# The functional impact of major depressive disorder on patients' daily lives: a qualitative investigation of patient and clinician perspectives

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## Background

- Major depressive disorder (MDD) causes functional impairments across work, family, social, and physical domains beyond core mood symptoms.[1]
- Current treatments focus on symptom reduction but often fail to achieve functional recovery.[2]
- This study compared patient and clinician perspectives on the functional impacts of MDD and on treatment priorities.

## Methods

### Study design and participants

- This qualitative study included semi-structured, web-based interviews with 15 adults with clinician-diagnosed MDD and 5 US-licensed clinicians who treat ≥5 individuals with MDD per month.
- Eligibility criteria for adults with MDD: ≥18 years, US residents, English-speaking, ≥3 months of antidepressant use; individuals with a prior diagnosis of bipolar disorder or schizophrenia were excluded.
- Clinician eligibility: licensed to practice in the USA and treating ≥5 individuals with MDD per month.
- Eligible participants were interviewed between December 2024 and March 2025.

### Data collection and analysis

- Sixty-minute interviews covered MDD symptoms, functional impact across domains (work/school, family, daily responsibilities, physical health, social relationships, hobbies), and treatment priorities.
- Interviews were recorded and transcribed. Transcripts were deidentified and analyzed using standard qualitative methods.[3]

## Results

### Participant characteristics

- **Patients (N = 15; Table 1)**: across all 15 participants, including the 2 not taking an antidepressant at interview, an average of 3 different antidepressants had been tried previously (range, 1–8), highlighting the limitations of currently available treatment options.
- **Clinicians (N = 5; Table 2)**: most of the clinicians' patients with MDD were taking ≥1 antidepressant medication and between 50% and ≥90% of patients had comorbid anxiety.

### Symptoms of MDD

- Patients most frequently reported fatigue, sleep disturbance, cognitive difficulties (e.g., trouble concentrating and thinking), anxiety, and depressed mood as symptoms of MDD (**Figure 1**).
  - When asked which symptoms were most bothersome, the responses were varied. The most commonly reported were cognitive difficulties and lack of motivation, followed by loneliness and anxiety (**Figure 2**).
- When asked which symptoms they most wanted to see change with treatment, patients most commonly selected cognitive difficulties and anxiety, while clinicians most frequently cited fatigue, followed by depressed mood and sleep disturbance (**Figure 3**).

### Functional impacts of MDD and treatment outcome priorities

- Despite current or prior treatment with antidepressant medication, all patients and clinicians reported that MDD had a widespread impact on patients' daily lives and functioning.
- When asked how important it is to see improvement in areas of life impacted by MDD, patients most frequently rated physical health/activities, daily roles and responsibilities, and work/school life as "very important" (**Figure 4**).
  - Although only 40.0% of patients included work/school life in their top three priorities, those who did were most likely to rank it as their first-choice area for improvement (**Figure 5**).

**Table 1. Patient characteristics.**

| Characteristic | Total (N = 15) |
|---|---|
| **Age, years** | |
| Mean (SD) | 44.2 (15.4) |
| Range | 23–67 |
| **Sex, n (%)** | |
| Female | 8 (53.3) |
| Male | 7 (46.7) |
| **Race and ethnicity,[a] n (%)** | |
| African American or Black | 2 (13.3) |
| Asian or Asian American | 2 (13.3) |
| Hispanic, Latina/o, Latine, or Latinx | 2 (13.3) |
| White | 10 (66.7) |
| **Education, n (%)** | |
| Some college but no degree | 4 (26.7) |
| Technical school or associate degree | 3 (20.0) |
| College degree | 5 (33.3) |
| Professional degree | 3 (20.0) |
| **Employment status,[a] n (%)** | |
| Receiving disability | 1 (6.7) |
| Unemployed | 1 (6.7) |
| Employed full time | 6 (40.0) |
| Employed part time | 4 (26.7) |
| Student (part time or full time) | 1 (6.7) |
| Retired | 2 (13.3) |
| **Time since diagnosis, years** | |
| Mean (SD) | 18.3 (11.2) |
| Range | 5–40 |
| **Number of current antidepressant medications, n (%)** | |
| 0 | 2 (13.3) |
| 1 | 10 (66.7) |
| 2 | 2 (13.3) |
| 3 | 1 (6.7) |
| **Reasons for discontinuing past antidepressants,[a] n (%)** | |
| Side effects | 10 (66.7) |
| Lack of efficacy | 10 (66.7) |
| Personal choice | 3 (20.0) |
| Pregnancy | 1 (6.7) |

