Assessment of Methods and Endpoints for Rapid Acting Anti-Depressants
(RAAD working group)
Copenhagen, Denmark
7 September 2019

The RAAD working group had previously identified two primary objectives:

- A. Create a working definition of RAAD and related elements and establish recommended standards for use of established rating scales;
- B. Define objectives for development of new tools/instruments for evaluation of Rapid Acting Antidepressants (RAADs).

In the working group chaired by Drs. Ballard and Yavorsky the discussion focused primarily on the first objective. There was consensus that even if compounds were "rapid-acting" on certain symptoms of depression, there compounds could not in fact be considered rapid-acting antidepressants if the consideration was placed on the specific diagnostic criteria for depression and its remission. There was further discussion as to what time period could be considered rapid-acting:

- Utilization of the FDA criteria for rapid-acting (1-week, see attached FDA document)
- Clinical observation of individual patient improvement
- Rapid-acting compared to the standard anti-depressant treatment
- Other use cases such as rapid alleviation of severe symptoms/suicidality

The rapid-acting definition became bifurcated with the recognition that there needed to be two understandings of what this implies: rapid symptom alleviation and/or rapid depressive disorder reduction and that these are two distinct but important categorical considerations.

Insofar as the second objective, this was shaped by the discussion of the first and the use of the MADRS or HAMD. There was general agreement that there were particular items that were not useful in the context of RAADs. These items with the least utility were primarily somatic symptoms on the HAMD and sleep and appetite items on the MADRS.

In terms of novel measurements for the assessment of RAADs, a group at King's College has been developing the Maudsley Visual Analogue Scales (MVAS) which assess quality of mood, experience of pleasure and suicidal thoughts. Suggestions also included hybrid clinical and electronic measurements that are gaining further acceptance in the clinical trial space though none are being used as official endpoints at this time.

Furthermore there appeared to be consensus around point 4 of objective B: Real time or near-real time assessment. When possible, some new assessment tools should strive to move beyond retrospective evaluation (i.e. self-report or clinician assessments of past week) and strive for more real-time or near-real time evaluation methods. The use of ecological momentary assessment and similar techniques show meaningful promise in evaluation of RAADs.