

Two-Drug Regimen Eases Anxiety and Insomnia

BY HEIDI SPLETE
Senior Writer

MINNEAPOLIS — Treatment with both eszopiclone and escitalopram significantly improved the symptoms of insomnia and anxiety—compared with escitalopram alone, according to data from 595 adults presented at the annual meeting of the Associated Professional Sleep Societies.

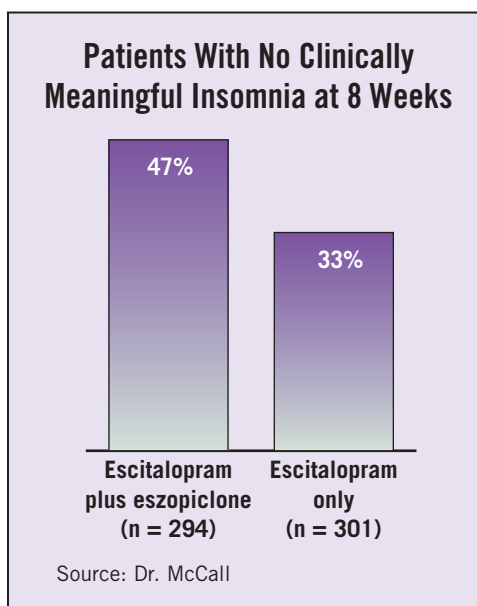
Results from a pair of studies supported by Sepracor Inc. showed that the eszopiclone/escitalopram combination was well tolerated and significantly improved not only anxiety but also the length and quality of sleep. Because insomnia often coexists with generalized anxiety disorder, a double-duty treatment regimen would be helpful for patients who suffer from both conditions, the researchers noted.

All study participants met criteria for generalized anxiety dis-

order and insomnia. All of them received 10 mg escitalopram (Lexapro) daily for 10 weeks. At the same time, 294 were randomized to receive 3 mg eszopiclone (Lunesta), while 301 received placebo for 8 weeks, followed by a 2-week discontinuation period.

Overall, patients who took the combination therapy showed significant improvements in mood and anxiety symptoms based on their Clinical Global Impression scale and the Hamilton Anxiety scale scores after 1, 2, 4, 6, 8, and 10 weeks of treatment, Dr. Mark H. Pollack reported. Dr. Pollack, director of the Center for Anxiety and Traumatic Stress Disorders at Massachusetts General Hospital, Boston, conducted the study.

Similarly, scores on the 17-item



Hamilton Rating Scale for Depression (HAM-D17) were significantly better in the combination therapy group at all evaluation points. Anxiety remission rates were higher in the combination

therapy group, too, compared with the placebo group (42% vs. 36%), said Dr. Pollack, who serves on the advisory boards of and has received support for research from several pharmaceutical companies, including that of Sepracor.

In a second study of the same group of patients, presented by Dr. W. Vaughn McCall, professor and chairman of the department of psychiatry and behavioral medicine at Wake Forest University, Winston-Salem, N.C., significantly more patients who received combination therapy had no clinically meaningful insomnia at 8 weeks, compared with the escitalopram-only patients (47% vs. 33%).

In addition, combination therapy patients took significantly less time to fall asleep, slept longer,

and scored significantly better on the insomnia severity index than did the escitalopram-only group, said Dr. McCall, who serves on Sepracor's speakers' bureau and its advisory board.

The adverse event rates were similar in both groups during the study period (78% for the combination group and 68% for the escitalopram-only group) and were identical (16%) during the 2-week discontinuation period. Overall the treatment was well tolerated, and no patients showed evidence of rebound insomnia as a result of the medications.

The most common adverse events reported in at least 10% of the combination therapy group were unpleasant taste (24%), headache (19%), dry mouth (16%), and sleepiness (11%); the most common adverse events reported in the escitalopram-only group were headache (15%) and nausea (15%).

Depressive Symptoms Could Lead to Diabetes in Elderly

BY MARY ANN MOON
Contributing Writer

Older adults who report a high degree of depressive symptoms are more likely to develop type 2 diabetes than are those without depressive symptoms, according to Mercedes R. Carnethon, Ph.D., of Northwestern University, Chicago, and her associates in the Cardiovascular Health Study.

