Tricyclics Elevate Metabolic Syndrome Risk

BY BRUCE JANCIN

ISTANBUL, TURKEY — The use of tricyclic antidepressants to treat depression and/or anxiety was associated with a sharply increased risk of metabolic syndrome, compared with other antidepressant classes in a large prospective Dutch cohort study.

The components of the metabolic syndrome exacerbated by tricyclic antidepressants (TCAs) were hypertension, abdominal obesity, and hypertriglyceridemia, Arianne K.B. van Reedt Dortland reported at the annual congress of the European College of Neuropsychopharmacology.

The take-home messages of this analysis from the Netherlands Study of Depression and Anxiety (NESDA) are, one, it's important to screen for these elements of the metabolic syndrome in patients who are being considered for TCA therapy or who are already on it, and, two, when one or more of these elements is present, an alternative type of antidepressant is preferable, according to Ms. van Reedt Dortland of Leiden (the Netherlands) University Medical Center.

NESDA is an ongoing 8-year prospective multicenter study involving 261 patients with current major depressive disorder only, 266 with a current pure anxiety disorder, and 690 with both, all diagnosed using DSM-IV criteria. A total of 328 patients were treated with a selective serotonin reuptake inhibitor, 49 received a TCA, 110 were on a serotonergic/noradrenergic reuptake inhibitor, and 730 were not on antidepressant medication.

During the first 4 years of follow-up, patients on a TCA were at a 2.3-fold increased risk of meeting criteria for the metabolic syndrome after adjustment for age, gender, physical activity, years of education, smoking status, and alcohol use, compared with patients not on antidepressant medication. Specifically, patients on TCA therapy were at 2.3-fold increased risk for hypertension, 1.9-fold increased risk for abdominal obesity, and 2.6-fold increased risk for hypertriglyceridemia. The use of SSRIs or selective norepinephrine reuptake inhibitors was not associated with an increased rate of metabolic syndrome. Dr. Dortland reported having no conflicts of interest. ■

Pain Response To Duloxetine Predicts Efficacy

ISTANBUL, TURKEY — Early marked reduction in pain in response to duloxetine proved to be the strongest predictor of significant long-term improvement in depressive symptoms in depressed subjects in the German PADRE study.

A 50% or greater improvement in self-gauged overall pain symptoms on a visual analog scale (VAS) after 4 weeks on the selective norepinephrine reuptake inhibitor was associated with a threefold greater likelihood of achieving at least a 50% decrease on the clinician-rated Inventory for Depressive Symptomatology (IDS) scale at 6 months, the primary study end point, Dr. Michael Linden reported the annual congress of the European College of Neuropsychopharmacology.

PADRE (PAinful physical symptoms in Depressed patients: RElation to treatment outcomes in clinical practice) was a prospective observational study in which 4,517 adult patients with a depressive episode received duloxetine at 693 centers across Germany. The mean age was 52 years, and 72% were women.

The mean VAS pain score in the overall study population improved from 55 at baseline to 31 at 6 months. Forty-eight percent of patients reported at least a 50% reduction in pain on the VAS after 4 weeks of treatment, which was deemed clinically significant. Nearly two-thirds of these early pain responders went on to experience remission of their depression by 6 months as defined by an Inventory for IDS score of 12 or less; this remission rate was twice that of patients who did not achieve at least a 50% decrease in pain at 4 weeks, according to Dr. Linden of Charité University Hospital, Berlin.

PADRE was sponsored by Lilly Deutschland and Boehringer Ingelheim.

—Bruce Jancin