# SERTRALINE USE IN MAJOR DEPRESSION IN PATIENTS WITH SERIOUS SOMATIC DISEASES

Leszek Tomasz Ros 1 & Jan Krzysztof Podgorski 2

#### **SUMMARY**

Sertraline is a safe and effective anti-depressant. It is particularly safe for patients with severe and serious somatic diseases. Cholinolitic effect of the drug is minimal and it is very well tolerated.

KEY WORDS: Sertraline, menopause, depression

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### **INTRODUCTION**

During the period of involution or menopause, the chances of women suffering from depression are greater. An involutional depression is slightly different in manifestations from other depressions. They are most frequently characterized by high level of groundless fear, chronic course, refractoriness to treatment, frequent suicidal ideation besides occurrence of depressive delusions. From the nosological point of view, involutional depression is not a homogenous entity. Involutional depressions include endogenous depressions, psychogenic depression and symptomatic depression. Frequently, the development of involutional depression in women is enhanced by lack of

- Dr. Leszek Tomasz Ros Central University Teaching Hospital with Polyclinic, Armed Forces School of Medicine, Independent Public Health Care Institution
- Prof. Jan Krzysztof Podgorski, MD, PhD Department of Neurosurgery with Outpatient Clinic

## Correspondence:

Dr. Leszek Tomasz Ros ul. Zablocinska 6 m. 55 01-697 Warszawa POLAND

E-mail: leszek.ros@wp.pl

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oestrogens, characteristic of menopause. Thus, with absent gynaecological contraindications, substitution of long term oestrogen therapy exerts a beneficial effect on treatment of involutional depression. Generally speaking, the development of involutional depression in women is significantly enhanced by great fluctuations of sex hormone levels, very characteristic of menopause period. Therefore, during treatment of a woman with involutional depression, it should be always remembered not to administer antidepressants, exerting effects on hormonal status. For example, the very well known and good neuroleptic, sulpiride is exceptionally not indicated here, since the drug significantly increases endogenous prolactin level. Sertraline would be a rather beneficial and useful drug, since it exerts almost no influence on hormonal status. Besides that, the onset of Sertraline action is rather rapid, since the drug effect develops after seven days of administration. This is very favourable, because, in involutional depressions suicidal ideation is occurring very frequently. Sertraline is also a drug useful in involution period depressions which are characterized by high level of anxiety. It is commonly known that Sertraline has very strong anxiolytic effect that is anxiety-abolishing action. It has been even used as the drug of choice in paroxysmal anxiety syndrome<sup>1,2</sup>.

## **CASE REPORT**

A female patient G.B. aged 50 years received psychiatric treatment in the Mental Health Outpatient Clinic for several phases of "major depression". She was treated with poor effect with doxepine and then moclobemide (Aurorix). The patient was born after normal pregnancy but by forceps delivery. However, during labour the head was not damaged and the patient obtained Apgar 10 pts immediately after labour. Her childhood was moderately good. No family rows occurred at home. Her parents cared for her as she was the only child. They satisfied her needs and requirements with respect to food and clothes. However the parents were stand-offish, poorly affective, concrete, and very pragmatic. The mother was slightly peremptory imposing her will. Both parents of the patient are alive. In primary school and then in secondary school of economics the patient achieved medium results, was an average pupil and never repeated years. After obtaining her secondary school certificate she passed the entrance examination for a university school of economics but was not admitted since she scored too low during the examination. Then she started to work in bookkeeping and after 15 years she was given disability pension due to many somatic diseases. At the age of 24 years she got married. The marriage has been good until now. She has two adult, decent and well brought up children. Her husband is good, affective, warm, considerate, caring and hard working. No mental diseases occurred in the patient's family. The patient denied any head trauma or loss of consciousness. The patient has never abused alcohol. She has been suffering from very serious somatic diseases: chronic coronary artery disease with numerous exacerbations, chronic circulatory failure with numerous exacerbations, and chronic bronchial asthma with numerous exacerbations, chronic persistent atrial fibrillation and major organic heart disease in the form of large mitral valve insufficiency. The patient came to the author with involutional depression. Psychiatric examination demonstrated that this was a typical phase of "major depression". The diagnosis was confirmed by tests according to the following scales:

- Hamilton scale
- Montgomery-Asberg scale
- Beck Depression Self-Assessment Inventory
- ICD-10 scale
- DSM III and DSM IV scales

In the analysis of depression intensity, this was medium depression according to psychiatric examination and ICD-10 scale. The patient was in depressed mood with a high level of groundless anxiety. She expressed suicidal ideation but was sure she would not realize it. She expressed depressive delusions of self-humiliation, lower value, sinfulness and guilt.

During treatment she had individual psychotherapy along with Sertraline in 100 mg daily dose. Complete remission of major depression was obtained. The treatment was supported by substitution oestrogen therapy.

## **Investigations:**

- Basic laboratory blood and urine analyses gave normal results.
- Chest radiogram, EEG & Eye fundus examination was all normal.
- ECG record: (fixed atrial fibrillation with ventricular rate about 80 bpm with extensive anterolateral wall ischaemia)
- On Neurological examination there were no focal and meningeal symptoms,
- Physical examination showed heart rate completely arrhythmic, about 80 bpm, at the base of both lungs numerous moist fine resonant rales, over all lung areas numerous wheezing sounds, over heart apex evident systolic murmur,
- Cranial computed tomography was also normal

### **DISCUSSION**

Sertraline is an extremely safe drug<sup>3</sup>. It practically exerts no effect on the circulatory system. Cholinolytic effect of the drug is minimal and it is a very well tolerated4. It is a drug that is extremely safe for the circulatory system. Some authors<sup>5</sup> used Sertraline in 26 patients with major depression diagnosed after 5 to 30 days following admission to hospital due to acute myocardial infarction. The circulatory system function, haemostasis parameters and occurrence of adverse effects were studied. During the treatment no significant changes were observed in heart rate, arterial blood pressure, cardiac conductivity or left ventricular ejection fraction. A tendency was found for reduction of ectopic atrial activity. No changes were found in blood clotting system as such we found that Sertraline is a drug extremely safe for the circulatory system and very safe for patients with severe and serious somatic diseases.

## REFERENCES

- 1. Londborg PD, Wokow R, Smith WT. Sertraline in the treatment of panic disorder. A multi-site, double-blind, placebo-controlled, fixed-dose investigation. Br J Psych 1998; 173: 54-60.
- 2. Pollack MH, Otto MW, Wortington JJ. Sertraline in the treatment of panic disorder: a flexibledose multicenter trial. Arch Gen Psych 1998; 55 (11): 1010-6.
- Murdoch D, McTavish D. Sertraline: A review of its pharmaco-dynamic and pharmacokinetic properties, and therapeutic potential in depression and obsessive compulsive disorder. Drugs 1992; 44 (4): 604-24.
- 4. Aguglia E, Casacchia M, Cassano GB. Double-blind study of the efficacy and safety of Sertraline versus fluoxetine in major depression. Intern Clin Psychopharmacology 1993; 8(3): 197-202.
- 5. Beshay H, Pumarega AJ. Sertraline treatment of mood disorder associated with prednisone: a case report. J Child Adolescent Psychopharmacology 1998; 8 (3): 187-93.