, more than four in ten disagree that they would be willing to pay a lot to get a medication for depression that is highly effective.

Aside from drug treatments, there appears to be clear interest in more support services as one-half of respondents strongly agree that they wish they had more counselling to help them cope with their depression on a day-to-day basis. That said, few appear to have a preference for alternative, non-medical methods to treat their depression.

*\* The infographic on the following page presents a summary of key findings from the 2018 Treatment Resistant Depression Study.*

# 2018 Treatment Resistant Depression Study

## Key Highlights

Methodology: 119 online surveys  
Data Collection: March 3<sup>rd</sup> to 22<sup>nd</sup>, 2018

### Profile

West 36%  
Central 53%  
Atlantic 11%

## Treatment Resistant Depression

### Term 'Treatment Resistant Depression'

Appropriateness for describing  
(very appropriate: Scores 8-10; 10-pt. scale)

60% this form of depression

41% your depression

63%

Think the term has  
negative connotations



### Perceptions

8-10 ratings on a 10-pt. agreement scale

- 76% Depression is a medical condition that is not taken seriously enough
- 67% I am resigned to taking medications for the rest of my life
- 60% I am frustrated by the difficulty in accessing mental health services
- 55% I would try just about anything to treat my depression if there was a chance it would work
- 36% I would be willing to pay a lot to get medication for depression that works really well
- 23% I am optimistic about the prospects for treating my depression in the future

29%

Highly satisfied  
with current  
therapy  
(8-10 ratings on  
10-pt. scale)



### Top 2 Drug Treatment Goals

55% Control of  
symptoms most of the time

50% Reduce severity of  
symptoms

Only...

16%

Believe their current  
therapy is very effective  
in meeting their goals



### Experience with Depression

69%

Diagnosed  
11 years  
ago or more

77%

Make treatment decisions  
jointly with doctor



82%

See their  
main doctor  
4+ per year



51%

Have experienced 10+  
acute depression  
episodes

49%

Are NOT coping  
well with  
symptoms  
(1-5 ratings on  
10-pt. scale)



Negative Coping Strategies % who those  
who resorted to these actions in the past

44% Deliberate self-harm

44% Alcohol

29% Recreational drugs

### Facility & Service Usage



Visited ER for  
depression



Admitted to  
hospital for one  
night or more

Only...

21%

Highly satisfied  
with outcome  
of last hospital  
stay  
(8-10 ratings on  
10-pt. scale)

Someone currently  
helps with necessities  
of day-to-day living

43%

Insurance for  
prescription medications

65% Private

25% Provincial

10% None



Top 3 Antidepressants  
ever taken

Wellbutrin 75%

Effexor/XR 66%

Celebra 59%

Most  
common drug  
currently taking:

Wellbutrin

39%



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### Somatic Treatments

Heard of

ECT 78%

rTMS 44%

Vagus Nerve or Deep  
Brain Stimulation 39%

Only...

16%

Of respondents  
have tried any of  
somatic treatments

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Executive  
Summary

**Treatment  
Resistant  
Depression**

Experience  
with  
Depression

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Medication  
History

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Somatic  
Treatments

Respondent  
Profile



# Treatment Resistant Depression

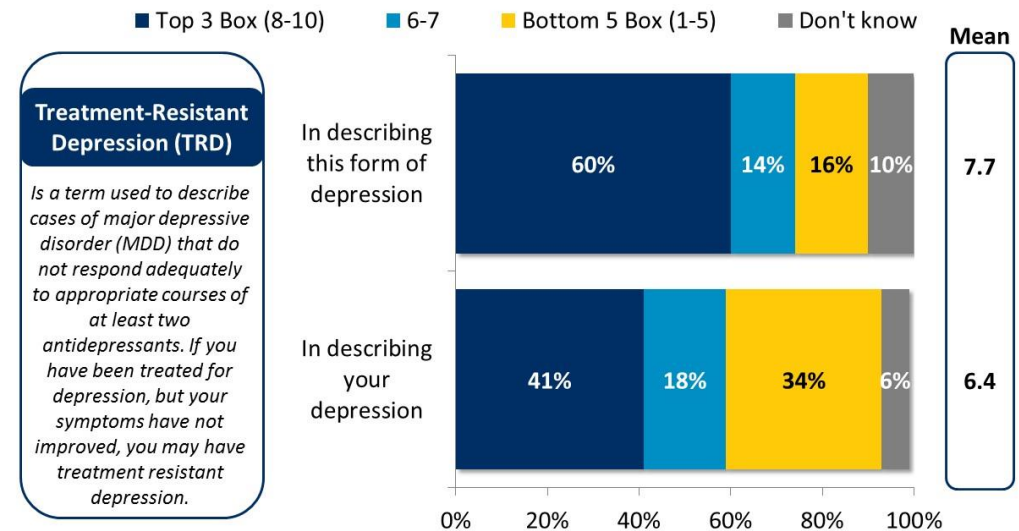
*While 'Treatment Resistant Depression' is generally seen as a moderately appropriate term, respondents are slightly less inclined to view it as an appropriate term for their own depression.*

After being provided with a brief description of Treatment Resistant Depression (TRD) respondents were asked to rate how appropriate the term was in describing this form of depression, and their depression specifically, using a 10 point scale, whereby '1' is *not at all appropriate* and '10' is *extremely appropriate*.

- Six in ten respondents view **TRD** as a highly appropriate (scores 8-10) term to describe cases of major depressive disorder that do not respond adequately to appropriate courses of at least two antidepressants. Conversely, nearly one-quarter either did not feel TRD adequately described this type of condition (scores 1-4), or were uncertain. (Table S11a)
- Interestingly, despite self-reporting to take at least two antidepressants, and still experiencing symptoms from time to time, only four in ten respondents felt the term TRD was an appropriate description for their own depression, while a similar portion felt the term was inappropriate, or were uncertain as to its appropriateness. (Table S11b)

## Appropriateness of Term 'Treatment Resistant Depression'

Rating on 10-pt Scale: 1=Not at all appropriate, 10=Extremely appropriate



Q.S11a: How appropriate do you believe the term 'Treatment Resistant Depression' is in describing this form of depression?  
 Q.S11b: How appropriate do you believe the term 'Treatment Resistant Depression' is in describing your depression? (n=119)  
 Note: Responses of 'Don't know' were excluded from the calculation of the mean.

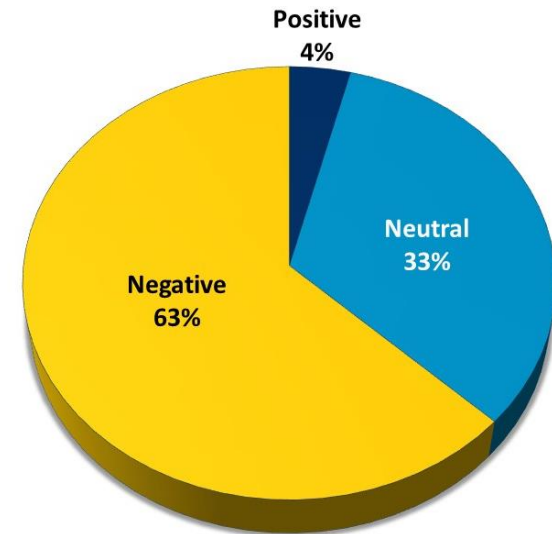
# Treatment Resistant Depression *(continued)*

*Part of the reason individuals may be less inclined to view TRD as an appropriate description for their own depression may be related to its perceived negative connotation.*

As a follow-up, respondents were then asked to indicate whether they felt the term 'Treatment Resistant Depression' had positive, negative or neutral connotations.

- Nearly two-thirds of respondents felt that TRD held a **negative** connotation, while one-third felt the term held a **neutral** undertone. Few felt TRD had a positive connotation. (Table S11c)

## Connotations of Term 'Treatment Resistant Depression'



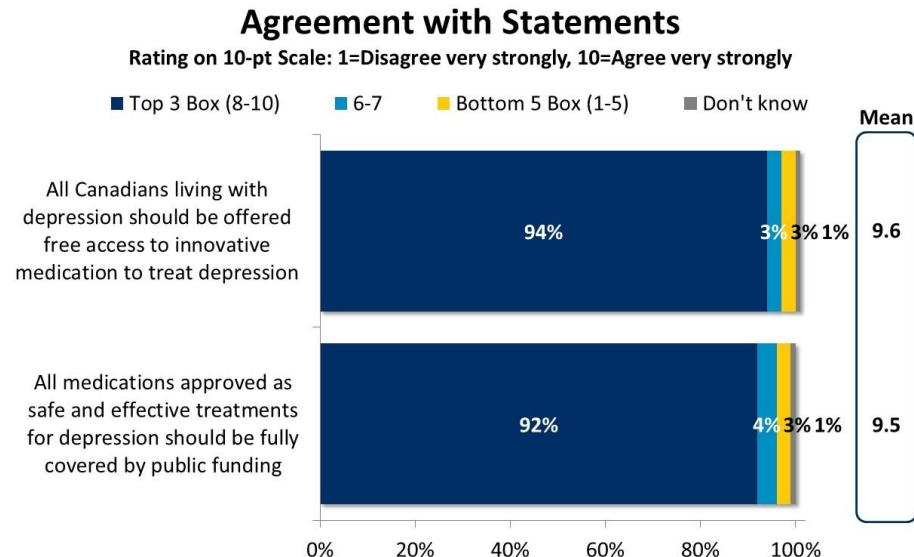
Q.S11c: In your opinion, does the term 'Treatment Resistant Depression' have positive, negative or neutral connotations? (n=119)

# Access & Drug Coverage

**Overall, respondents express high agreement that those living with depression should have free access to innovative medication, and that all medications approved as safe and effective treatments should be fully covered by public funding.**

All respondents were asked their level of agreement concerning two statements related to free access and coverage for anti-depressant medication, again using a 10-point scale, whereby '1' is *disagree very strongly* and '10' is *agree very strongly*.

- Overall, nearly all respondents strongly agree (scores 8-10; 10-point scale) that ***all Canadians living with depression should be offered free access to innovative medication***, while a similar portion offer the same level of agreement that ***all medications approved as safe and effective treatments for depression should be fully covered by public funding***. Levels of agreement for both statements were generally consistent across audience segments. (Tables S13-14)



Q.S13: To what extent do you agree or disagree that all Canadians living with depression should be offered free access to innovative medication to treat depression?

Q.S14: Many of today's most innovative depression medications approved by Health Canada are only covered by private health plans. As an alternative, to what extent do you agree or disagree that all medications approved as safe and effective treatments for depression should be fully covered by public funding? (n=119)

Note: Responses of 'Don't know' were excluded from the calculation of the mean.

Executive  
Summary

Treatment  
Resistant  
Depression

**Experience  
with  
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Treatments

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Profile

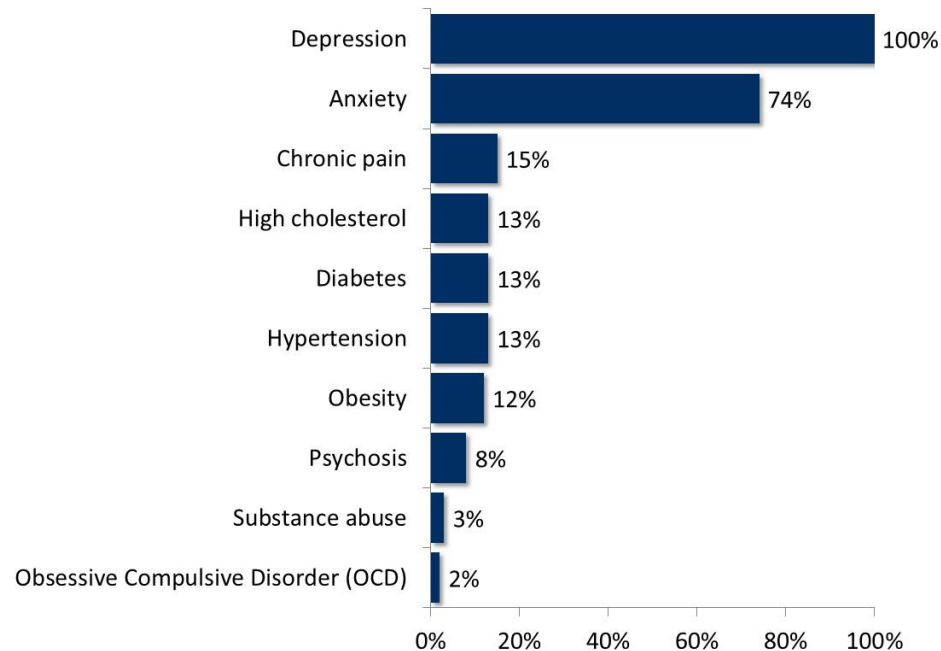


# Medical Conditions

**Anxiety is often a confounding factor for those experiencing TRD.**

- In addition to TRD, three-quarters of survey respondents report currently receiving treatment for **anxiety**. At the same time, **chronic pain, high cholesterol, diabetes, hypertension**, and **obesity** are each conditions reported by more than one in ten respondents, while slightly fewer report receiving treatment for **psychosis**. Few respondents report currently receiving treatment by a doctor for **substance abuse** or **obsessive-compulsive disorder**. (Table S2)

## Conditions Being Treated by a Doctor



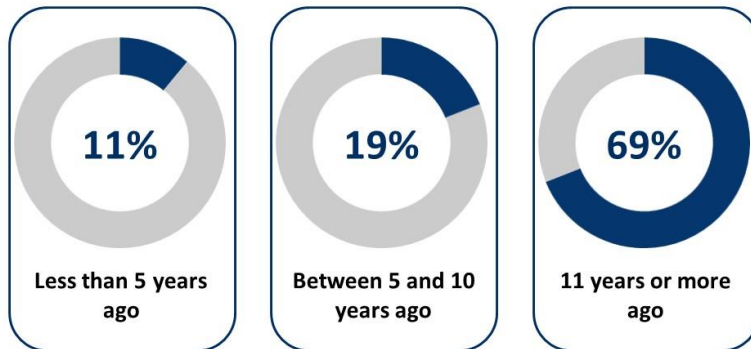
Q.S2: For which, if any, of the following conditions are you being treated by a doctor? (n=119)

# Diagnosis

*The vast majority of respondents have been diagnosed with depression for more than decade, with many currently taking several medications.*

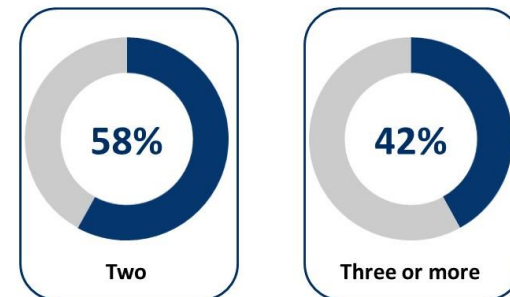
- Only one in ten respondents report having been recently diagnosed with depression (i.e., less than 5 years ago), while an additional two in ten have been diagnosed within the last decade. Conversely, seven in ten respondents report having been diagnosed with depression over a decade ago. (Table S56)
- While this study only included those taking at least two medications for their depression, a large minority report currently taking three or more medications. (Table S4)

