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Depression as a Potential Confounder in Estimating Mortality Associated with Antipsychotics and Other Psychotropics

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The correspondent(s) suggest that we failed to take into account the variation in depression prevalence between the various medication user groups and matched non-users, and that our findings were therefore biased.

However, the multivariable logistic regression models we used to estimate the 180-day mortality risk included depression (see our Tables 2 and 3).¹ By including depression and other clinical variables listed in the table footnotes in the regression models, we controlled for the variation in characteristics between medication users and non-users (e.g., difference in depression prevalence), allowing us to isolate the association of a particular medication with mortality.

Although, as the correspondent notes, depression is associated with an increased risk for mortality in many studies, the Fredman et al. publication that they cite in fact “found no association between depression and two-year mortality risk among older, community adults.”² While there was an association between depression and increased mortality observed by both Byers et al.³ and Schulz et al.,⁴ these findings came over much longer periods of observation, at 7–10 years and 6 years, respectively. It is highly unlikely that comorbid depression had any influence on mortality during our short 180-day follow up period. On the other hand, our findings clearly suggest that, during a half-year period, the use of antipsychotics contributed substantially to mortality.

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Dr. Kales had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. Drs. Kim and Chiang conducted and are responsible for the data analysis.

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