Watch for Panic, Mood Disorders in IBS Patients

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WASHINGTON — Psychiatric comorbidities and a history of abuse are often associated with functional gastrointestinal problems, said Dr. Kevin W. Olden at the annual meeting of the American Academy of Clinical Psychiatrists.

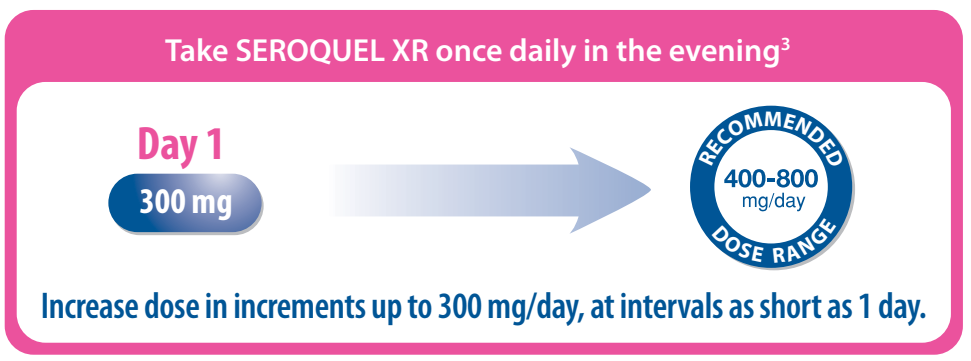
"There is no doubt that psychiatry has a lot to offer patients with irritable bowel syndrome and the entire spectrum of gastrointestinal disorders," said Dr. Olden, director of the division of gastroenterology and hepatology, University of Arkansas, Little Rock.

Four psychiatric diagnoses that are often present in patients with functional gastrointestinal disorders are panic disorder, generalized anxiety disorder, mood disorders (mainly depression), and somatoform disorders. As many as 44% of patients with IBS meet the diagnostic criteria for panic disorder, Dr. Olden noted (Gastroenterol. Clin. N. Am. 2003;32:477-506). In addition, Dr. Olden cited a study in which major depression was identified in 30%-90% of patients with irritable bowel syndrome. The presence of depression can influence patients' ability to seek care for IBS and their ability to cope with it, he said.

The impact of abuse on subsequent psychological problems and comorbid functional gastrointestinal disorders is an area worthy of further research, Dr. Olden said. In a survey of 206 patients who presented to a GI clinic, more than half of the patients with functional GI problems reported a history of abuse, and significantly more of these patients reported abuse, compared with those who had organic GI problems (53% vs. 37%) (Ann. Intern. Med. 1990;113:828-33).

When treatment with antidepressants relieves the gastrointestinal symptoms in some patients, they report fewer physician visits and improved ability to perform daily activities, Dr. Olden said. ■

*FDA-approved starting dose of SEROQUEL XR is **300 mg on Day 1**… get your patients with schizophrenia to a recommended dose **as early as Day 2**[3]*



- *To be taken without food or with a light meal (approximately 300 calories)*
- *Dosage adjustments may be necessary, based on individual response and tolerability*
- *SEROQUEL XR tablets should be swallowed whole and not split, chewed, or crushed*
- *In the elderly and patients with hepatic impairment, consideration should be given to a lower starting dose, a slower rate of dose titration, careful monitoring during the initial dosing period, and a lower target dose. For patients who require less than 200 mg/dose, use the immediate-release formulation (see Prescribing Information)*

Important Safety Information (continued)

- Tardive dyskinesia (TD), a potentially irreversible syndrome of involuntary dyskinetic movements, may develop in patients treated with antipsychotic drugs. The risk of developing TD and the likelihood that it will become irreversible are believed to increase as the duration of treatment and total cumulative dose of antipsychotic drugs administered to the patient increase. TD may remit, partially or completely, if antipsychotic treatment is withdrawn. Quetiapine should be prescribed in a manner that is most likely to minimize the occurrence of TD
- Warnings and Precautions also include the risk of orthostatic hypotension, cataracts, seizures, hyperlipidemia, and possibility of suicide attempts. Examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6-month intervals during chronic treatment. The possibility of a suicide attempt is inherent in schizophrenia, and close supervision of high-risk patients should accompany drug therapy
- The most commonly observed adverse events associated with the use of SEROQUEL XR versus placebo in clinical trials for schizophrenia were dry mouth (12% vs 1%), constipation (6% vs 5%), dyspepsia (5% vs 2%), sedation (13% vs 7%), somnolence (12% vs 4%), dizziness (10% vs 4%), and orthostatic hypotension (7% vs 5%)
- In long-term clinical trials of quetiapine, hyperglycemia (fasting glucose ≥126 mg/dL) was observed in 10.7% of patients receiving quetiapine (mean exposure, 213 days) vs 4.6% in patients receiving placebo (mean exposure, 152 days)

References: 1. Kahn RS, Schulz C, Palazov VD, et al. Efficacy and tolerability of once-daily extended release quetiapine fumarate in acute schizophrenia: a randomized, double-blind, placebo-controlled study. *J Clin Psychiatry*. 2007;68:832-842. **2.** Data on file, DA-SXR-05, AstraZeneca Pharmaceuticals LP. **3.** SEROQUEL XR Prescribing Information.

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