## Diagnosed with Depression



Q.S6: How long ago were you diagnosed with depression? (n=119)

## Number of Medications Currently Taking for Depression



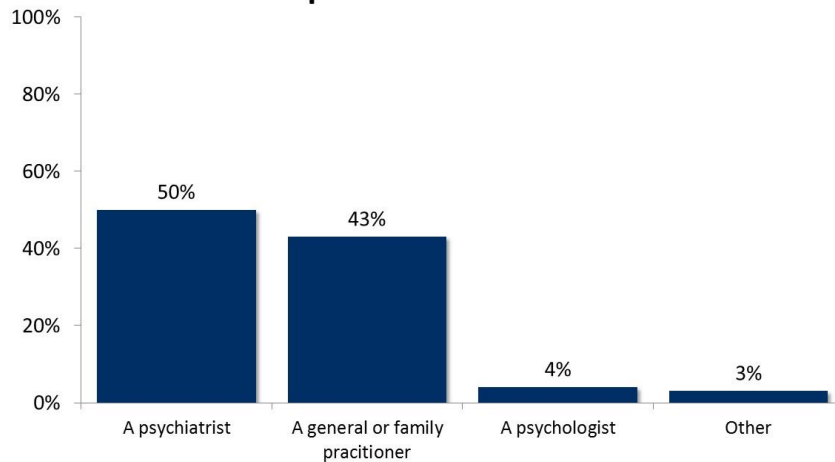
Q.S4: Please confirm the number of medications you are currently taking for your depression. (n=119)

# Health Care Professionals

**For those living with TRD, psychiatrists and family doctors are most widely used when making treatment decisions.**

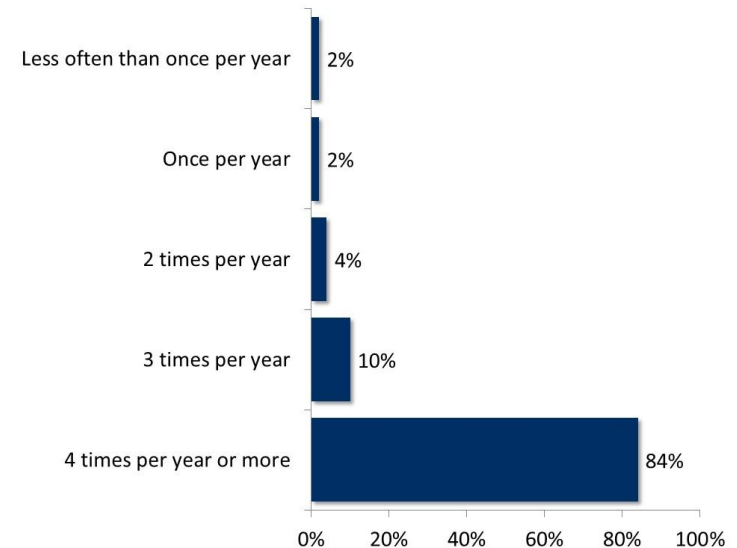
- One-half of respondents report most commonly seeing their **psychiatrist** when making decisions about new treatments or changes to their depression treatment, while slightly fewer see a **general practitioner**. (Table 1)
- The vast majority of respondents report seeing their main health care professional at least four times a year or more. (Table 2)

**Type of Doctor Currently See Most Often to Make Decisions about New Treatments or Changes to Depression Treatment**



Q.1: What type of doctor do you currently see most often to make decisions about new treatments or changes to your depression treatment? (n=119)

**Frequency of Seeing Main Doctor**



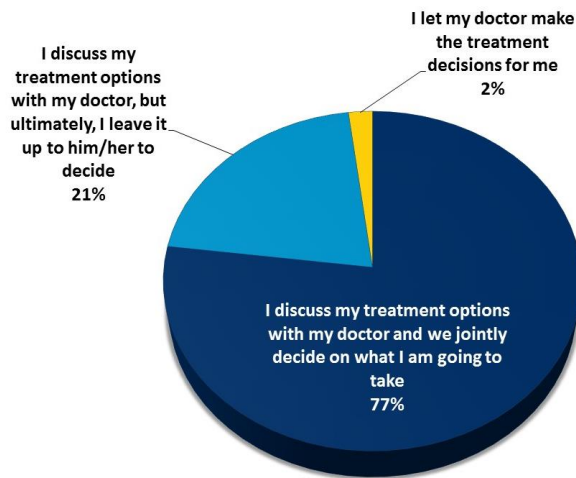
Q.2: How many times do you see this [main type of doctor from Q.1]? (n=119)

# Treatment Decisions

**Shared decision making in mental health care is commonplace, and respondents rely on a wide-variety of sources for advice.**

- More than three-quarters of respondents indicate that they discuss their treatment options with their doctor before jointly deciding their treatment. Alternatively, two in ten state that while they discuss their treatment options with their physician, ultimately, they leave the decision to their physician. Very few state they leave the decision to their physician, without discussion. (Table 20)
- When asked aided, what additional sources, other than their doctor, that they consult regarding their depression and/or treatment, respondents most commonly identify **mental health organization resources** and **online resources**, followed by **family/friends**, and **scientific journals**. **Community peer support groups, pamphlets/brochures provided at doctor's offices/pharmacies, pharmacists, social media, newspapers/magazines, and patient chat rooms/support group websites** are each sources used by at least three in ten respondents. One-quarter of respondents seek advice from **nurses**, while just over one in ten use **phone-in lines**.

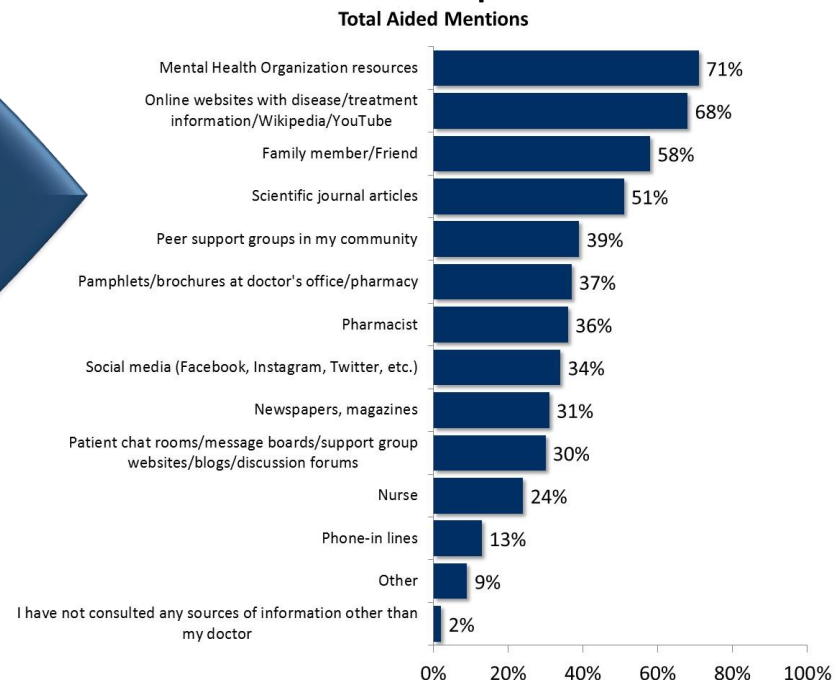
## Involvement in Treatment Decisions



Q.20: Which of the statements below best captures your involvement in your treatment decisions? (n=119)

Only **2%** of respondents rely on their physician solely for advice concerning their depression and treatment

## People or Sources, Other than a Doctor, Contacted or Accessed for Advice about Depression and Treatment



Q.21: Which, if any, of the following people or sources, other than a doctor, have you contacted or accessed to get advice about your depression or treatment for it? (n=119)

# Sources of Help

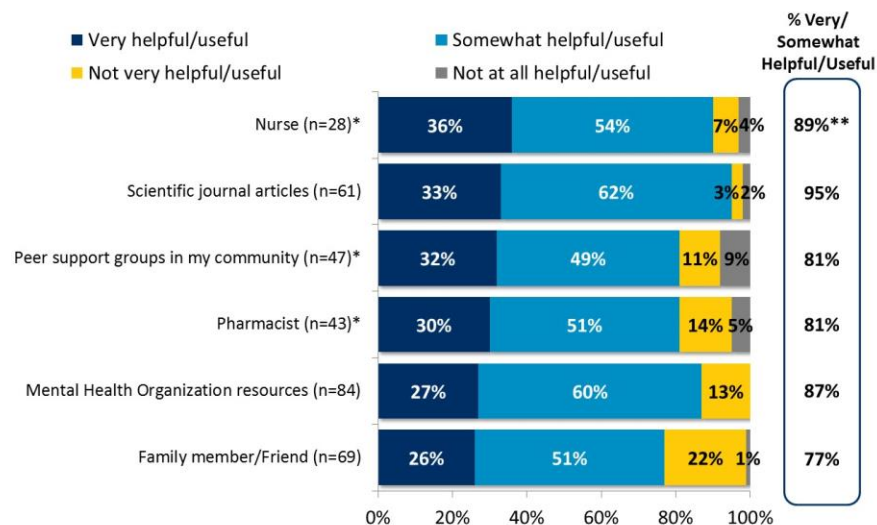
*The sources used by respondents are generally deemed to be beneficial in helping to cope with depression.*

For each source used, respondents were asked to assess the helpfulness/usefulness of that specific source in helping them cope with depression.

- Each source evaluated was deemed beneficial by a clear majority of users, with **scientific journals, nurses, mental health organization resources, community peer support groups**, and **pharmacists** being most commonly cited as being *very* or *somewhat* beneficial.

## Usefulness or Helpfulness of Sources in Helping Cope with Depression

Among Those Who Selected Corresponding Answer in Q.21

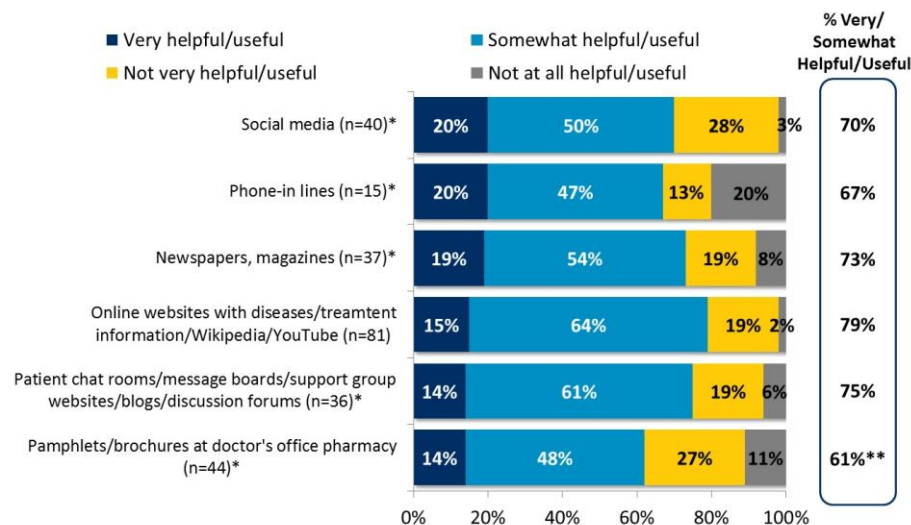


Q.22a-I: How useful or helpful have these sources been in helping you cope with depression?

\*Caution: Small sample size. \*\*Due to rounding.

## Usefulness or Helpfulness of Sources in Helping Cope with Depression

Among Those Who Selected Corresponding Answer in Q.21



Q.22a-I: How useful or helpful have these sources been in helping you cope with depression?

\*Caution: Small sample size. \*\*Due to rounding.

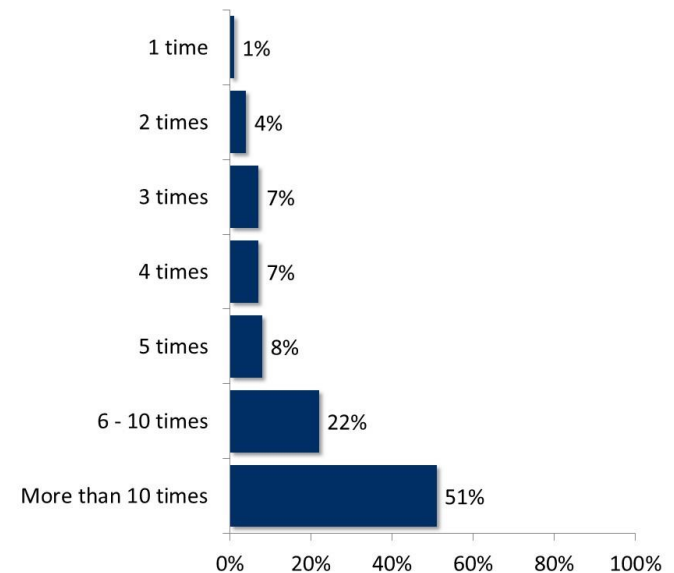


# Acute Depressive Episodes

**Acute Depressive episodes are common among respondents.**

- One-half of respondents report having experienced **more than 10 acute depressive episodes** since being diagnosed with depression, while an additional three in ten respondents experienced **between five (5) and 10** such episodes.
- Across regions, those living in Atlantic Canada were most likely to report having experienced 10 or more acute depressive episodes since their diagnosis. That said, small sample sizes warrant caution in the interpretation of these results. (Table 3)

## Number of Acute Depressive Episodes Experienced



Q.3: For the [TIME PERIOD FROM Q.56] you have been suffering from depression, how many acute depressive episodes have you experienced? Please consider the beginning of an acute depressive episode to be when you first start feeling significantly more depressed and the end of an episode to be when you feel that this specific period of depression has lifted. (n=119)

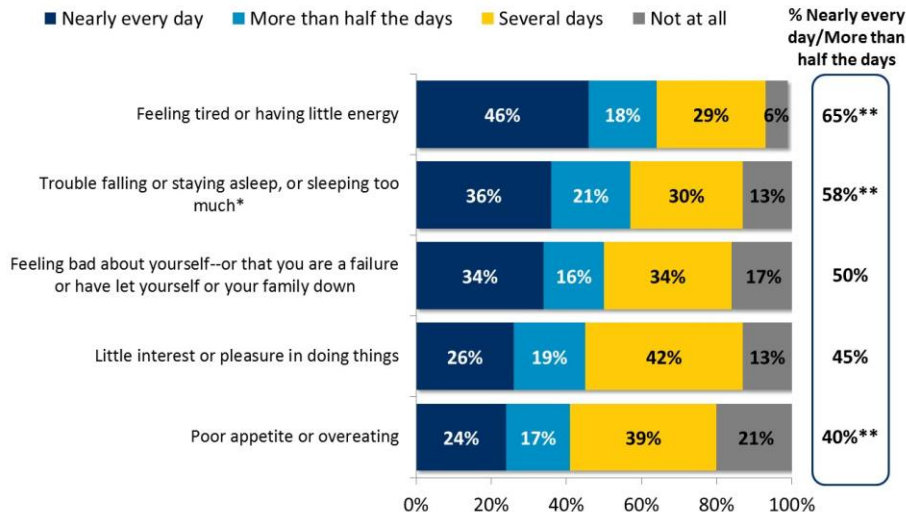
# Recent Problems

**Respondents frequently experience an array of difficulties.**

Respondents were asked to indicate the frequency with which they experienced nine (9) problems over the last two weeks.

