DESVEREN™

Desvenlafaxine Extended Release Tablets
50 mg & 100 mg

Description:

DESVEREN contains Desvenlafaxine extended release tablets of 50 mg and 100 mg. Desvenlafaxine is a structurally novel SNRI for the treatment of MDD. Desvenlafaxine (O-desmethylvenlafaxine) the major active metabolite of venlafaxine, is an antidepressant from the serotonin-norepinephrine reuptake inhibitor (SNRI class). Desvenlafaxine may be used to treat major depressive disorder and is being studied for use in the management of vasomotor symptoms in postmenopausal women.

Mechanism of Action:

Desvenlafaxine, the major active metabolite of venlafaxine, is a selective serotonin and norepinephrine reuptake inhibitor. The clinical effect of desvenlafaxine is thought to occur via potentiation of serotonin and norepinephrine in the central nervous system. Unlike venlafaxine, desvenlafaxine is thought to have a differential serotonergic and noradrenergic activity profile.

Indication:

★ Desvenlafaxine is indicated for the treatment of major depressive disorder in adults.

★ Anxiety & Depression.

Dosage:

The recommended dose for DESVEREN is 50 mg once daily. In clinical studies, doses of 50 mg to 400 mg per day were shown to be effective.

Administration:

It comes as extended release tablets and to be taken by mouth with or without food.

Presentation:

Available as strip of 10 tablets.

Storage:

Store at 15-30°C.

For the

Unseen Wounds

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I am: _____
Call me on: _____
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La Renon®

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Background:

★ Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depressive disorders include major depressive disorder (MDD); dysthymia; and subsyndromal depression, including minor depression.

★ According to American Psychiatric Association, MDD is defined by the experience of depressed mood or loss of pleasure or interest along with other symptoms, including significant change in weight or appetite, insomnia or hypersomnia, psychomotor agitation or retardation nearly every day, fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, indecisiveness or decreased ability to concentrate, and recurrent thoughts of death or suicide, that last for at least 2 weeks and affect normal functioning.

★ Dysthymia is less severe, but symptoms last for 2 or more years. In contrast, subsyndromal depression is associated with less severe symptoms of depression that do not qualify for MDD or dysthymia diagnoses.[1]

Few Facts & Figures:

★ WHO-Report 2015: Globally, approximately 350 million people of all ages suffer from depression.

★ In India overall prevalence of depression is 15.9%.[2]

★ WHO Report 2015: Over 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds.

★ 1-6% of children and adolescents have major depressive disorder (MDD), with lifetime prevalence ranging from 4-25%.[1]

★ The average age of onset for major depression is 24 years as per the recent epidemiological research, though it can begin at anytime throughout the lifespan.[2]

★ Approximately 50% of patients with MDD experience a second episode of depression within 5 to 10 years of recovery.[3]

Reference:
1. Journal of child and adolescent psychopharmacology, 2014
2. Journal of the association of physicians of india, september, 2014
3. Prim Care Companion CNS Disord. 2011; 13(2): PCC.10m00977

Clinical Effectiveness :

1) Prim Care Companion CNS Disord.; 2015:

Efficacy of Desvenlafaxine 50 mg/d versus Placebo in the Long Term Treatment of Major Depressive Disorder: A Randomized, Double Blind Trial:

Study on 874 patients, for 11 months, at 87 study sites in 14 countries worldwide, from June 2009 to March 2011.

Results:

★ At the end of the 6-month double blind treatment, improvements in depressive symptoms better maintained in the desvenlafaxine than placebo on all efficacy endpoints.

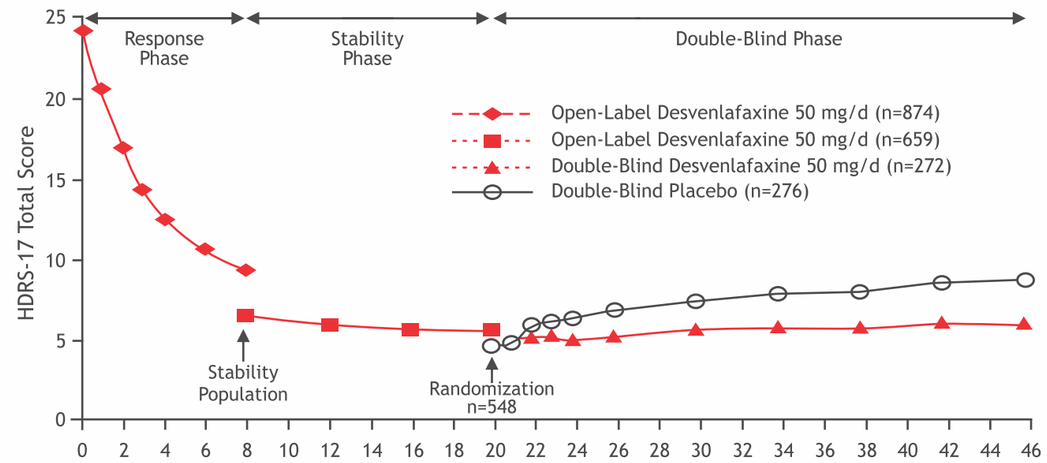
★ HDRS-17 total scores improved from a mean (SD) of 24.21 (2.82) at open label baseline to 9.29 (6.42) at week 8 (LOCF).

★ Improvements in HDRS-17 total score maintained through week 20.

★ Desvenlafaxine group, 21.8% (vs 42.9% in the placebo group) had CGI-I ratings of 5, 6, and 7 (minimally worse/much worse/very much worse).

★ Desvenlafaxine group 74.4% met criteria for remission (placebo: 54.2%).

★ WPAI and WHO-5 scores- significantly better productivity and wellbeing with continued desvenlafaxine.



Source: Prim Care Companion CNS Disord. 2015; 17(4): 10.4088/PCC.14m01711

Advantages :

★ Desvenlafaxine is safe and well tolerated in children and adolescents on long-term use for the treatment of MDD.[1]

★ Desvenlafaxine does not causes clinically significant weight change during short or Longer-term treatment of MDD.[2]

★ Desvenlafaxine also effective in relieving pain associated with DPN at doses of 200 and 400 mg/day.[3]

Reference:
1. Journal of Child and Adolescent Psychopharmacology; 24 (4): 201-209:2014
2. Prim Care Companion J Clin Psychiatry. ; 12(1): PCC.08m00746; 2010
3. Journal of Pain Research; 7:339-351: 2014