

**CANMAT 2023 UPDATE:**  
**CLINICAL GUIDELINES FOR**  
**THE MANAGEMENT OF MDD IN ADULTS**

# Introduction & Methods



# Canadian Network for Mood and Anxiety Treatments (CANMAT)



- CANMAT is an academic not-for-profit organization founded in 1995
- CANMAT has recently published new MDD guidelines to update the previous 2016 version
- The scope of the guidelines remains the management of adults with MDD
- Target audience is community-based psychiatrists and mental health professionals

MDD, major depressive disorder.

Lam RW, Kennedy SH, Adams C, et al. Can J Psychiatry. 2024 Sep;69(9):641-87.

# CANMAT 2023 MDD Guidelines Editorial Group

## Core Editors

**Raymond W. Lam**  
**Sidney H. Kennedy**  
Anees Bahji  
Serge Beaulieu  
Elisa Brietzke  
Trisha Chakrabarty  
André Do  
Roumen V. Milev  
Sagar V. Parikh  
Lena S. Quilty  
Joshua D. Rosenblat  
Gayatri Saraf  
Kathryn Schade  
Claudio N. Soares  
Smadar V. Tourjman  
Rudolf Uher  
Daphne Voineskos

## Co-Authors

Camelia Adams  
Venkat Bhat  
Pierre Blier  
Daniel M. Blumberger  
Benicio N. Frey  
Peter Jacobbe  
David Gratzner  
Sophie Grigoriadis  
Jeffrey Habert  
M. Ishrat Husain  
Zahinoor Ismail  
Alexander McGirr  
Roger S. McIntyre  
Erin E. Michalak  
Daniel J. Müller  
Arun V. Ravindran  
Nisha Ravindran  
Johanne Renaud  
Zainab Samaan  
Ayal Schaffer  
Mark Sinyor  
Jennifer Swainson  
Valerie H. Taylor  
Michael van Ameringen  
Gustavo Vasquez  
Simone Vigod  
Lakshmi N. Yatham

## Patient Partners

Isobel Gibson  
Darien Landreth  
Enoch Li  
Benny Prawira  
Kathryn Schade  
Agus Sugianto  
Ayu Yokandasari

# 2023 CANMAT guidelines update

- A tool for standardizing treatments to improve clinical care
- Reflects new research and treatment options for MDD that have become available since the 2016 guidelines
- Focused on personalized care:
  - Considering the needs, preferences and treatment history of individuals with MDD

\*Guidelines for special populations (e.g., perinatal, geriatric and pediatric depression) are being developed separately.  
MDD, major depressive disorder.

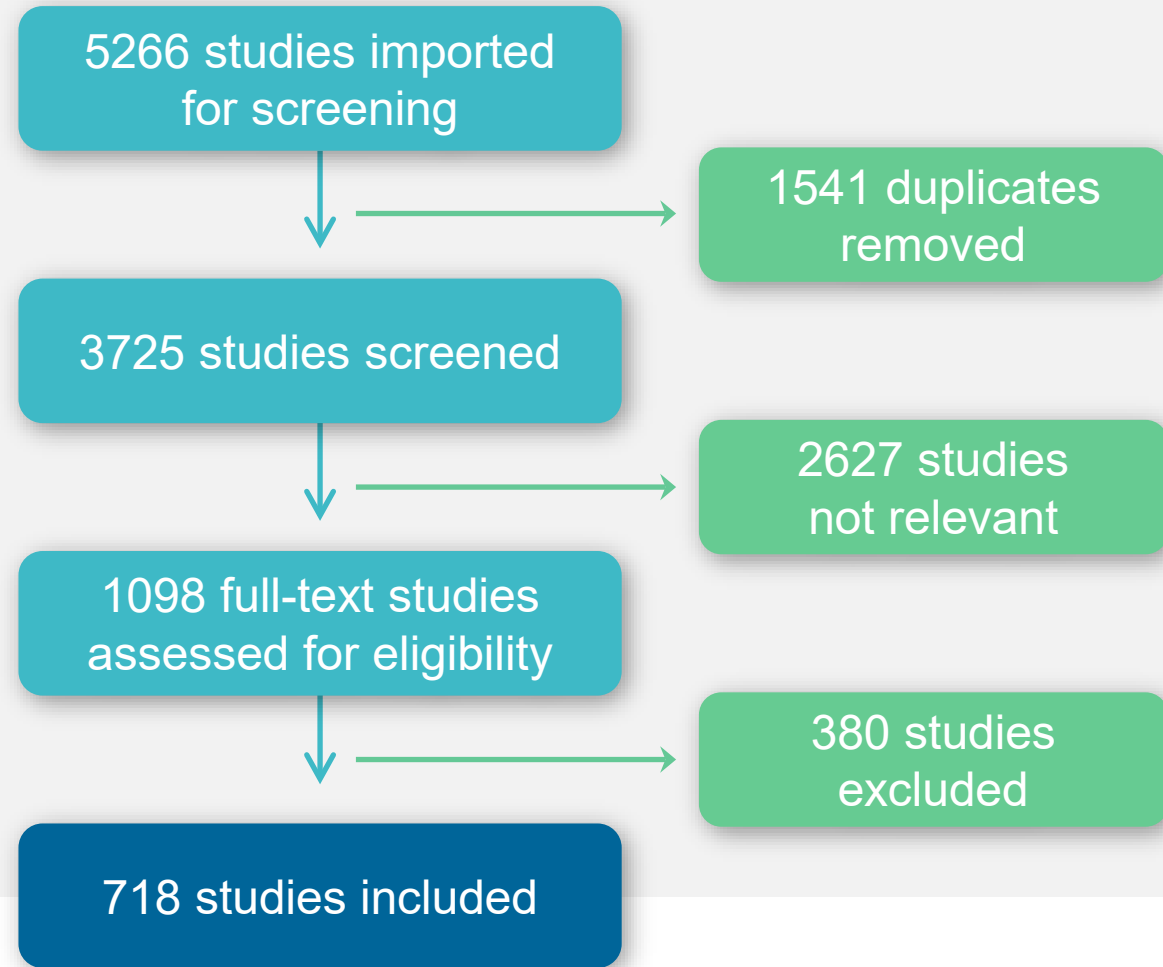
Lam RW, Kennedy SH, Adams C, et al. Can J Psychiatry. 2024 Sep;69(9):641-87.