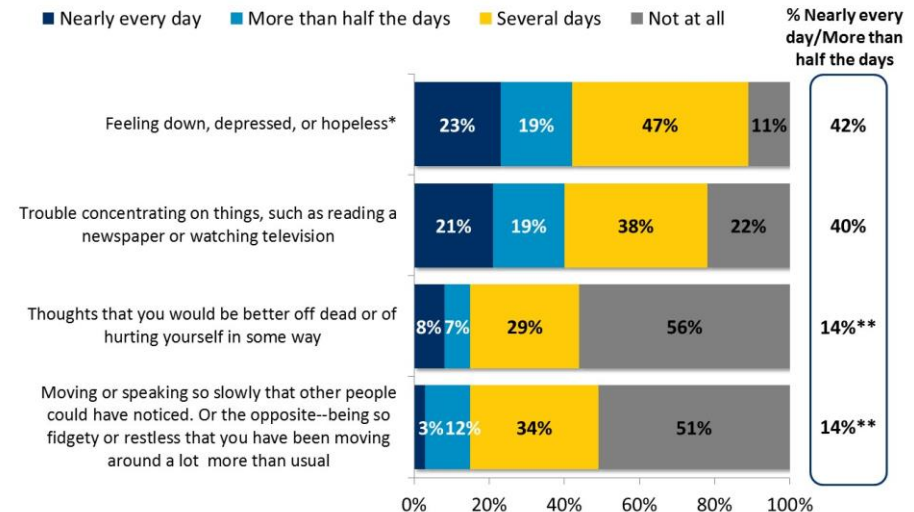
- At the time of the survey, **feeling tired/having little energy**, **sleeping problems** (either falling/staying asleep or oversleeping), and **feeling bad about oneself** were problems being experienced by at least one-half of respondents most of the time (i.e., daily or more than half the days), while slightly fewer were bothered to this same frequency due to having **little interest/pleasure in doing things**, **poor appetite/overeating**, **feeling down/depressed/hopeless** and **trouble concentrating**.
- Thoughts of **suicide/self-harm** and **noticeable slowing of movement/speech** were notably less common; however, more than one in ten reported experiencing each of these problems most of the time, while a notable minority experienced each of these problems several days during a two-week time period. (Tables 13a-i)

## Problems Bothered by in Last Two Weeks



Q.13a-i: Over the last 2 weeks, how often have you been bothered by any of the following problems? (n=118-119)  
 \*One respondent was not asked this question due to a programming change. \*\*Due to rounding.

## Problems Bothered by in Last Two Weeks



Q.13a-i: Over the last 2 weeks, how often have you been bothered by any of the following problems? (n=118-119)  
 \*One respondent was not asked this question due to a programming change. \*\*Due to rounding.

# Recent Problems *(continued)*

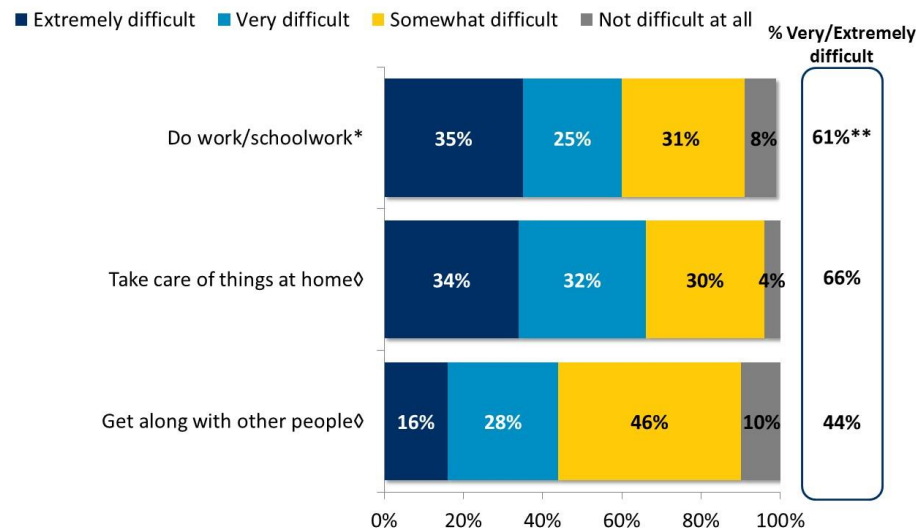
***Suicidal thoughts or thoughts of self-harm clearly have a profound impact on respondents' day-to-day living.***

Those who had experienced suicidal thoughts, or thoughts of self-harm, over the past two weeks (n=51) were asked to indicate how difficult these problems made it for them to do their work or schoolwork, take care of things at home, or get along with other people.

- Two-thirds of respondents felt these problems made it *extremely* or *very difficult* for them to **take care of things at home**, while a similar portion felt this way about their **work or schoolwork**.
- More than four in ten report these problems make it *extremely* or *very difficult* for them to **get along with other people**. (Tables 14a-c)

## Difficulty of Problems in Last Two Weeks

Among Those Who Have Had Thoughts They Would be Better off Dead or Hurting Themselves in Some Way At Least Some Point in the Last Two Weeks



Q.14a-c: [IF NOT 'NOT AT ALL' IN Q.13] How difficult have these problems made it for you to do your work or schoolwork, or take care of things at home, or get along with other people? (n=50-51)

\*One respondent was not asked this question due to a programming change. ◊Two respondents were not asked this question due to a programming change. \*\*Due to rounding.



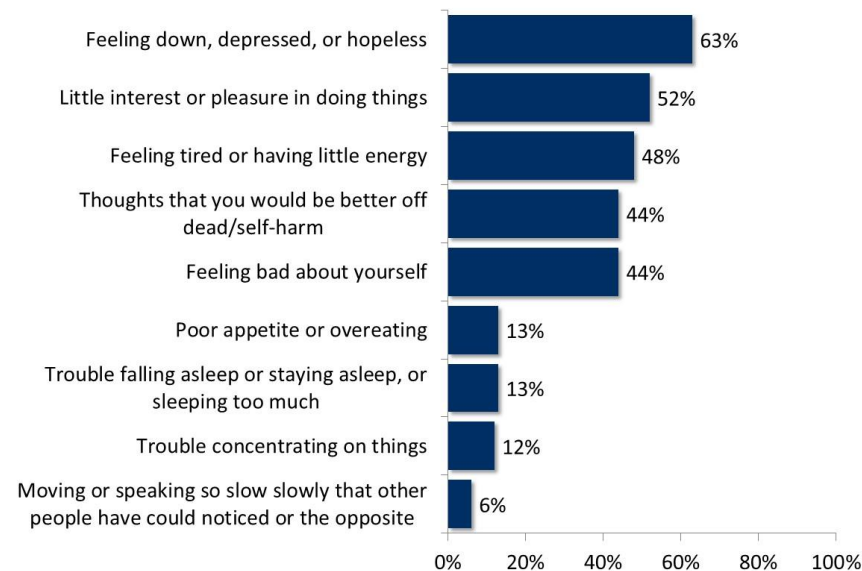
# Recent Problems *(continued)*

These respondents were then asked, aided, to identify which problems they find most bothersome or troubling to deal with.

- ***Feeling depressed/hopeless, having little interest/pleasure in doing things, feeling tired/having low-energy, suicidal thoughts/thoughts of self-harm and feeling bad about oneself*** are the issues most commonly found to be most troubling for respondents to deal with. (Table 15)

## Problems Found Bothersome or Troubling to Deal with

Aided Mentions Among Those Who Have Had Thoughts They Would be Better off Dead or Hurting Themselves in Some Way At Least Some Point in the Last Two Weeks



Q.15: [IF NOT 'NOT AT ALL' IN Q.13I] Which of these problems do you find the most bothersome or troubling to deal with?  
Please select up to three problems from the list... (n=52)

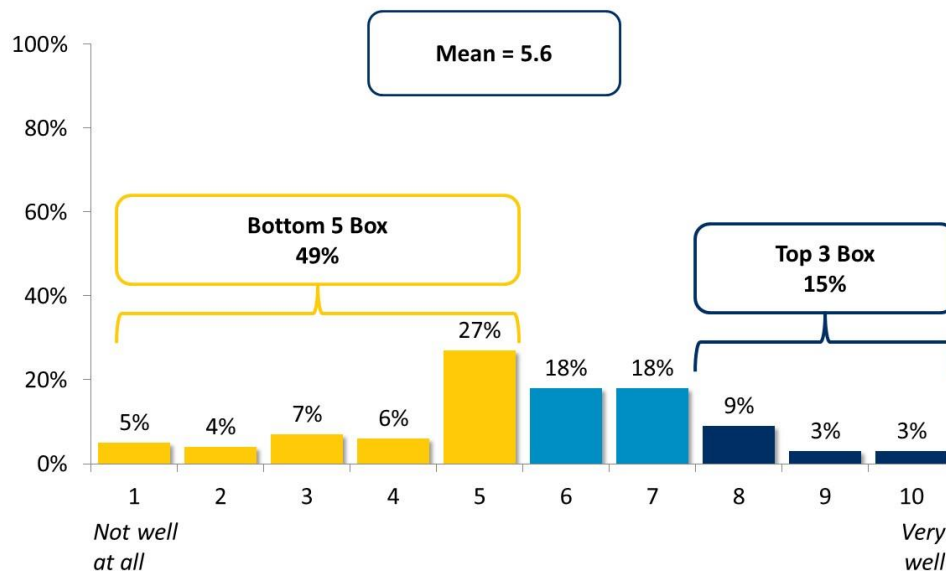
# Coping with Depression

**One-half of respondents do not feel they cope well with their symptoms of depression.**

- Fewer than two in ten respondents felt they were coping well (scores 8-10; 10-point scale) with their symptoms of depression, while more than one-third gave more moderate scores. Alternatively, one-half of respondents report having difficulty coping with their symptoms (scores 1-4). (Table 18)

## Cope with Symptoms of Depression

Rating on 10-pt Scale: 1=Not well at all, 10=Very well



Q.18: How well do you cope with your symptoms of depression? Please use a scale of 1-10 where 1 is not well at all and 10 is very well. (n=119)

## Average Number of Days Missed

From work due to depression in the last 30 days



Among those working full-time or self-employed (n=37)

*\*Caution: Small sample size*

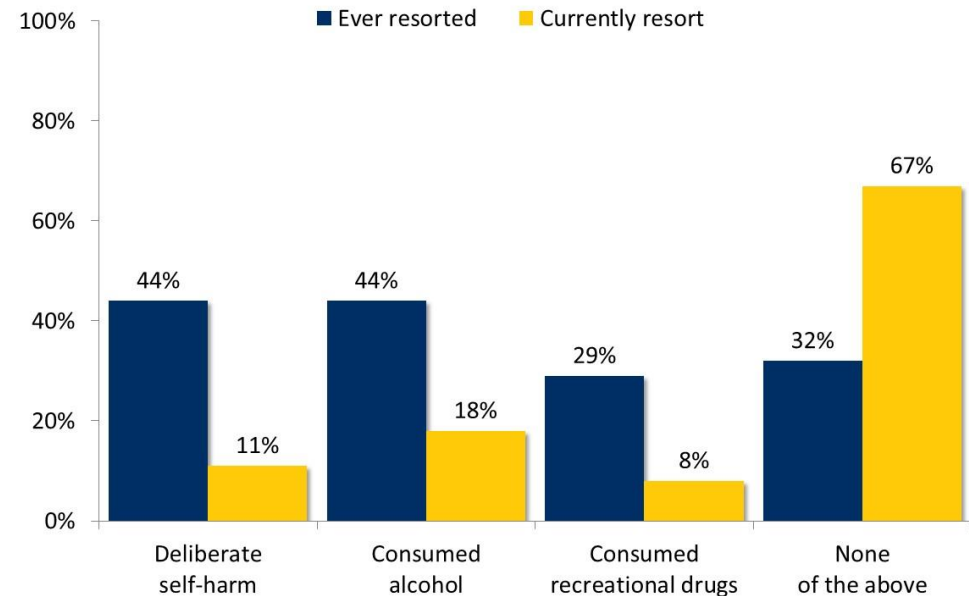
- On average, those working full-time or self-employed (n=37) reported having missed 4.0 work days due to their depression over a 30-day period.
- Of the few full-time students that completed the survey (n=7), students reported missing 8.4 days because of their depression. (Tables 16-17)

# Measures to Cope with Depression

*While self-harm and substance abuse are not currently common measures used to cope with depression, a clear majority of respondents have resorted to such measures in the past.*

- One-third of respondents report to be **currently engaging in self-harm and/or substance abuse** as a means to cope with depression.
- Overall, nearly two in ten respondents state they currently consume **alcohol** as a means to help manage their depression, while **deliberate self-harm** and consumption of **recreational drugs** are both measures currently being used by one in ten respondents.
- Respondents were notably more likely to report having resorted to such measures in the past, with nearly one-half indicating they had done **deliberate self-harm**, while the same portion relied on **alcohol** as a means to cope with their depression. Slightly fewer report to have consumed **recreational drugs** in the past as a means to manage depression. (Tables 45a-b)

## Measures to Cope with Depression



Q.45a-b: Have you ever resorted or do you currently resort to the following measures to cope with depression? (n=119)

Executive  
Summary

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History

Perceptions

Somatic  
Treatments

Respondent  
Profile



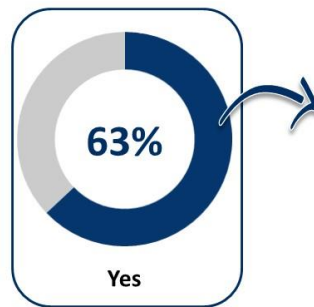
# Emergency Room Usage

***The majority of individuals with TRD have visited the hospital Emergency Room for depression, although fewer report having been admitted to the hospital for their depression.***

- Approximately two-thirds of respondents have visited the hospital Emergency Room (ER) for their depression on at least one occasion. Of those who have visited the ER (n=75), one-third had visited the ER on only a single occasion, while one-half had visited between two and five times. Conversely, fewer than two in ten reported more than five visits to the ER. (Table 4)

