

Daniel B. Block, MD, on

## Using ginger to treat antidepressant-induced nausea

Achieving maximum efficacy with minimal side effects is never easy, but nausea and other associated GI effects can make use of the newer antidepressants difficult. Drug-induced nausea can compound the GI discomfort already felt in anxiety disorder. Patients often stop taking the medication.

Metoclopramide and prochlorperazine are used to treat nausea, but both carry a risk for extrapyramidal symptoms and—if used for extended periods—tardive dyskinesia or dystonia.

Over the past decade, I've found that use of ginger as an antiemetic has helped improve compliance—and outcomes—among my patients. Ginger is relatively devoid of side effects or drug interactions and can help ease antidepressant-related GI discomfort.

In an era when people tend to equate “natural” with “good,” I find that patients generally are receptive to trying ginger. What's more, ginger supplements are inexpensive and available over the counter in most supermarkets, pharmacies, and vitamin and health-food stores.

### What researchers say

As “alternative” and “new age” as it sounds, medical use of ginger is well supported in the clinical literature. Bone et al<sup>1</sup> compared powdered ginger root (1,000 mg orally) with metoclopramide (10 mg IV) and placebo 90 minutes before surgery in 60 gynecologic patients. Postsurgical nausea was reduced significantly in both active treatment groups compared with placebo.

Fisher-Rasmussen et al<sup>2</sup> noted a statistically significant drop in nausea after use of ginger, 250 mg qid, to treat hyperemesis gravidarum across 4 days vs. placebo. Ginger's antiemetic efficacy has also been demonstrated in motion sickness.<sup>3</sup>

### How it works

Ginger, long used as an herbal medicine and in food preparation, is a perennial that grows in India, China, and

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Jamaica. Gingerol and other biologically active aromatic compounds found in ginger are thought to be the source of its pharmacologic actions. Its GI protective effects are considered local rather than CNS phenomena and are probably related to ginger's stimulation of GI motility, as is seen with metoclopramide and domperidone.

I typically have patients start by using the ginger as needed during antidepressant therapy. If nausea is persistent or pervasive—as it tends to be in the first few weeks of treatment—I will prescribe the ginger at 1,000 mg bid or tid.

Possible side effects include heartburn, increased risk of bleeding (diminished platelet aggregation), and uterine contractions at high doses. No fatalities have been reported due to ginger overdose to date, although CNS depression and arrhythmias are possible.<sup>4</sup> No exact maximum dosage has been cited in the literature, but I would advise against exceeding 1,000 mg tid.

Ginger has not been reported to be teratogenic, but pregnant women should take no more than 500 mg in one dose and no more than 1,000 mg/d.

To date, none of my patients have reported any serious side effects. The worst complaint I have heard has been mild heartburn, which could have implications for individuals with gastroesophageal reflux disease.

Finally, ginger ale has been used over the years as a folk remedy for nausea. Ginger ale is not an effective antiemetic, however, because it contains only ginger flavoring, not real ginger.

### Reference

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