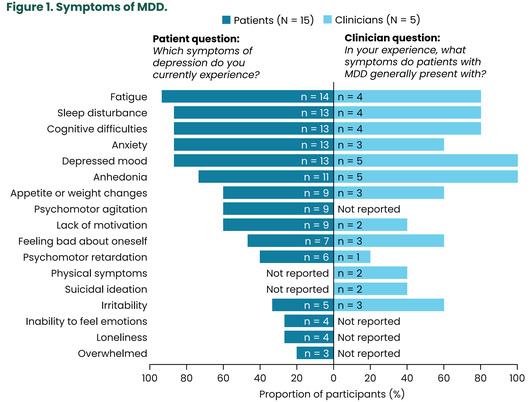
[a]Participants could select more than one response.
n, number of participants; N, total number of participants; SD, standard deviation.

**Table 2. Clinician characteristics.**

| Characteristic | Total (N = 5) |
|---|---|
| **Specialty area, n (%)** | |
| Psychiatrist | 3 (60.0) |
| Primary care physician[a] | 2 (40.0) |
| **Years practicing, mean (range)** | 17.8 (3–25) |
| **Patients with MDD,[b] mean (range)** | 128 (30–300) |
| **Type of primary practice, n (%)** | |
| Solo, independent practice | 1 (20.0) |
| Group, independent practice | 4 (80.0) |
| **Gender identity, n (%)** | |
| Female | 1 (20.0) |
| Male | 4 (80.0) |
| **Race and ethnicity,[c] n (%)** | |
| Asian or Asian American | 2 (40.0) |
| Hispanic, Latina/o, Latine, or Latinx | 1 (20.0) |
| White | 2 (40.0) |

[a]Could include internal medicine, family practice, or general practitioner. [b]Number of patients with MDD seen/managed in an average month. [c]Clinicians could select more than one response.
MDD, major depressive disorder; n, number of participants; N, total number of participants.

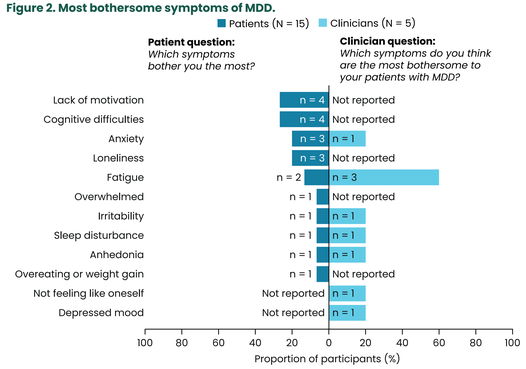
**Figure 1. Symptoms of MDD.**




Participants could select more than one symptom. Patient data include both spontaneous and probed responses. Clinician data are based on spontaneous reporting only. Cognitive difficulties included trouble thinking or concentrating. Physical symptoms reported by clinicians included general pain, headaches, and tachycardia/palpitations.
MDD, major depressive disorder; n, number of participants; N, total number of participants.

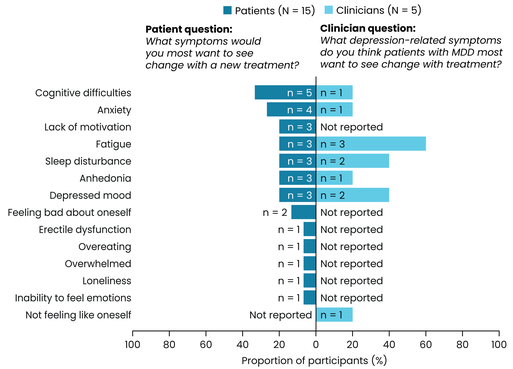
> "The thinking and concentrating [bothers me the most] … I should be able to think clearly and stay concentrated on things, but I get sidetracked so easy, and it is very aggravating because it makes it hard for learning …"