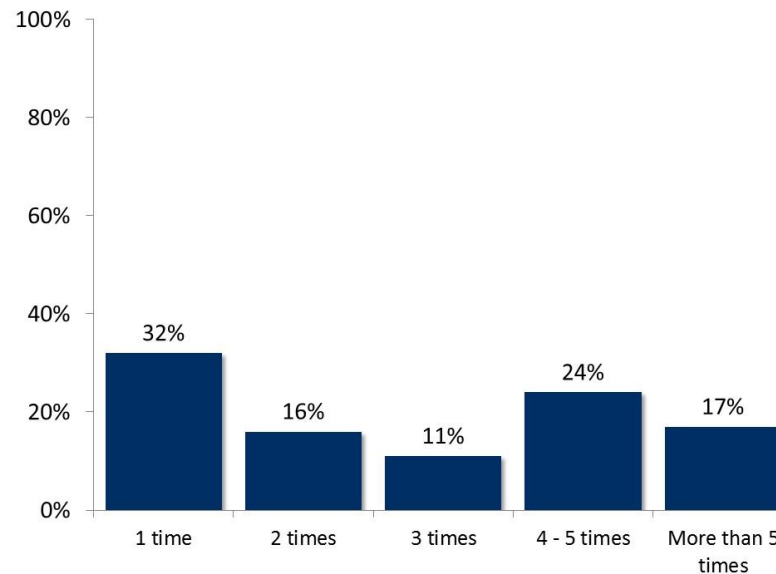
## Visited ER for Depression

% Saying 'Yes'



## Number of Times Visited ER for Depression

Among Those Who Visited Once or More



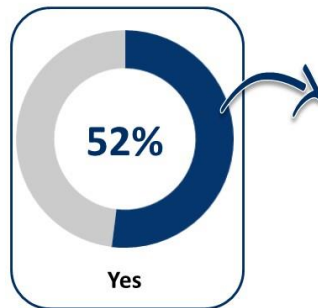
Q.4: Since you were diagnosed with depression, how many times, if any, have you visited the hospital Emergency Room (ER) for your depression? (Full base: n=119; Among those admitted once or more: n=75)

# Hospital Admission

- One-half of respondents report having been admitted to the hospital (either directly or after visiting the ER) for at least one night for their depression.
- Of those who have been admitted on at least one occasion (n=62), more than one-third had been admitted on a single occasion, while slightly fewer report having been admitted between two and five times for their depression. Conversely, two in ten report having been admitted to hospital more often. (Table 5)

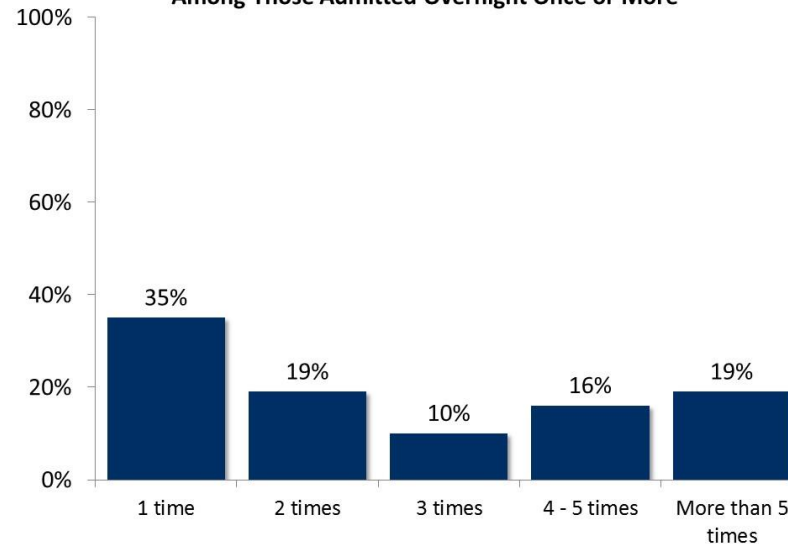
## Admitted to Hospital for One Night or More for Depression

% Saying 'Yes'



## Number of Times Admitted to Hospital for One Night or More for Depression

Among Those Admitted Overnight Once or More



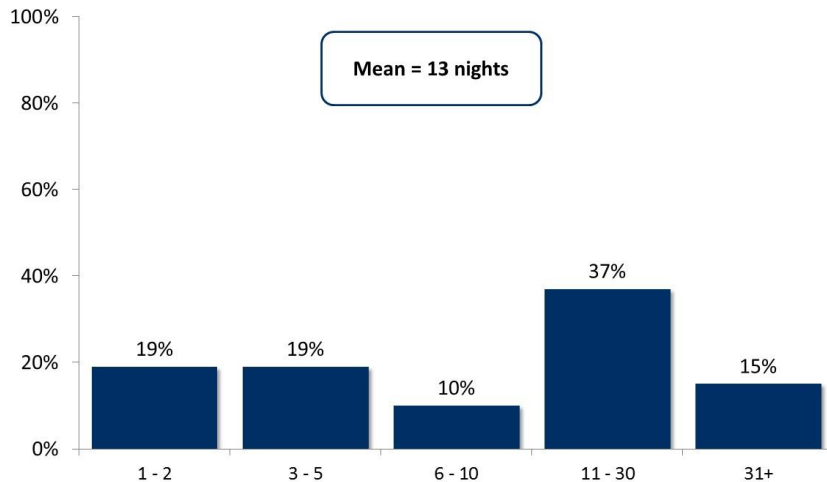
Q.5: How many times, if any, have you been admitted to hospital for 1 night or more for depression, either admitted directly to hospital or after first visiting the ER?  
(Full base: n=119; Among those admitted once or more: n=62)

# Hospital Admission *(continued)*

- Among those who have been admitted to hospital (n=62), **respondents most commonly report staying between 11 and 30 days in hospital the last time they were admitted directly**, with the average stay lasting **13 nights**. (Table 6)
- Moreover, at the time of the survey, fewer than one-quarter of these respondents had been admitted to hospital **within the past year**. (Table 7)

## How Many Nights Stayed in Hospital

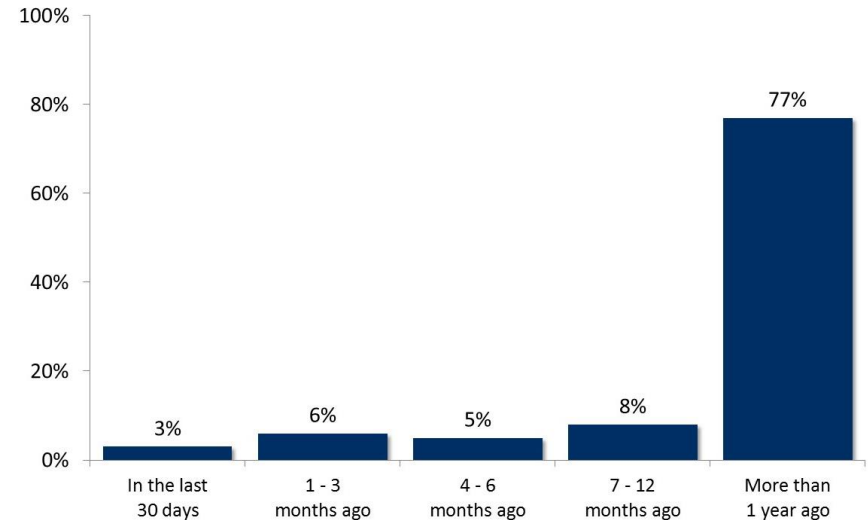
Among Those Who Have Been Admitted to Hospital for One Night or More for Depression



Q.6: [IF NOT 'NEVER' IN Q.5] The last time you were admitted directly for a hospital stay for 1 night or more, how many nights did you stay in hospital? (n=62)

## Last Required an Overnight or Longer Stay in Hospital

Among Those Who Have Been Admitted to Hospital for One Night or More for Depression



Q.7: [IF NOT 'NEVER' IN Q.5] When did you last require an overnight stay or longer in hospital for depression? (n=62)

# Results of Hospital Stay

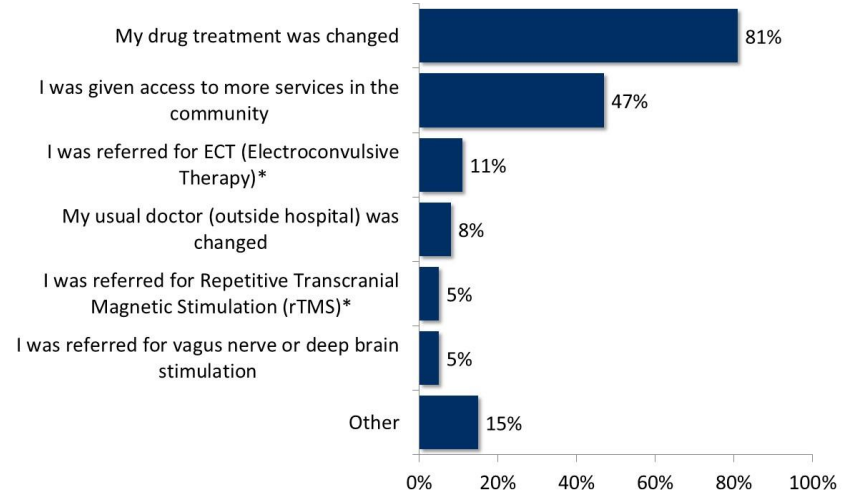
**Changes in drug treatment and additional access to community services was the most common outcome of hospital admission.**

Those who had been admitted to hospital were also asked to report on the various outcomes of their last hospital stay.

- A change in drug treatment was the most common outcome, distantly followed by additional access to more community services.
- One in ten report being referred for **ECT**, while slightly fewer report **changing their usual doctor, being referred for rTMS**, or **being referred for vagus nerve or deep brain stimulation**. (Tables 9a-g)

## Occurred as Result of Last Hospital Stay for Depression

Among Those Who Have Been Admitted to Hospital for One Night or More for Depression  
% Saying 'Yes'



Q.9a-g: [IF NOT 'NEVER' IN Q.5] Which, if any, of the following occurred as a result of this last hospital stay for depression? Please answer yes or no to each. (n=60-62)

\*Two respondents were not asked this question due to a programming change.

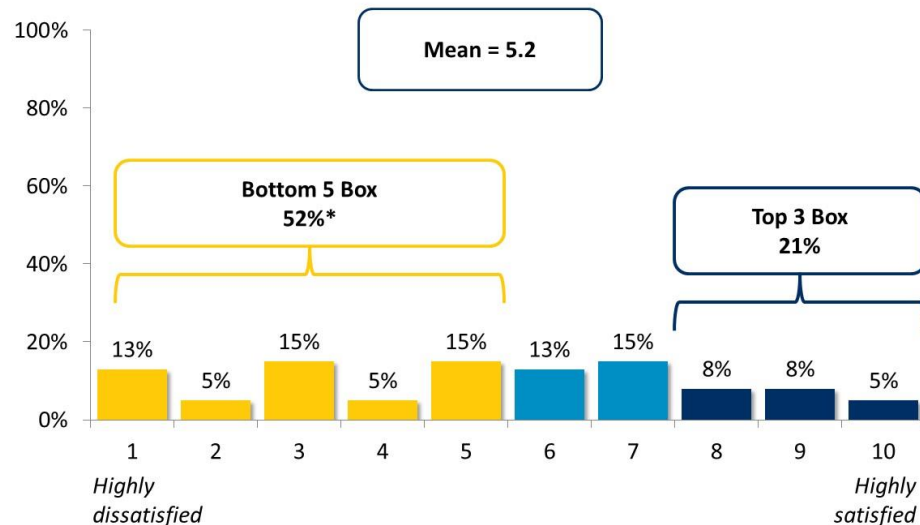
# Satisfaction with Hospital Stay

*Generally speaking, respondents report moderately low levels of satisfaction with the overall outcome of their last hospital stay.*

- Only two in ten report high levels of satisfaction (scores 8-10) with the outcome of their last hospital stay, while just under three in ten report more moderate satisfaction. Alternatively, just over one-half are unsatisfied with the outcome of their last hospital stay.

## Satisfaction with Outcome of Last Hospital Stay

Among Those Who Have Been Admitted to Hospital for One Night or More for Depression  
Rating on 10-pt Scale: 1=Highly dissatisfied, 10=Highly satisfied



Q.10: [IF NOT 'NEVER' IN Q.5] Overall, how satisfied were you with the outcome of your stay in hospital this last time? Please use a 1-to-10 scale, where 1 means 'highly dissatisfied' and 10 means 'highly satisfied'. (n=62)

\*Due to rounding.



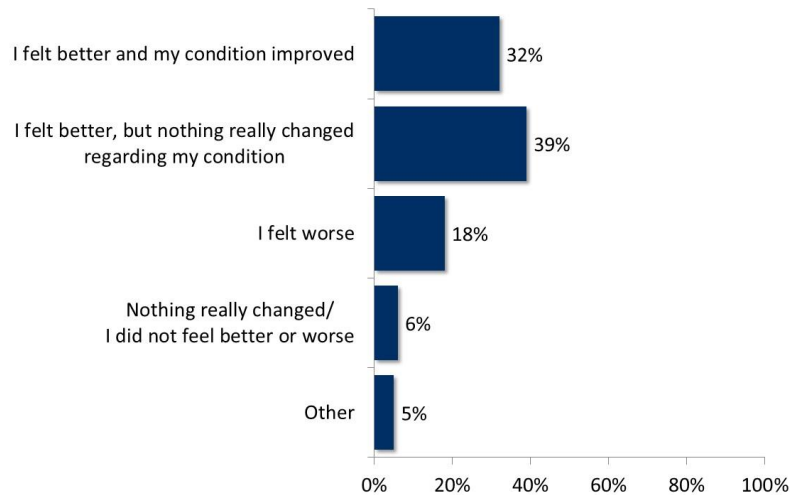
# Satisfaction with Hospital Stay *(continued)*

**While most felt better after their last hospital stay, only a minority report their condition improved following hospitalization.**

- Despite moderately low-levels of satisfaction being reported, seven in ten respondents report that they **felt better** after their last hospital stay. That said, only one-third noted an **improvement of their condition**. Alternatively, just under two in ten noted that they actually **felt worse** after their hospital stay. Only a few reported feeling neither better or worse. (Table 11)
- With regards to their follow-up after hospitalization, the vast majority report having **gone back to their regular doctor**. At the same time, just over one-quarter started participating in a **community follow-up program**, while fewer started at a **hospital day clinic** or at a **day clinic outside the hospital**. Of those reporting other follow-up activities following hospital discharge, activities included appointments with psychiatrists, therapy, meetings with other health care professionals, self-education, self-improvement activities (e.g., life skills classes, meditation, etc.), outpatient programs, and changes to medications. (Tables 12a-e)

## Outcome of Last Hospital Stay

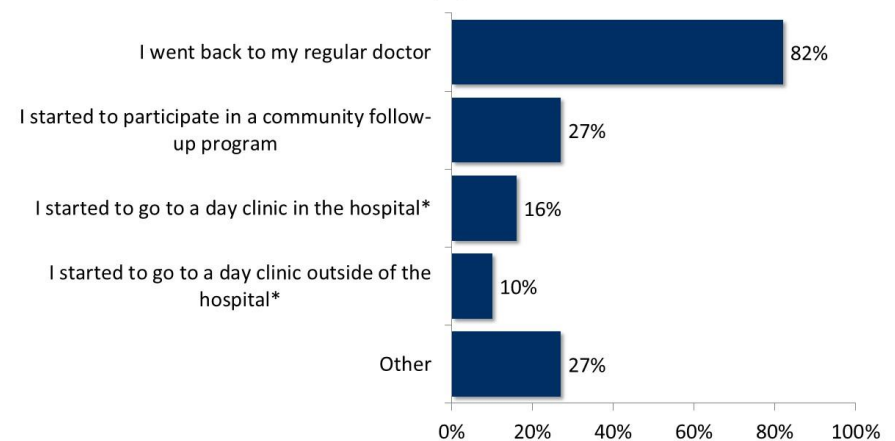
Among Those Who Have Been Admitted to Hospital for One Night or More for Depression  
Total Aided Mentions



Q.11: [IF NOT 'NEVER' IN Q.5] How would you describe the outcome of your last stay in hospital? Please select the most appropriate answer, or, if not listed, type in the 'Other' box below. (n=62)

## Follow-up After Last Discharge from Hospital

Among Those Who Have Been Admitted to Hospital for One Night or More for Depression  
% Saying 'Yes'



Q.12a-e: [IF NOT 'NEVER' IN Q.5] And in terms of follow-up after you were last discharged from hospital, which, if any, of the following did you do? Please answer yes or no to each. If what is appropriate to you is not listed, please type in the 'Other' box. (n=60-62)

\*Two respondents did not receive this question due to a programming change.