# General methods

- Similar process to the 2016 MDD guidelines:
  - Evidence-informed, clinically useful method
  - Question-answer format
  - Balances evidence with consensus expert opinion
- People with lived experience included
- Evidence focused on systematic reviews and meta-analyses
- Rigorous consensus process

# Literature search

Systematic reviews and meta-analyses published from 1 January 2015 to 31 May 2023\*







\*Supplemented by other studies when systematic reviews and meta-analyses not available.  
Lam RW, Kennedy SH, Adams C, et al. Can J Psychiatry. 2024 Sep;69(9):641-87.

# Eight primary questions representing the MDD patient journey\*

1. What are important issues for assessment and diagnosis?
2. What are the principles for depression management?
3. How are treatments selected?
4. What is the role of digital health interventions?
5. How is treatment monitored?
6. What should be done when a patient is better?
7. What should be done when a patient is not better?
8. When should neuromodulation treatments be used?

\*Questions developed by core editorial group with feedback from patient partners.  
Lam RW, Kennedy SH, Adams C, et al. Can J Psychiatry. 2024 Sep;69(9):641-87.

# CANMAT criteria for level of evidence

Level	Evidence Criteria
1 	High-quality meta-analysis with narrow CI and/or $\geq 2$ RCTs with adequate sample size*, preferably placebo-controlled
2 	Lower-quality meta-analysis with wide CI and/or $\geq 1$ RCTs with adequate sample size*
3 	Small-sample RCTs <sup>†</sup> or nonrandomized, controlled prospective studies or high-quality retrospective studies
4 	Expert opinion/consensus

\*Defined as  $\geq 30$  participants per randomized condition; <sup>†</sup> defined as  $< 30$  participants per randomized condition.

# CANMAT criteria for line of treatment

Line of Treatment	Evidence Criteria
1 <sup>st</sup> Line	Level 1 or Level 2 evidence for efficacy plus clinical support*
2 <sup>nd</sup> Line	Level 3 or higher evidence for efficacy plus clinical support*
3 <sup>rd</sup> Line	Level 4 evidence or higher for efficacy plus clinical support*

\*Clinical support refers to the application of expert consensus by the CANMAT editorial group to ensure that evidence-supported interventions are feasible and relevant to clinical practice. Treatments with higher levels of evidence may be downgraded to lower lines of treatment due to clinical issues such as side effects or safety profiles.

# Caveats and limitations

- Risk of bias in systematic reviews and meta-analyses
- Inconsistent evidence base among different treatments
- Limited evidence for complex interventions
- RCTs may have limited generalizability

Recommendations should be viewed as guidance to consider in the context of individual patients and not as standards of care

# Neuroscience-based Nomenclature for Medications (NbN)

- The prevailing nomenclature for psychotropic medications is based mainly on indication (e.g., antidepressants)
- NbN describes medications based on mechanism of action
  - E.g., *serotonin-dopamine activity modulator* instead of *atypical antipsychotic*
- Older terms are still commonly used due to familiarity