**Figure 2. Most bothersome symptoms of MDD.**



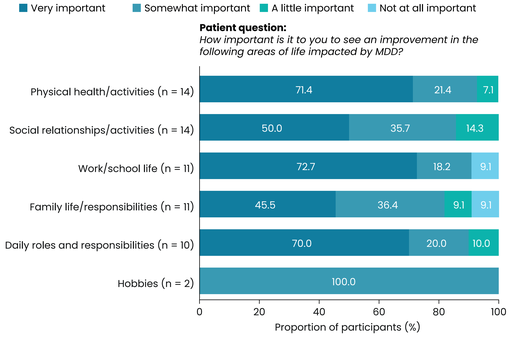

Participants could select more than one symptom.
MDD, major depressive disorder; n, number of participants; N, total number of participants.

**Figure 3. MDD-related symptoms patients most want to see change with a new treatment for depression.**




Participants could select more than one symptom.
MDD, major depressive disorder; n, number of participants; N, total number of participants.

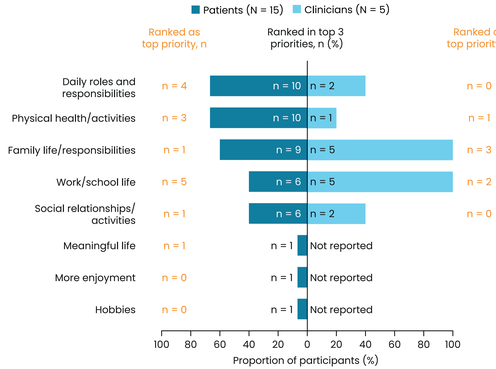
**Figure 4. Importance of changes in functional-related outcomes among participants with MDD in relation to a new treatment for depression.**




Proportions are based on the number of patients who reported each respective area as a domain in which they would like to see improvement with a new treatment for depression. MDD, major depressive disorder; n, number of participants.

> "Not having the energy, being too tired to do what needs to be done throughout the day. Do the laundry, the dishes, or whatever. Clean the house … is probably the most bothersome … because I think that's the one that [makes] me [feel] like a failure …"

**Figure 5. Ranking of importance of improvements in functional-related outcomes with a new treatment for depression.**




Participants were asked to rank which areas of their/their patients' lives would be most important to see improvements in with a new treatment for depression, then which was second most important, and third most important.
MDD, major depressive disorder; n, number of participants; N, total number of participants.

> "I could go 3 days without showering if I have no place or nothing to do, and it's kind of like, 'What's the point?' …"

## Summary

- These findings highlight the importance in targeting functional and cognitive domains in MDD beyond mood symptoms alone.
- Patients and clinicians both prioritized improvements in work/school life and daily roles and responsibilities; however, patients also emphasized improvements in physical health/activities.
- Despite receiving prior or current treatment, patients continued to experience significant functional and cognitive impairments, highlighting an ongoing unmet need for therapies that address these broader domains. Targeting these domains may help better align treatment approaches with patient experiences and improve everyday functioning.

## Disclosures

The study was funded by Neurocrine Biosciences, Inc. Medical writing support was provided by Samuel Bestall PhD of Oxford PharmaGenesis, Oxford, UK, with funding from Neurocrine Biosciences, Inc.

**CW, LA, STS,** and **NS** are full-time employees of Neurocrine Biosciences, Inc. **DD** and **KK** are full-time employees of RTI Health Solutions, an independent nonprofit research organization, which was retained by Neurocrine to conduct research, which is the subject of this publication. Their compensation is unconnected to the studies on which they work. Over the past 36 months, **MJ** has received contract research grants from Janssen Research & Development, Navitor/Supernus, and Neurocrine Biosciences, Inc.; honoraria to serve as Section Editor of the Psychiatry & Behavioral Health Learning Network and as Guest Editor for Psychiatric Clinics of North America from Elsevier; consultant fees from Boehringer Ingelheim and Janssen Scientific Affairs; fees to serve on the Data Safety and Monitoring Board for Worldwide Clinical Trials (Ellern, Invenaviga, and Skye), IQVIA, and Vicore Pharma; and honoraria for educational presentations from Clinical Care Options, H.C. Wainwright & Co., Medscape/WebMD, North American Center for Continuing Medical Education, and Physicians' Education Resource.

## References

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**Presented at the 2025 Psych Congress, September 17–21, 2025, San Diego, CA, USA**