Executive  
Summary

Treatment  
Resistant  
Depression

Experience  
with  
Depression

Facility &  
Service  
Usage

**Medication  
History**

Perceptions

Somatic  
Treatments

Respondent  
Profile



# Antidepressant Usage

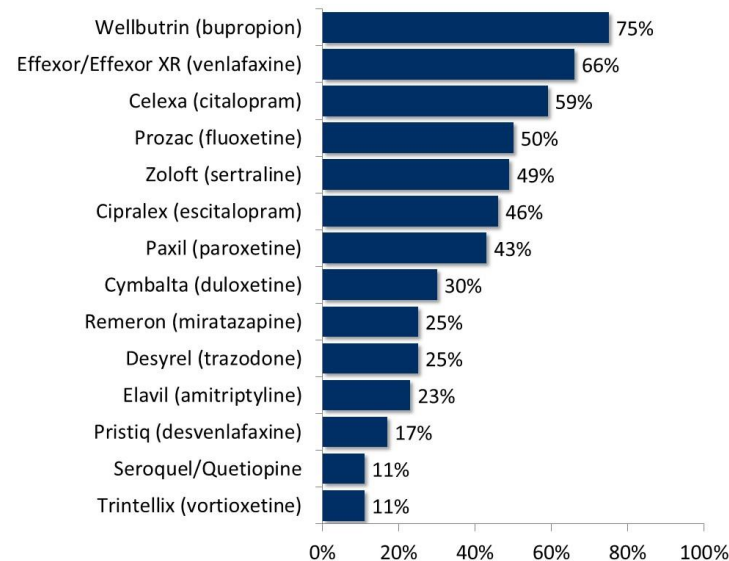
**Wellbutrin, Effexor/Effexor XR, and Celexa have been each used by a majority of respondents.**

Respondents were asked, aided, to identify which anti-depressant drug medications they have used in the past.

- **Wellbutrin** was the most common anti-depressant drug used to treat depression, followed by **Effexor/Effexor XR**, and **Celexa**.
- **Prozac** and **Zoloft** were each used by approximately one-half of respondents, while slightly fewer have taken **Cipralex**, or **Paxil**. Finally, **Cymbalta**, **Remeron**, **Desyrel**, and **Elavil** were each used by more than two in ten respondents, while fewer report using **Seroquel/Quetiopine** and **Trintellix**.

## Anti-Depressant Drug Medication(s) Ever Taken to Treat Depression

Key Aided Mentions



Q.S3: First of all, which of the following anti-depressant drug medication(s) have you ever taken to treat your depression?  
(n=119)

# Antidepressant Medications

*Medication order varies, although Prozac and Celexa are most commonly cited as being initially prescribed.*

- **Prozac** and **Celexa** are the drugs most commonly reported as being first prescribed to respondents, followed by **Paxil** and **Cipralex**. Conversely, **Effexor/Effexor XR** and **Wellbutrin** are most commonly prescribed as either a replacement or supplement drug.
- Overall, approximately one-half of respondents report having taken at least five antidepressant medications in the past. (Table 23)

## Order Medication for Depression is Taken

### Key Aided Mentions

Medication	Taken 1 <sup>st</sup>	Taken 2 <sup>nd</sup>	Taken 3 <sup>rd</sup>	Taken 4 <sup>th</sup>	Taken 5 <sup>th</sup>
Prozac (fluoxetine)	24%	4%	4%	9%	2%
Celexa (citalopram)	19%	11%	8%	3%	5%
Paxil (paroxetine)	13%	13%	8%	3%	3%
Cipralex (escitalopram)	10%	8%	5%	3%	8%
Zoloft (sertraline)	7%	8%	8%	9%	8%
Effexor/Effexor XR (venlafaxine)	7%	21%	10%	8%	5%
Wellbutrin (bupropion)	3%	8%	21%	16%	7%
No others	n/a	n/a	13%	29%	47%

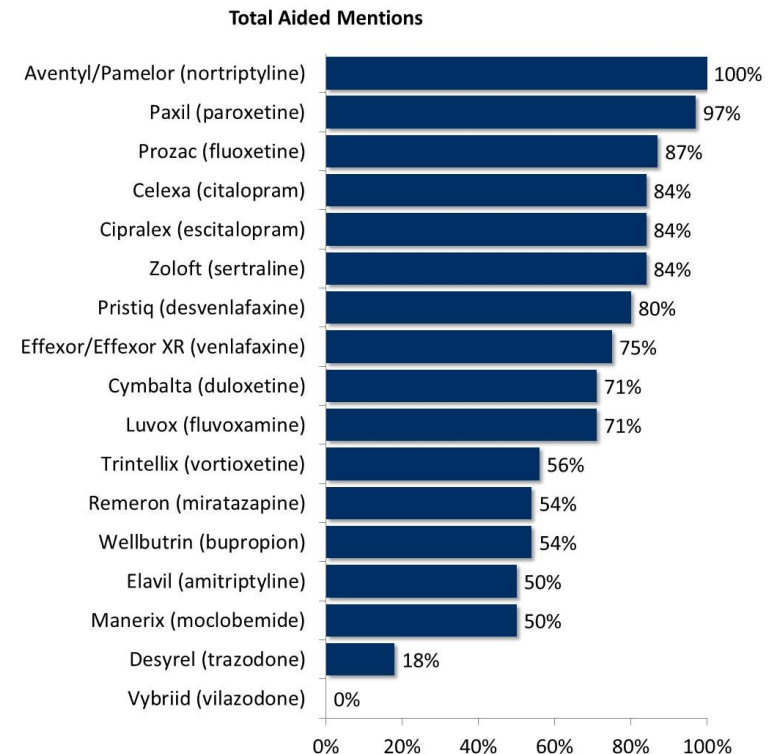
Q.23: I would now like to ask you about the medication you are taking for depression. Earlier you told you have used [MEDICATIONS]. Please indicate: 1) the order you took each in. (n=119)

# Replacement Medications

*Most antidepressant drugs examined were used as replacement medications.*

- All reporting to have used **Aventyl/Pamelor** indicate this drug was a **replacement** to their primary medication. Similarly, nearly all of those who use Paxil report this to be a replacement medication.
- **Prozac, Celexa, Cipralex, Zoloft, Pristiq**, and **Effexor/Effexor XR** were also drugs that at least three-quarters of respondents reported to be a replacement antidepressant, while slightly fewer noted using **Cymbalta** and **Luvox** as replacements to their prior therapy.
- **Trintellix, Remeron, Wellbutrin, Elavil**, and **Manerix** were replacement medications for at least one-half of respondents, while far fewer report **Desyrel** as a replacement therapy. (Table 23)

## Taking Medication as Replacement for Primary Medication



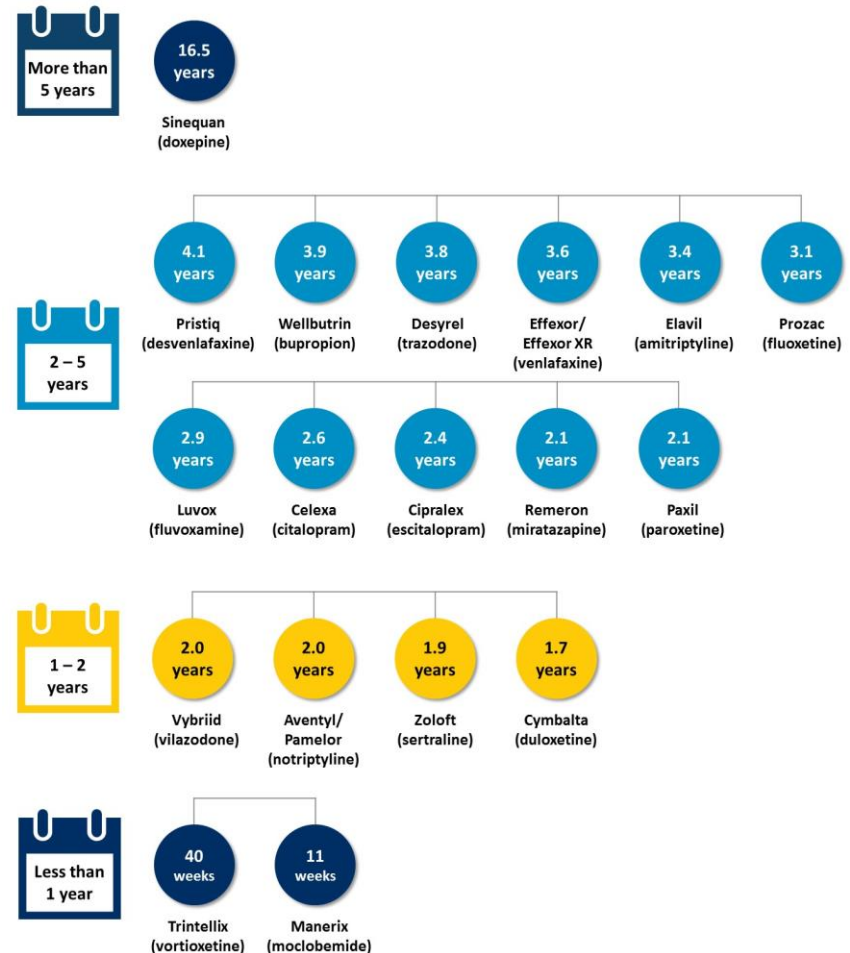
Q.23: I would now like to ask you about the medication you are taking for depression. Earlier you told you have used [MEDICATIONS]. Please indicate: 3) whether it was an add-on to the prior therapy or a replacement of the prior therapy? [Percentage of respondents taking medication as a replacement for, as opposed to an add-on with, their primary medication]. (n=119)

# Duration of Antidepressant Usage

**Overall, Sinequan is only drug respondents report to have been on for more than a decade.**

- Across all antidepressant drugs examined, only one drug was reported to have an average use of over five years. Specifically, the average length of time reported for those using **Sinequan** was 16.5 years.
- Pristiq, Wellbutrin, Desyrel, Effexor/Effexor XR, Elavil, Prozac, Luvox, Celexa, Cipralex, Remeron, and Paxil** were each reported to be taken for a period of two to five years, on average, while **Vybriid, Aventyl/Pamelor, Zoloft** and **Cymbalta** were used for a slightly shorter period of time.
- Finally, **Trintellix** and **Manerix** are each reported to have been used for less than one year, on average. (Table 23)

## Average Time Medication Taken



Q.23: I would now like to ask you about the medication you are taking for depression. Earlier you told you have used [MEDICATIONS]. Please indicate: 2) how long you were on each before you took the next one. [Average time in weeks that each medication has been taken]. (n=119)

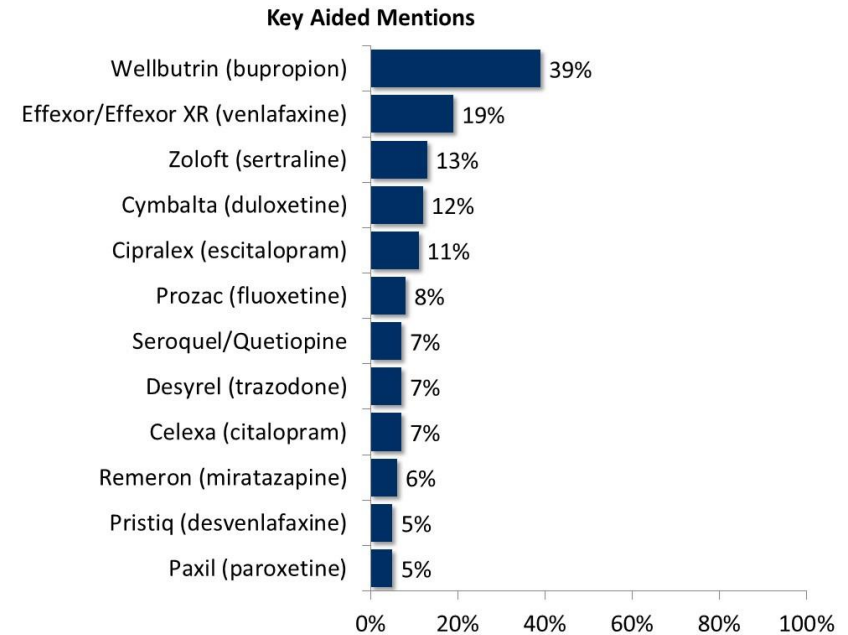


# Current Antidepressants

**Currently, Wellbutrin is the most common antidepressant used.**

- When asked to specify which antidepressant medications they are currently taking, **Wellbutrin** is noted most often, distantly followed by **Effexor/Effexor XR**.
- Zoloft**, **Cymbalta**, and **Ciprallex** are each mentioned by just over one in ten respondents, while fewer report using **Prozac**, **Seroquel/Quetiopine**, **Desyrel**, **Celexa**, **Remeron**, **Pristiq**, and **Paxil** as part of their current treatment. All other antidepressant drugs were each mentioned by fewer than five percent of respondents. (Table 24)

## Antidepressants Currently Taking



Q.24: Which antidepressants are you taking right now? (n=119)

# Current vs. Past Use

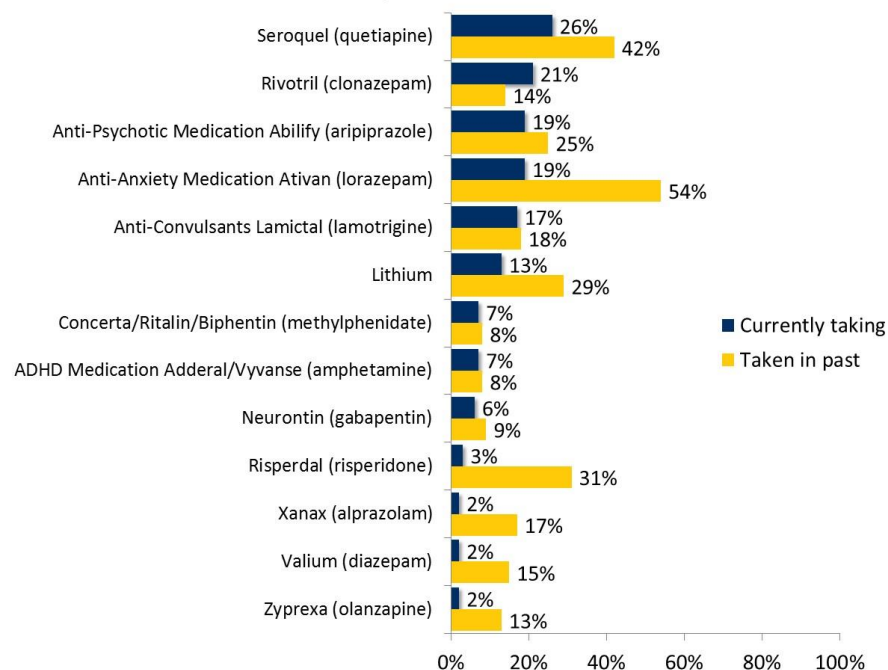
**Compared to the past, far fewer report taking Ativan, Seroquel, Lithium, Risperdal, Xanax, Valium and Zyprexa.**

