BACKGROUND
SSRIs are the most common class of antidepressants prescribed by primary care physicians in the United States. Despite pharmaceutical companies’ claims, it is not known if one SSRI is more effective than another.

AIM
To compare the effectiveness of 3 SSRIs in depressed primary care patients. The name of the study is ARTIST (A Randomized Trial Investigating SSRI Treatment).

METHODS
A randomized trial of paroxetine, fluoxetine and sertraline in 573 primary care patients for whom their PCP believed that antidepressant therapy was warranted. The patients were enrolled from 2 large primary care research consortiums.

MAIN FINDINGS
No statistical differences arose between the 3 SSRIs in any of the outcomes measured. Patients who met diagnostic criteria for major depression decreased from 74% at baseline, to 32% at 3 months, to 26% at nine months. There was no difference in recovery rates between the 3 SSRIs: paroxetine 81%, fluoxetine 77%, sertraline 84%. There was no difference in completers (patients continuing initial
SSRI for 9 months) between the 3 SSRIs: paroxetine 41%, fluoxetine 50%, sertraline 43%.

CONCLUSIONS
ARTIST demonstrates equal effectiveness among the 3 SSRIs in a primary care setting over 9 months.

LIMITATIONS
The subjects were 75-86% women and 79-85% white. The subjects were selected based on the perceived need for treatment by the PCP and not diagnostic criteria. This may skew the outcomes by including patients with minor depression or another psychiatric illness. The lack of placebo control is a limitation because it could be argued that the 3 drugs were equivalent because they all had nonspecific effects in this population, indistinguishable from placebo. Limitations acknowledged, these equally played across each medication and site. The authors argue that these limitations actually mimic the situations encountered in many primary care practices and should enhance the generalizability of the findings.

IMPACT ON INTERNAL MEDICINE
Non-psychiatrists prescribe greater than 75% of the antidepressants in the U.S. Though data exist comparing 2 SSRIs, there are no large scale clinical trials comparing the three most frequently prescribed SSRIs. Many pharmaceutical companies seek to demonstrate clinical advantages for their agents. Clinical practice suggested that there is little difference in the efficacy of these agents. This study demonstrates the lack of any clinical differences in these 3 SSRIs when used in a primary care setting. When choosing an SSRI, efficacy should not be a consideration.