Correspondence

Antidepressants and side-effects

Sir,

I read with interest the case report on seizure activity associated with fluoxetine therapy that was recently published in QJM.1 This case report underlines the importance of the wise and reasonable use of antidepressive medications. Antidepressive medications should be used only when they are necessary.2 Both patients and physicians like ‘quick fixes’. However, sometimes tablets should be replaced with other treatment modalities. Psychotherapy may be a safe and effective treatment for patients with mild depression and certain anxiety disorders,3–5 and light therapy is an effective treatment for certain depressed patients, especially for those with seasonal affective disorder.6,7 Other non-pharmacological treatments are also available.8 Patients should be given the lowest dosage of antidepressants possible.2 The dosage may be reduced if pharmacological therapy is combined with non-pharmacological treatments. There is a need for greater education and training of clinicians to recognize drug-related adverse events, because some patients are reluctant to speak up about the unpleasant effects of their medication.

In the future, pharmacogeneticists may be able to select the best treatment for each depressed patient.9 Treatment of patients with depressive disorders in the future may be personalized so that the choice of drug may be determined by the genes a patient carries. Selection of treatment should be based on both the expected level of improvement and the likelihood of developing side-effects. It is very important to predict the development of side-effects, including cardiovascular and gastrointestinal disturbances, seizures, and sexual disorders.

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References


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