- While more than one-half of respondents have used **Ativan** in the past, only two in ten report currently taking this medication.
- Similarly, reported usage of **Seroquel, Lithium, Risperdal, Xanax, Valium, and Zyprexa** has declined, with far fewer respondents indicating that they currently take each type of medication.
- Conversely, slightly more respondents report currently taking **Rivotril** than what was reported in the past. (Tables 25a-b)

## Other Medications Taken Now or in Past to Treat

### Depression

#### Key Aided Mentions



Q.25a-b: Which, if any, of the following medications listed below are you taking now, and which have you ever taken in the past to treat your depression? (n=119)



Executive  
Summary

Treatment  
Resistant  
Depression

Experience  
with  
Depression

Facility &  
Service  
Usage

Medication  
History

**Perceptions**

Somatic  
Treatments

Respondent  
Profile



# Perceptions Regarding Depression

**Currently, respondents feel depression is taken less seriously than it should be, with many experiencing difficulty accessing mental health services.**

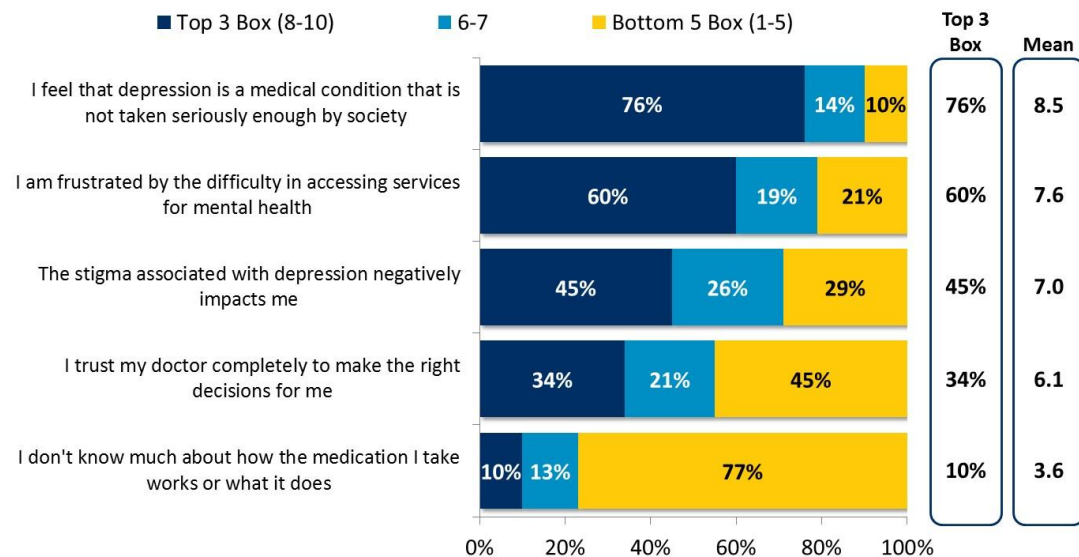
In order to better gauge perceptions and personal outlook concerning TRD, respondents were asked their level of agreement for a series of 19 statements, using the same 10-point scale, whereby '1' is *disagree very strongly* and '10' is *agree very strongly*.

## General Perceptions

- Depression is widely regarded as a **medical condition that is not taken seriously enough by society**, and the majority of respondents appear frustrated by the **difficulty experienced in accessing mental health services**.
- There appears to be some perceived stigma regarding depression with nearly one-half of respondents strongly agreeing (scores 8-10) that the **stigma associated with depression negatively impacts them**.
- Few respondents report having full trust in their doctor's decisions related to their treatment. Indeed, while one-third strongly agree that **they trust their doctor completely to make the right decisions** for them, a slightly higher portion offer disagreement to this statement. This lack of full trust in physicians to make decisions on a patient's behalf may be in part due to respondents perceiving themselves to be knowledgeable regarding their own treatment. Indeed, only one in ten respondents strongly agree that they **don't know much about how the medication they take works or what it does**. (Tables 19a-s)

## Statements about Depression and Its Treatment

Rating on 10-pt Scale: 1=Disagree very strongly, 10=Agree very strongly



Q.19a-s: Here are some statements about depression and its treatment. Please indicate how much you agree or disagree with each using a scale of 1-10 where 1 means you disagree very strongly with the statement and 10 means you agree very strongly with it. (n=119)

# Perceptions Regarding Depression (continued)

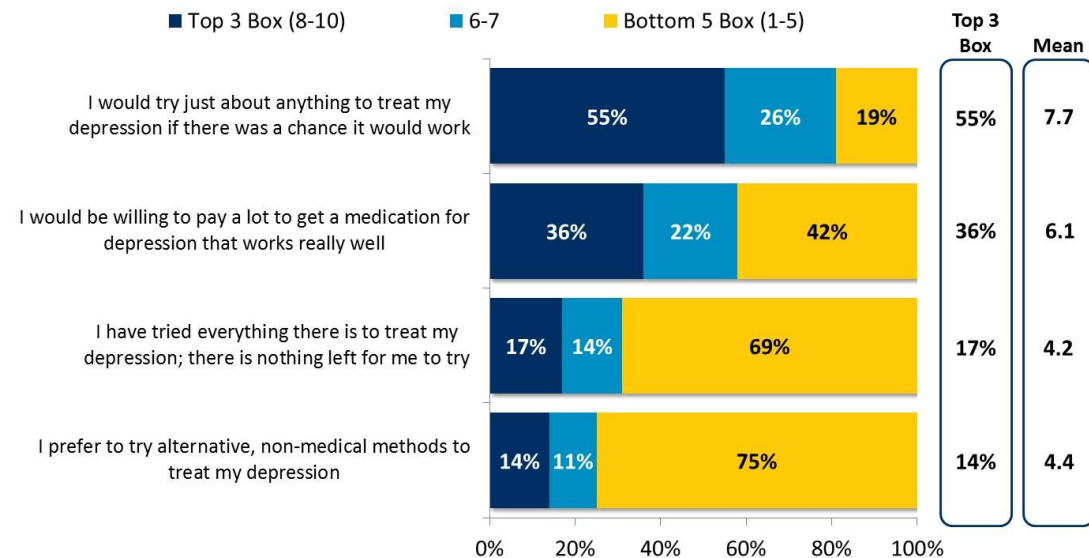
**While respondents appear open to treatment options, there are a number of factors that may impact treatment choice.**

## Treatments

- Overall, respondents appear open to various treatment options, with just over one-half of respondents strongly agreeing that they **would try just about anything to treat their depression if there was a chance it would work**. Moreover, respondents generally believe they have additional treatment options available, with fewer than two in ten offering strong agreement that they have **tried everything there is to treat their depression, with nothing left for them to try**.
- Despite a general willingness to explore treatment options, cost does appear to play a factor in a treatment choice. Indeed, while just over one-third of respondents strongly agree they would be **willing to pay a lot to get a medication for depression that really works**, a slightly higher portion disagreed with this statement.
- Moreover, there appears to be some reluctance towards alternative, non-drug remedies to treat depression, at least as a primary form of treatment. While over one in ten strongly agree that they **prefer to try alternative, non-medical methods to treat their depression**, three-quarters of respondents disagreed with this statement. (Tables 19a-s)

## Statements about Depression and Its Treatment

Rating on 10-pt Scale: 1=Disagree very strongly, 10=Agree very strongly



Q.19a-s: Here are some statements about depression and its treatment. Please indicate how much you agree or disagree with each using a scale of 1-10 where 1 means you disagree very strongly with the statement and 10 means you agree very strongly with it. (n=119)

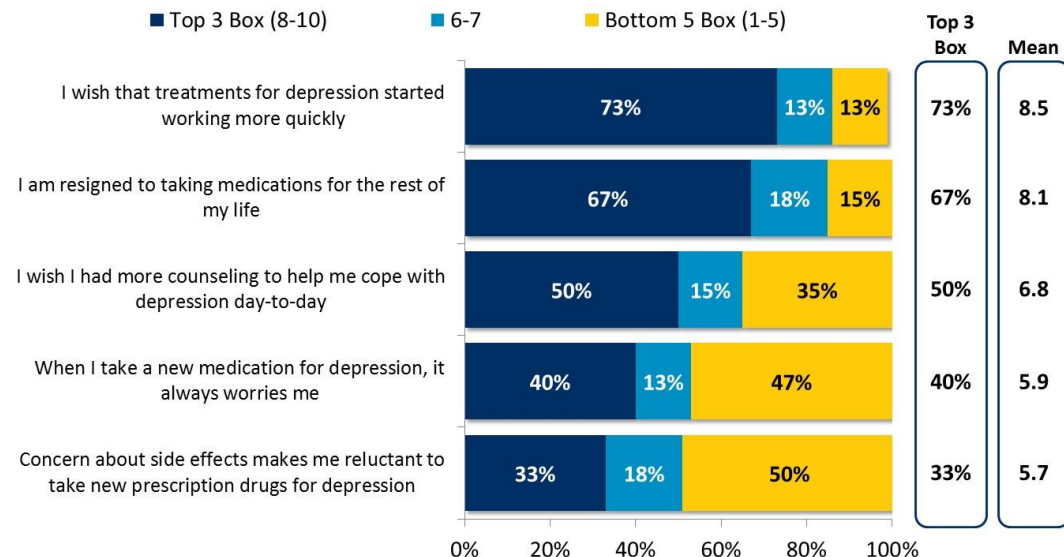
# Perceptions Regarding Depression (continued)

## Treatments (cont.)

- Overall, survey respondents generally seem accepting of long-term antidepressant use, with two-thirds of respondents strongly agreeing (scores 8-10) that they are **resigned to taking medications for the rest of their lives**. That said, there is clear desire for more **fast-acting treatment options**, with nearly three-quarters of respondents strongly agreeing that they wished anti-depression treatments started working more quickly.
- Respondents appear to have mixed levels of concern regarding new antidepressant drugs. While four in ten respondents strongly agree that **it always worries them when they take new medication**, a slightly higher portion disagreed with this statement.
- Further, one-third of respondents strongly agree that their **concerns regarding side effects make them reluctant to take new anti-depressant drugs**.
- One-half of respondents strongly agree that they **wish they had more counselling to help them cope with day-to-day symptoms**. (Tables 19a-s)

## Statements about Depression and Its Treatment

Rating on 10-pt Scale: 1=Disagree very strongly, 10=Agree very strongly



Q.19a-s: Here are some statements about depression and its treatment. Please indicate how much you agree or disagree with each using a scale of 1-10 where 1 means you disagree very strongly with the statement and 10 means you agree very strongly with it. (n=119)

# Perceptions Regarding Depression (cont.)

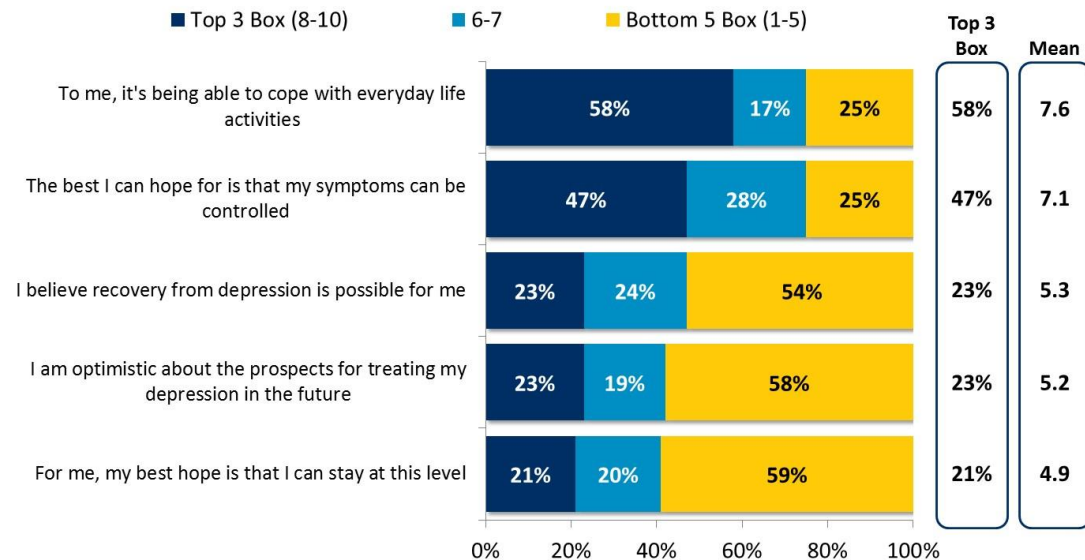
**Overall, respondents appear to have limited expectations and optimism regarding their future treatments.**

## Goals

- Six in ten respondents strongly agree that their treatment is about **being able to cope with everyday life activities**.
- In terms of the future, respondents appear to hold limited optimism. Just under one-quarter of respondents strongly agree that they **believe recovery from their depression is possible**, while the same portion offer this level of agreement that they are **optimistic about future prospects for treating their depression**. Conversely, more than one-half of respondents disagreed with each of these statements.
- Finally, just under one-half of respondents strongly agree that the **best they can hope for is that their symptoms can be controlled**. That said, fewer than one-quarter feel that their **best hope is that they can stay at their current level**. (Tables 19a-s)

## Statements about Depression and Its Treatment

Rating on 10-pt Scale: 1=Disagree very strongly, 10=Agree very strongly



Q.19a-s: Here are some statements about depression and its treatment. Please indicate how much you agree or disagree with each using a scale of 1-10 where 1 means you disagree very strongly with the statement and 10 means you agree very strongly with it. (n=119)

# Personal Goals Related to Treatment

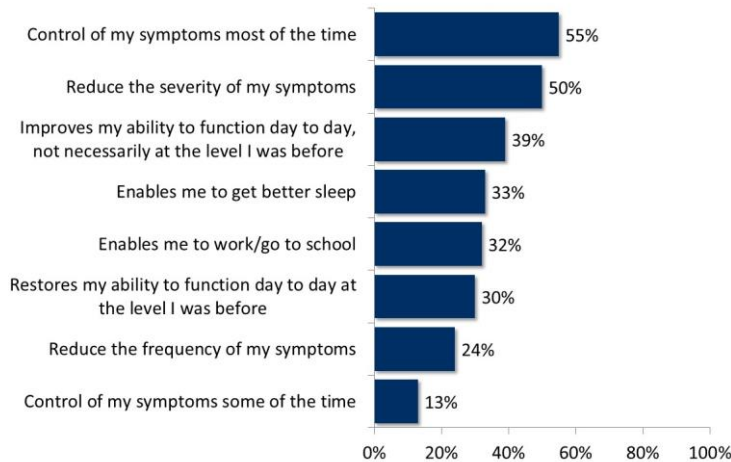
**Respondents report a variety of personal and realistic goals related to their treatment.**

After identifying the antidepressants currently part of their treatment plan, respondents were asked to indicate which statements best describes their personal goals related to their treatment.

