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### **Introduction and Objective**

Depressive disorders have the highest inpatient utilization rates in German health care. The aim of this study was to evaluate response, remission and non-response rates as well as predictors of response in depressive inpatients.

### **Methods:**

Consecutively admitted inpatients with a depressive episode (F32.0-2, F33.0-2) were assessed at admission and at discharge for depression (Beck depression inventory II, BDI-II) and general psychopathology (Brief Symptom Inventory, BSI). Most frequent cause for admission was non-response to prior outpatient treatment.

### **Results**

A total of 2323 inpatients with depression (M=48.02 years, SD=11.79) was included. 46.7% of patients received concomitant antidepressants. Mean duration of inpatient treatment was 53.16 days (SD=23.31). For completers, BDI-II decreased from 29.36 (SD=9.36) at admission to 14.00 (SD=10.96) at discharge (Effect size: 1.64). Response rates were 75.5% (BDI-II) and 68.7% (BSI) and remission rates 62.2% (BDI-II) and 40.8% (BSI). Non-response rates, also including minor responders, varied between 23.4% (BDI-II) and 27.4% (BSI). A comparison between patients with and without concomitant antidepressants showed a significant time and group effect, but no significant interaction effect.

Responders showed significantly higher depressive symptoms (BDI-II) and higher scores on the scales anxiety and phobic anxiety (BSI) at admission. They had fewer inpatient pretreatments before index admission. Furthermore, therapy motivation was identified as predictor for response.

### **Conclusions**

The results demonstrate that about two thirds of depressive patients show response after a multimodal inpatient treatment. Future studies should focus on early identification of non-responders as well as on the development of treatment strategies for these patients.