

Pimple Positives

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One of the primary issues in acne therapy during the past several years has been the potential link among isotretinoin, depression, and suicide. Several studies have been presented which refute this association. Jick et al¹ analyzed data from 7195 isotretinoin users and 13,700 oral antibiotic users with acne from the Canadian Saskatchewan Health Database and from 340 isotretinoin users and 676 oral antibiotic users with acne from the United Kingdom General Practice Research Database. The relative risk estimates, comparing isotretinoin use and oral antibiotic use with nonexposure to either drug for newly diagnosed depression or psychosis, were approximately 1.0 regardless of the data source. The relative risk for suicide and attempted suicide was 0.9 when comparing current isotretinoin exposure with nonexposure. The authors concluded that the study provided no evidence that isotretinoin use is associated with an increased risk for depression, suicide, or other psychiatric disorders.¹

Chia et al² performed a study to determine whether patients with moderate to severe acne who were treated with isotretinoin experienced significant increases in depressive symptoms over a 3- to 4-month period compared with patients who received “conservative” acne therapy. One hundred thirty-two subjects, aged 12 to 19 years, with moderate to severe acne were enrolled in the study. Depressive symptoms were assessed using the Center for Epidemiological Studies Depression Scale (CES-D), a standardized self-reported instrument. Mean CES-D scores were compared between treatment groups, as were the prevalence and incidence of scores suggestive of clinically significant depression (CES-D score >16).²

A total of 101 subjects completed the study.² At follow-up, CES-D scores (adjusted for baseline CES-D score and sex of patient) suggestive of clinically significant depression were no more prevalent

in the isotretinoin group than in the conservative therapy group. In addition, the incidence of newly onset depressive symptoms was not significantly different between the treatment groups. The authors concluded that the use of isotretinoin in the treatment of moderate to severe acne in adolescents did not increase symptoms of depression. Neither the treatment of acne with conservative therapy or with isotretinoin was associated with a decrease in depressive symptoms.²

Magin et al³ performed a search of the MEDLINE, EMBASE, and PsychINFO databases using the terms *isotretinoin*, *depression*, and *suicide*. Despite numerous case reports linking isotretinoin to depression, suicidal ideation, and suicide, the authors stated that there is currently no clear proof of an association. Although isotretinoin has not been demonstrated to be associated with depression or suicide, the authors noted that the possibility of a relatively rare idiosyncratic adverse effect remains.³

The weight of evidence appears to refute a causal association between isotretinoin and depression. It is still important, however, to counsel and screen patients appropriately and remain vigilant for any potential idiosyncratic events.

Hopefully, in the same spirit, physicians will not become too despondent when the new and more rigorous isotretinoin risk-management program is rolled out in the near future.

REFERENCES

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