- Having their ***symptom being generally under control*** and ***reducing the severity of their symptoms*** are personal goals reported by at least one-half of respondents, while fewer cite ***improving day-to-day functioning (albeit not to the same level as before)***, ***getting better sleep***, ***going back to school/work***, and ***restoring day-to-day functioning***. One-quarter of respondents indicate ***reducing the frequency of their symptoms*** to be one of their personal goals, while ***controlling their symptoms even just some of the time*** is a primary goal for just over one in ten respondents.

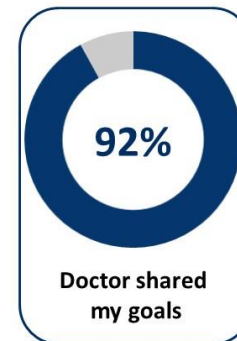
## Personal and Realistic Goals Hoping to Achieve from Current Depression Medication

Key Aided Mentions



Q.26: Thinking about all the medications you are currently taking to treat your depression, which of the following best describes your personal goals for it, by which we mean what you are realistically hoping to achieve? You may select up to 3 answers. If what is appropriate for you is not listed, please type it in the "others" box provided. (n=119)

## Doctor's Agreement with Personal Goals



Q.27: Was your doctor in agreement with you personal goals or did he/she have different goals in mind? (n=119)

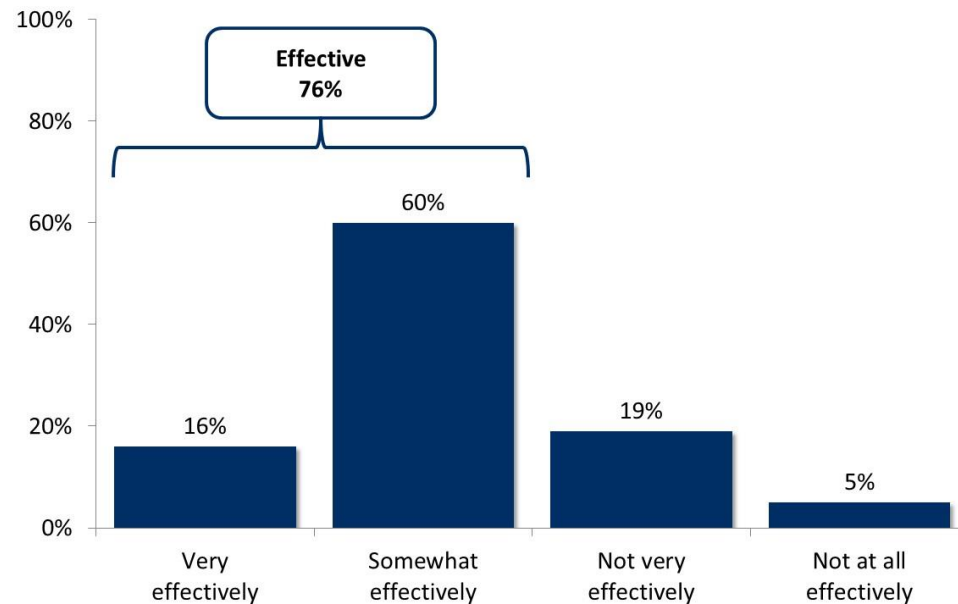
Overall, nearly all respondents report that their personal goals in relation to their treatment are shared with their physician

# Perceived Effectiveness of Current Therapy

**Overall, the vast majority of respondents offer moderate reviews regarding the effectiveness of their current therapy.**

- While three-quarters of respondents consider their current therapy to be effective, to some degree, few deem it to be *very effective* in meeting their goals. Conversely, one-quarter consider their current therapy to be *not very effective* or *not at all effective*. (Table 28)

## Effectiveness of Current Therapy for Meeting Goals



Q.28: And how effectively does your current therapy meet your goals? (n=119)

Residents in Central Canada are most likely to deem their current therapy as being effective, to some degree (Central: 84% vs. West: 65% and Atlantic: 67%)

# Overall Satisfaction with Current Therapy

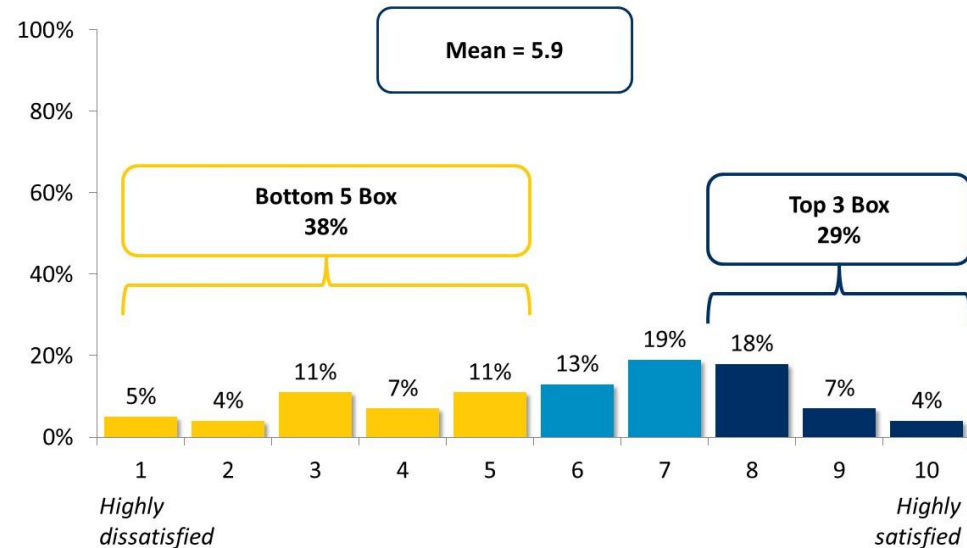
**Overall, respondents report moderate levels of satisfaction with their current therapy.**

- Only three in ten report high levels of satisfaction (scores 8-10) with their current therapy, while an additional one-third report more moderate levels of satisfaction. Alternatively, just under four in ten are unsatisfied with their current therapy. (Table 29)

Levels of satisfaction with current therapy are generally consistent across regions

## Satisfaction with Current Therapy

Rating on 10-pt Scale: 1=Highly dissatisfied, 10=Highly satisfied



Q.29: Overall, how satisfied are you with your current therapy? Please use a 1-to-10 scale, where 1 means 'highly dissatisfied' and 10 means 'highly satisfied'.

Executive  
Summary

Treatment  
Resistant  
Depression

Experience  
with  
Depression

Facility &  
Service  
Usage

Medication  
History

Perceptions

**Somatic  
Treatments**

Respondent  
Profile

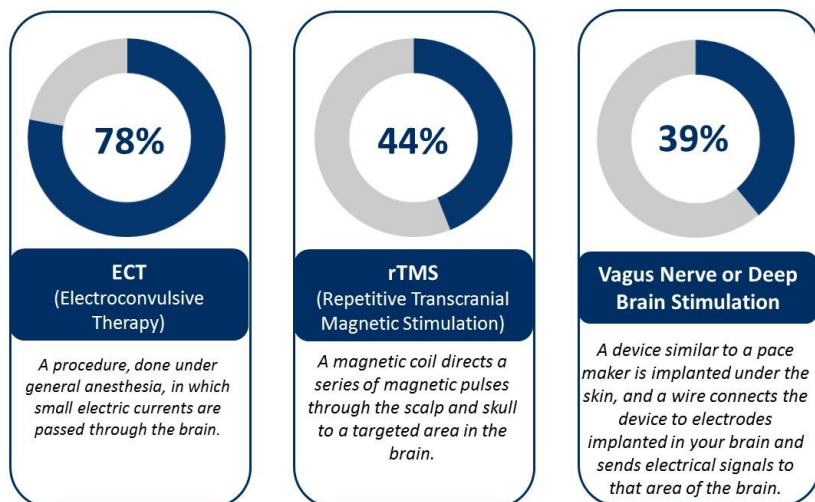


# Somatic Treatments

**While awareness of ECT as an alternative treatment for depression is strong, few report having ever used ECT to treat their own depression. Awareness of rTMS and Vagus Nerve is more moderate, with few having undergone either treatment.**

- Awareness of **ECT** is strong, with more than three-quarters of respondents report having heard of this alternative treatment for depression. Despite strong awareness, only one in ten respondents state they have used **ECT** in the past, while few report currently undergoing the procedure. (Table S7a& S8a)
- Awareness of **rTMS** and **Vagus Nerve/Deep Brain Stimulation** is more moderate, with approximately four in ten respondents having heard of each non-drug treatment type. That said, just under two in ten respondents report having either taken **rTMS** in the past or currently undergoing this form of treatment, while usage of **Vagus Nerve** is rare. (Tables S7b-c & S8b-c)

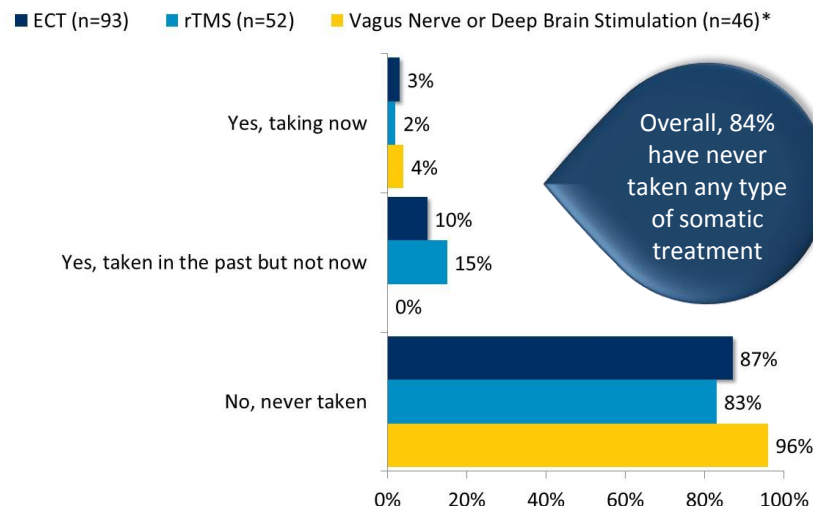
## Heard of ... % Saying 'Yes'



Q.S7a-c: Have you heard of the following non-drug treatments for depression? Please answer yes or no to each. (n=119)

## Non-Drug Treatments Taken Now or in Past

Among Those Who Have Heard of Corresponding Treatment



Q.S8a-c: [IF 'YES' IN Q.S7A-C] Are you taking now, or have you taken in the past, any of the following non-drug treatments?

\*Caution: Small sample size.



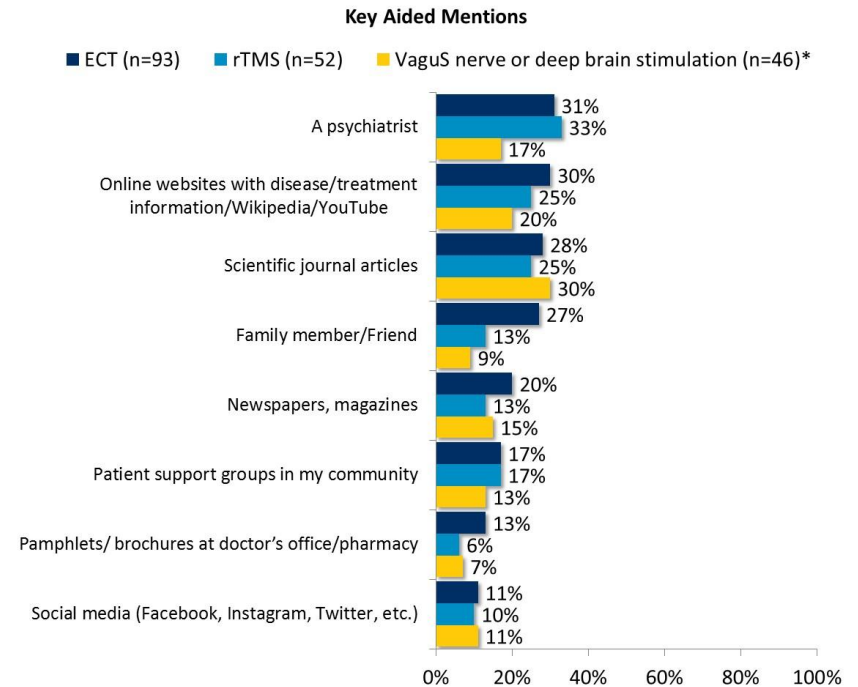
# Somatic Treatments *(continued)*

*Those aware of somatic treatments report learning about these options from a variety of sources.*

For each somatic treatment type respondents were aware of, respondents were asked to identify where they first learned about the treatment.

- Across all three somatic treatments evaluated, there is no one clear information source whereby the majority of respondents first learn about such treatment. Indeed, across all three forms of treatment, no one source is mentioned by more than one-third of respondents.
- That said, a **psychiatrist**, **online websites** and **scientific journals** are most commonly mentioned, regardless of treatment type. More than one-quarter of respondents aware of **ECT** also report learning about this treatment through **family members/friends**. (Table 30)

## Sources of Information about Somatic Treatments



Q.30: Earlier you told us you had heard of [ECT/rTMS/VAGUS NERVE OR DEEP BRAIN STIMULATION] as non-drug treatment for depression. For the purpose of the rest of this interview we will refer to this as "somatic" therapy. From what sources have you heard about these somatic treatments and from where did you first hear about it/them? Select all that apply.

\*Caution: Small sample size.

Those currently taking ECT or having used ECT in the past (n=12) were asked a series of questions regarding their personal experience.

- Of the few that had experienced ECT, all reported to have discussed it with their psychiatrist prior to treatment, while several had discussions with a spouse, friend or other family members.
- Respondents were then asked to indicate which of the five outlined reasons triggered their decision to try ECT. As outlined in the word cloud below, this decision was most commonly prompted due to an ineffective prior drug therapy, being told it would be an effective treatment option, and physician recommendation. On average, respondents using ECT report receiving 13.3 treatments. (Table 31-33)

## Electroconvulsive Therapy (ECT)

Among Those Who Are Currently Taking or Have Taken ECT in the Past

I was experiencing side effects with prior drug therapy  
I was told it would effectively treat my depression  
**Prior drug therapy was not working**  
**Doctor recommended I try it**  
Suicidal/Suicide attempts

(Average)  
ECT  
treatments  
received  
**13.3**

Q.32: [IF 'YES' IN Q.S8A] What triggered the decision for you to try ECT (Electroconvulsive Therapy)? / Q.33: [IF 'YES' IN Q.S8A] How many treatments of ECT (Electroconvulsive Therapy) did you receive? (n=12)\*

\*Caution: Small sample size.



