Guidelines Clarify Use of Newer Antidepressants

BY DIANA MAHONEY
New England Bureau

Second-generation antidepressants are similarly effective in the treatment of major depression in adults, thus drug selection should be driven by adverse event profile, cost, and patient preference, according to a clinical practice guideline issued by the American College of Physicians.

Basing their conclusions on evidence derived from 203 clinical studies involving selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), and selective serotonin norepinephrine reuptake inhibitors (SSNRIs), the guideline authors wrote that "existing evidence does not justify the choice of any second-generation antidepressant over another on the basis of greater efficacy and effectiveness."

Because the various agents are associated with different adverse events, "physicians and patients should discuss adverse event profiles before selecting a medication," the authors wrote (Ann. Intern. Med. 2008;149:725-33).

For example, although sexual dysfunction is a commonly reported adverse event associated with second-generation antidepressants, "bupropion is associated with a lower rate of sexual adverse events than fluoxetine or sertraline, whereas paroxetine has higher rates of sexual dysfunction than fluoxetine, fluvoxamine, nefazodone, or sertraline," they stated. The practice guideline also recommends that clinicians:

► Regularly assess patient status, therapeutic response, and adverse effects of antidepressant therapy beginning within 1-2 weeks of treatment initiation.

► Modify treatment if there is not an adequate response within 6-8 weeks.

► Continue treatment for 4-9 months after a satisfactory response in patients with a first episode of major depressive disorder; and consider longer treatment after a response in patients who have had two or more episodes of depression. ■

Internet-Based Substance Abuse Screening Useful

WASHINGTON — Internet-based brief screening and self-help interventions for addictions provide an option for people who otherwise might not make it in to see a clinician in person, according to an addiction specialist who has been piloting such programs for alcohol and tobacco abuse.

Studies have shown that problem drinkers and gamblers, for instance, have ready access to the Internet and may be more likely to first seek help online rather than in a face-to-face encounter, said John A. Cunningham, Ph.D., a senior scientist at the Centre for Addiction and Mental Health, teaching hospital affiliated with the University of Toronto.

Dr. Cunningham, who spoke at the Association for Medical Education and Research in Substance Abuse, has worked as a consultant with Toronto-based V-CC Systems Inc., a company that develops and supports community-based interactive disease management programs.

One such tool can be found at www.checkyourdrinking.net. People using this brief screen can compare their drinking habits with normative data for their age and gender. This can be a "motivational surprise," Dr. Cunningham said. Users are also provided with an Alcohol Use Disorders Identification Test (AUDIT) score and an explanation of what the score means. Ways to reduce risk are also suggested.

V-CC Systems has tried to evaluate whether using the screen changes behavior. The company recruited study participants through random dialing, from which 185 people were selected. They were contacted 3 and 6 months after taking the brief screen. It was determined that those who had access to the Web site had reduced the number of drinks by 6 to 7 a week. It seemed that the screen was effective for people who had a drinking problem, but not as much so for other [addictions], said Dr. Cunningham.

—Alicia Ault