

The news items of this issue are from a single source and an attempt was made to retrieve more details from the original studies/abstracts. The news items pertain to some of the current drugs or drug classes used worldwide almost on a day-to-day basis and the emerging adverse reports. As a word of caution it may be noted that no attempt was made to analyze the news items with earlier literature, which are likely to be fraught with controversies.

Antidepressants

NEWS

- Newer antidepressants 'raise bleeding risk'
- SSRIs linked with gestational hypertension
- Newer antidepressants 'less safe in the elderly'
- Government advisors call for rethink of GP antidepressant use in dementia patients
- Study finds SSRI antidepressant side effects outweigh their benefits^[1]

(RE)VIEWS

In the present day context, antidepressants are most commonly prescribed in depression and generalized anxiety disorders, not to mention a host of other neuropsychiatric and off-label indications. Thus, the magnitude of antidepressant prescriptions would equate in terms of billions of dollars each year. Apart from the depression caused on health economy, the emerging reports of serious adverse effects caused by the more commonly used group - SSRIs is by itself depressing.

SSRI and bleeding

Antidepressants with high affinity for the serotonin transporter have been found to confer modestly elevated risk for gastrointestinal and other bleeding complications. Hence, antidepressants with lower serotonin receptor affinity may be preferred in patients at greater risk for such complications.^[2] Those at high risk with a greater chance of bleeding complications when on SSRIs include, elderly patients, those with a past history of upper gastrointestinal bleeding and those on NSAIDs or aspirin.^[3]

Most patients with ischemic heart disease, especially postmyocardial infarction are on antiplatelet drug therapy. Antidepressants are often prescribed to treat depression in them. Addition of SSRI increases the risk of bleeding by 57%, compared with dual antiplatelet (aspirin + clopidogrel) therapy alone. It has also been found that non-SSRI antidepressants did not substantially increase this risk.^[4]

SSRIs have earlier been reported to be associated with an increased risk of bleeding and subsequent need for blood transfusion during orthopedic surgery. Inhibition of serotonin-mediated platelet activation has been suggested as a cause for bleeding.^[5] However, in a recent study on patients undergoing total hip arthroplasty who were on serotonergic antidepressants, it was found that though the intraoperative blood loss was significant; it was clinically unimportant.^[6]

SSRIs and pregnancy complications

Serotonin has been suggested to play an important role in the etiology of preeclampsia through its vascular and hemostatic effects.^[7] SSRIs inhibit the synthesis of nitric oxide, a vasodilator that appears to play a role in vascular tone and reactivity both in utero and during postnatal life.^[8] Several studies have suggested that SSRIs may be associated with a greater risk for prematurity and/or fetal growth restriction and these associations may be mediated through an elevated risk of preeclampsia.^[9]

SSRIs and stroke

In a recent observational study, SSRIs have been found to be associated with an increased risk of several adverse outcomes, one among them being stroke/transient ischemic attack compared with tricyclic antidepressants.^[10]

Antidepressants and dementia

In patients with dementia, antidepressants are commonly prescribed for treating depression, which is commonly seen in them. In a recent study, it has been found that there was not only absence of benefit compared with placebo but there was an increased risk of adverse events. The researchers have suggested reconsideration of the present practice of use of antidepressants as first-line treatment of depression in Alzheimer's disease.^[11]

"Serotonin, an ancient chemical, is found in plants and animals. It has been implicated in the regulation of diverse physiological functions like emotion, development, neuronal growth and death, platelet activation, clotting process, attention, electrolyte balance, and reproduction. Antidepressants, by disrupting serotonin, could be the cause of many adverse health effects. Antidepressants have adverse effects on sexual life, increase the risk of

hyponatremia, bleeding, stroke, and death in the elderly. Thus, it is viewed that antidepressants generally do more harm than good (side effects outweigh their benefits) by disrupting a number of adaptive processes regulated by serotonin. It may be emphasized that greater caution is needed while prescribing antidepressants”.[12]

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