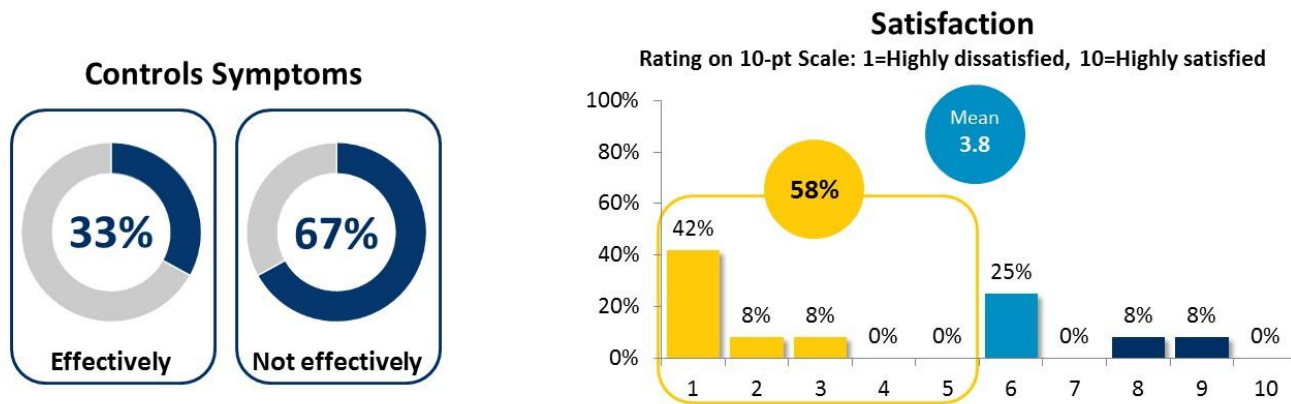
# ECT (continued)

**ECT was deemed to have limited effectiveness for the few who tried this treatment.**

- Overall, only a minority of respondents who tried ECT found this treatment to be either *very* or *somewhat effective*, and most were generally dissatisfied with the treatment due to the **associated side effects** and/or the fact that it **did not improve their symptoms**. (Tables 34-35)
- Note, a small sample size warrants caution in the interpretation of these results.*

## Electroconvulsive Therapy (ECT)

Among Those Who Are Currently Taking or Have Taken ECT in the Past



Q.34: [IF 'YES' IN Q.S8A] How effectively did ECT (Electroconvulsive Therapy) control your symptoms? / Q.35: [IF 'YES' IN Q.S8A] And overall, how satisfied are/were you with ECT (Electroconvulsive Therapy)? Please use a 1-10 scale, where 1 means 'highly dissatisfied' and 10 means 'highly satisfied'. (n=12)\*

\*Caution: Small sample size.

Those currently taking rTMS or have used rTMS in the past (n=9) were also asked a series of questions regarding their personal experience.

- Of the few that had experienced rTMS, all reported to have discussed it with their psychiatrist prior to treatment, while two or three respondents had discussions with their family physician or spouse.
- Respondents were also asked to indicate what promoted their decision to try rTMS. As outlined in the word cloud below, this decision was most commonly prompted due to physician recommendation, an ineffective prior drug therapy, and being told it would be an effective treatment option. On average, respondents using rTMS report receiving 26.7 treatments. (Table 31-33)

## Repetitive Transcranial Magnetic Stimulation (rTMS)

Among Those Who Are Currently Taking or Have Taken rTMS in the Past

Prior drug therapy was not working  
Doctor recommended I try it  
I was told it would effectively treat my depression  
I was experiencing side effects with prior drug therapy

(Average)  
rTMS  
treatments  
received  
**26.7**

Q.38: [IF 'YES' IN Q.58B] What triggered the decision for you to try rTMS (Repetitive Transcranial Magnetic Stimulation)? / Q.39: [IF 'YES' IN Q.58N] How many treatments of rTMS (Repetitive Transcranial Magnetic Stimulation) did you receive (n=9)\*\*

*\*Due to rounding. \*\*Caution: Small sample size.*



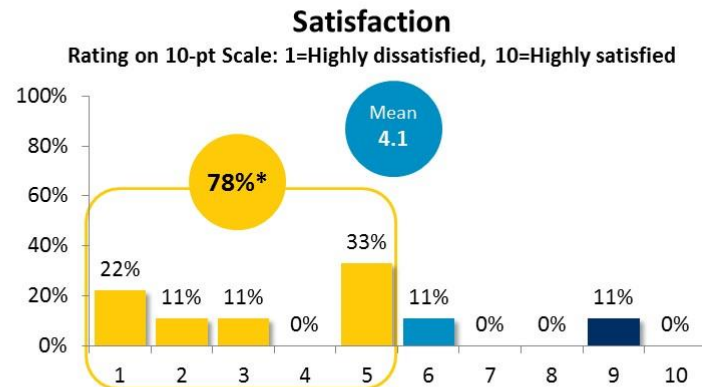
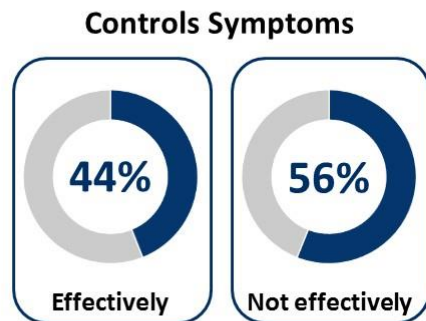
# rTMS (continued)

**Respondents offered mixed opinions regarding the effectiveness of rTMS; however, most were unsatisfied with their treatment overall.**

- While respondents were nearly evenly split regarding the effectiveness of rTMS, most were dissatisfied with the treatment. **Failure to improve symptoms** and **being too far to travel for treatment** were the most common reasons for dissatisfaction. (Tables 41-42)
- Note, a small sample size warrants caution in the interpretation of these results.*

## Repetitive Transcranial Magnetic Stimulation (rTMS)

Among Those Who Are Currently Taking or Have Taken rTMS in the Past



Q.40: [IF 'YES' IN Q.S8B] How effectively did rTMS (Repetitive Transcranial Magnetic Stimulation) control your symptoms? / Q.41: [IF 'YES' IN Q.S8A] And overall, how satisfied are/were you with ECT (Electroconvulsive Therapy)? Please use a 1-10 scale, where 1 means 'highly dissatisfied' and 10 means 'highly satisfied'. (n=9)\*\*

*\*Due to rounding. \*\*Caution: Small sample size.*



# Reasons for Not Trying Somatic Treatments

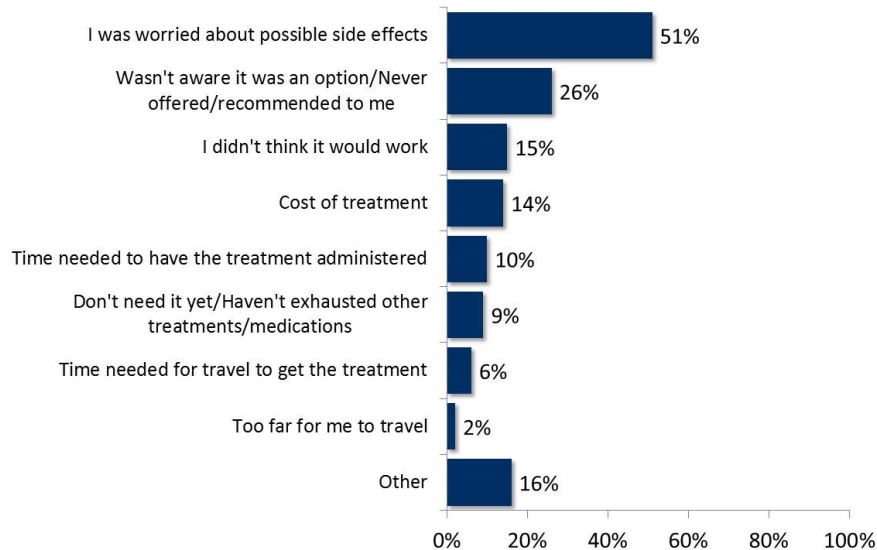
**Concerns regarding side effects is the most common reason respondents have not tried ECT, while a lack of awareness appears to be the greatest barrier for considering rTMS.**

Those who had not tried the various somatic treatment options were asked to cite their reason for not having done so.

- For those who had not tried ECT (n=81), **concern over possible side effects** was the most common justification, distantly followed by a **lack of awareness/not having it as a proposed treatment option**. **Scepticism regarding its effectiveness, cost of treatment** and **time concerns related to administration** were also cited as reasons for not trying ECT by at least one in ten respondents.
- For those who had not tried rTMS (n=43), a **lack of awareness/not having it as a proposed treatment option** was the most common justification, distantly followed by **scepticism regarding its effectiveness**. Just over one in ten reported they had not tried rTMS due to **cost of treatment**.  
(Tables 43-44)

## Reasons for Not Trying ECT

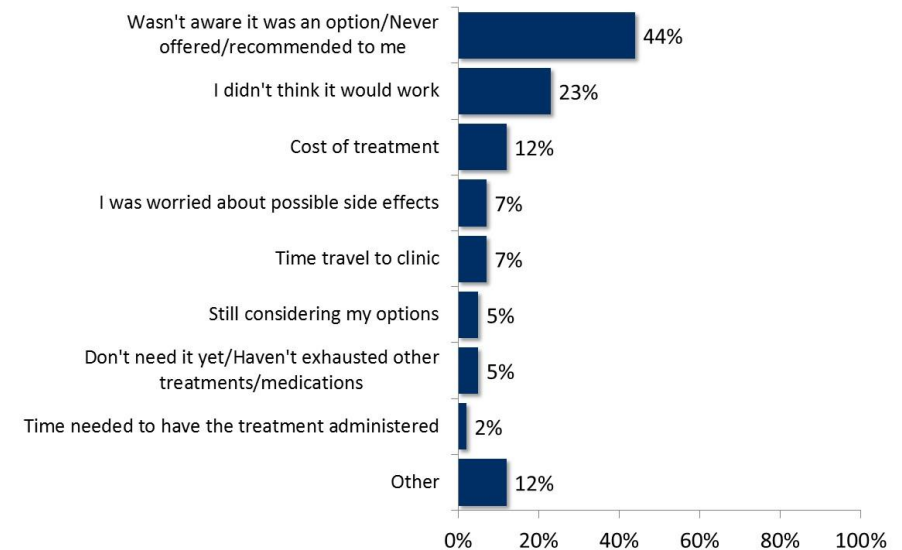
Total Aided Mentions Among Those Who Are Not Currently Taking or Previously Taken ECT



Q.43: [IF 'NO' IN Q.58A] For what reasons have you not tried ECT (Electroconvulsive Therapy) before? (n=81)

## Reasons for Not Trying rTMS

Total Aided Mentions Among Those Who Are Not Currently Taking or Previously Taken rTMS



Q.44: [IF 'NO' IN Q.58B] For what reasons have you not tried rTMS (Repetitive Transcranial Magnetic Stimulation) before? (n=43)\*

\*Caution: Small sample size.

Executive  
Summary

Treatment  
Resistant  
Depression

Experience  
with  
Depression

Facility &  
Service  
Usage

Medication  
History

Perceptions

Somatic  
Treatments

**Respondent  
Profile**

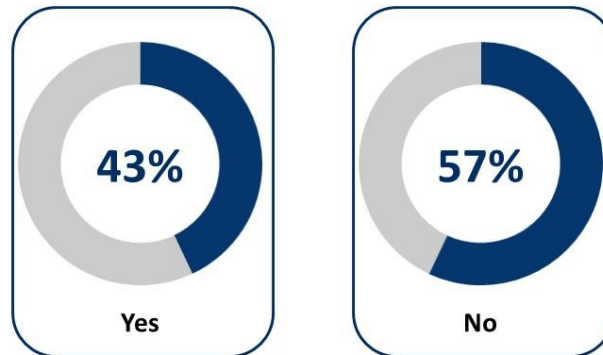


# Day-to-Day Living Assistance

***A large minority of those surveyed have someone assist them with day-to-day living.***

- More than four in ten of those living with TRD report having someone that either lives with them, or with whom they have a close relationship with, that helps them with the necessities of day-to-day living. A slight majority report having no such assistance.
- Across regions, those in Central Canada were most likely to report having assistance. (Table 48)

## Someone Currently Helps with Necessities of Day-to-Day Living



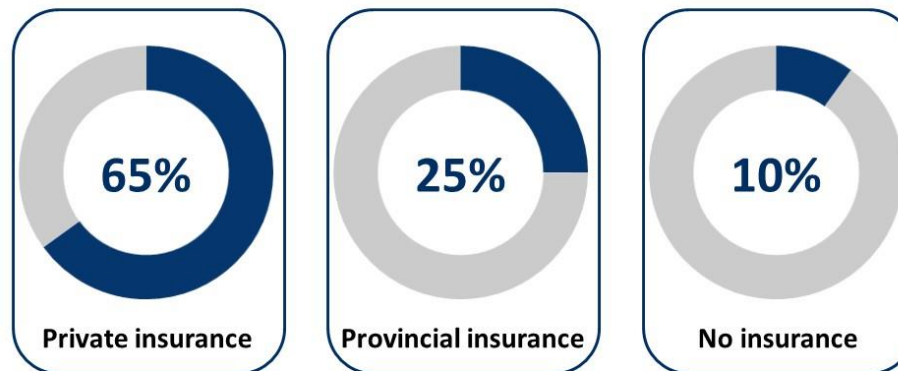
Q.48: Does someone you live with, or with whom you are close, currently help you with the necessities of day-to-day living? (n=119)

# Insurance

*Most of those surveyed have private insurance to cover their prescription medication costs.*

- At the time of the survey, two-thirds of respondents reported having **private insurance**, while one-quarter indicated that all, or the bulk, of their medication costs were covered by **provincial insurance**. Alternatively, one in ten reported to have no insurance to cover their prescription costs. (Table 49)

## Insurance for Prescription Medications



Q.49: What kind of insurance, if any, do you have to cover the costs associated with prescription medications? If you have more than one type of insurance, please indicate which one covers the majority of your medication costs. (n=119)

# Demographics

The following outlines a breakdown of key demographics of respondents.



	(n=119)
<b>Gender</b>	
Female	82%
Male	17%
Self-identify	1%
<b>Age</b>	
18-34	18%
35-49	34%
50+	49%
<b>Live with</b>	
Spouse	42%
No-one, I live by myself	33%
Children	28%
Parents	12%
Friends	6%
Other family	4%



	(n=119)
<b>Employment Status</b>	
Employed	43%
Unemployed but looking for a job	8%
Unemployed and not looking for a job/Long-term sick or disabled	34%
Full-time parent/homemaker/Retired/Student	15%
<b>Highest Level of Education Completed</b>	
Less than high school	3%
High school	3%
Some college/university	22%
College/University	49%
Post graduate degree	23%
<b>Primary Mode of Transportation</b>	
I drive myself	66%
I take public transport	22%
Someone drives me	11%