Several studies have found an association between depressive symptoms or clinical depression and diabetes, but this is the first to examine the issue in a population of people over age 65, who have a high prevalence of both disorders, Dr. Carnethon and her associates said (*Arch. Intern. Med.* 2007;167:802-7).

The researchers assessed data on 4,681 participants in the Cardiovascular Health Study, which took place from 1989 to 1999. Depressive symptoms had been evaluated annually using the 10-item Center for Epidemiological Studies Depression Scale.

A minimum score of 0 for each item would indicate that the subject experienced that depressive symptom never or rarely, and a maximum score of 3 for each item would indicate that the subject experienced that symptom most of the time or always. Total scores of 8 or more points, out of a possible maximum of 30 points, were considered high.

Twenty percent of the participants had high depressive symptom scores on at least one occasion. The proportion of subjects who were overweight or obese—a factor that could potentially confound the association with diabetes—was similar across those who had low, intermediate, or high depressive symptom scores.

New-onset diabetes was determined by

the subjects' use of insulin or oral diabetes medications and by fasting glucose levels that were measured on two occasions during follow-up. A total of 234 subjects developed diabetes.

A high number of depressive symptoms on a single occasion, a significant increase in such symptoms over time, and persistently high symptoms over time all were associated with an excess incidence of diabetes, the investigators said.

The strongest link with diabetes was found when depressive symptom scores rose by at least 5 points over time.

"These findings were present across demographic strata and persisted with statistical adjustment for known correlates of depression and diabetes, such as BMI [body mass index], physical activity, cigarette smoking, alcohol intake, and C-reactive protein level," Dr. Carnethon and her associates said.

In summary, high depressive symptoms might be connected to the development of diabetes in older adults, and this association might not be attributable solely to adverse health behaviors or weight gain. "The pathophysiologic mechanism for this association remains unclear," they said.

Inflammation is often proposed as a likely mechanism, because inflammatory markers are associated with both diabetes and depression. However, the findings of this study showed no attenuation of the link between the two disorders when the data were adjusted for C-reactive protein levels.

This suggests that "other biological mechanisms previously proposed, such as hypothalamic-pituitary-adrenal axis dysregulation and sympathetic nervous system stimulation, may be more salient," they added.

Emotional Abuse May Increase Headache-Related Disability

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

CHICAGO — Women with migraine who have experienced emotional abuse, either recently or in the past, report higher levels of comorbid depression and headache-related disability, Dr. Gretchen E. Tietjen said at the annual meeting of the American Headache Society.

The finding stimulates even more provocative questions about the connections between body and mind, she said. "Changes in the brain due to past abuse have been well documented," said Dr. Tietjen, professor and chair of the department of neurology at the University of Toledo, Ohio. "You can't separate mental and physical health in these women. What we would like to know is how these changes affect headache and depression, and the common neurobiology that links them."

She administered a survey that examined a history of emotional, physical, and sexual abuse, as well as headache characteristics, disability, somatic symptoms, and depression, to 1,032 women who sought care at a headache clinic. She divided the description of emotional abuse into six categories: threatening, aggressive, harassing, intimidating, isolating, and coercive/controlling.

Of the study group, 593 (57%) reported episodic headache (96% with migraine). The remainder reported chronic headache (87% with migraine).

Many of the women (43%) reported that they had experienced some

kind of emotional abuse, and 6% of the group reported having been exposed to all six types. More than a third of the patients (37%) also reported a history of sexual abuse, with 18% describing a childhood or adolescent experience.

Dr. Tietjen saw a dose-response relationship: The more types of abuse the woman had experienced, the more severe or frequent her headaches and the greater number of additional symptoms she reported. Among those who denied a history of physical or sexual abuse, emotional abuse was associated with higher depression scores, which increased with an increase in the number of types of emotional abuse experienced.

Women who reported remote physical or sexual abuse seemed particularly vulnerable to the effects of later emotional abuse, with greater depression levels, higher stress, more somatic symptoms, and greater headache-related disability. All of these scores exhibited a dose-response relationship to the number of abusive behaviors the women experienced.

Questions about past and current abuse—both physical and emotional—should be part of a headache work-up for every patient, Dr. Tietjen said. "First, if a person is in an unsafe environment, we want to try and get her out. But a history of this experience may also change the type of therapy we offer."

These patients may respond well to cognitive-behavioral and physical therapy as adjunctive treatments, Dr. Tietjen said.