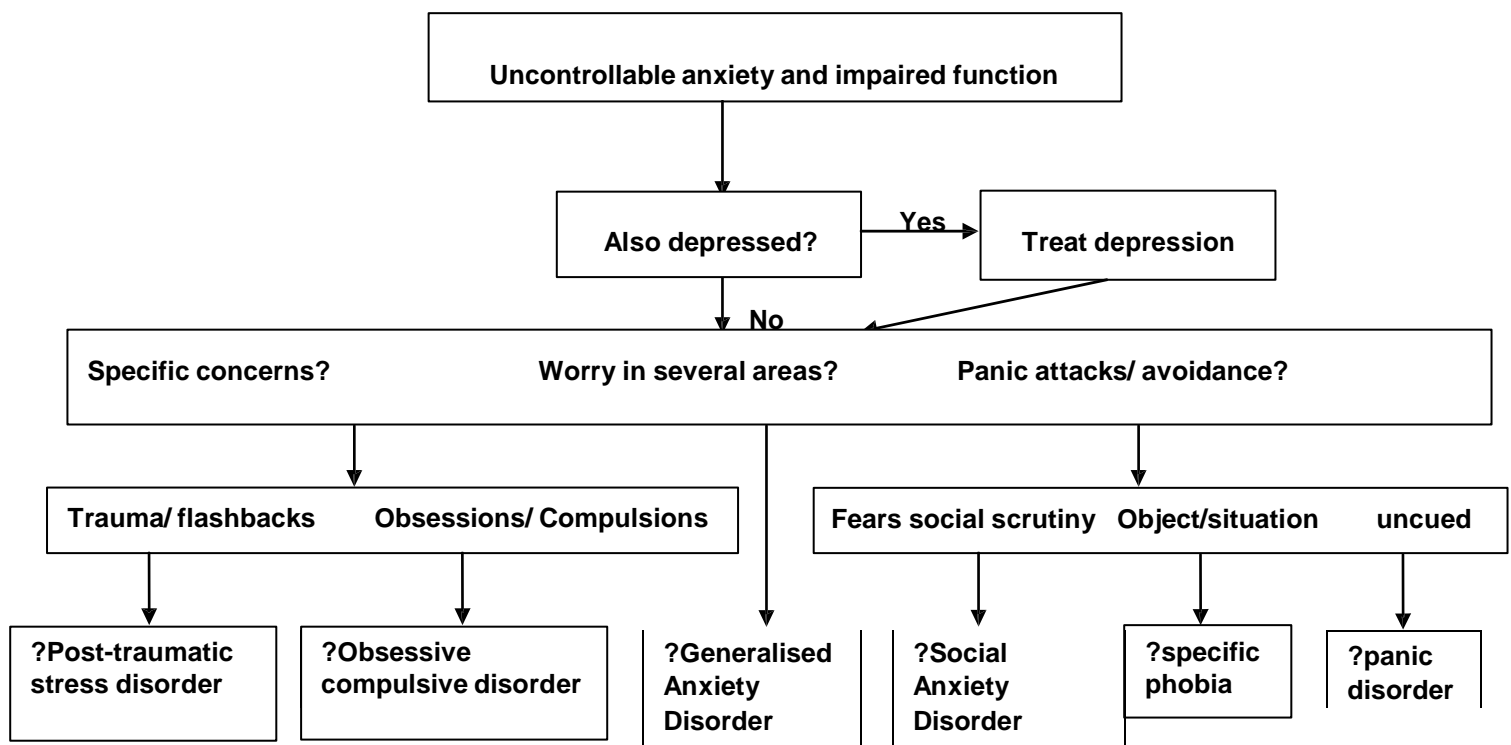


Treating anxiety and depression effectively

Choosing the right drug for the right patient

Differentiating between anxiety and depression

Differentiating between a primary anxiety disorder and a depressive illness can be important in choosing the right drug treatment for a particular individual. The picture can be blurred, especially when patients present with symptoms of both, or with other issues such as drug and alcohol use or personality disorder. Research shows that identification of depression and anxiety disorders by GPs is effective; however differentiation between types of anxiety disorders is not as good¹. The following table may be helpful in distinguishing anxiety disorders².



Clinical case 1:

A 34 year old woman describes recurrent periods of low mood since her late teenage years. During these episodes she has managed to continue working but feels low in confidence, becomes withdrawn and finds difficulty maintaining relationships. She often spends considerable periods brooding when alone, enveloped in negative thoughts, at times wishing she was dead. She 'comfort eats' in binges during these periods, and struggles to keep her weight down despite being physically active. Recently she has started to feel so concerned about her appearance that she repeatedly 'checks herself' in the mirror up to 50 times a day. She then feels an inexplicable urge to count to 20 every time she has done this. She reports she needs help in the form of medications. She is not keen on psychotherapy at present.

¹ The Pharmacological Treatment of Anxiety Disorders, British Association for Psychopharmacology, Journal of Psychopharmacology 19(6) (2005) 572

² Naomi A Fineberg from Baldwin D et al J Psychopharmacol 2005

Diagnosis: Depressive illness with OCD

Treatment

Her anxiety symptoms appear to be related to her depression, so the primary focus of treatment needs to be on the depressive illness in the first instance. An antidepressant with good anxiolytic properties that can treat her OCD symptoms and that does not cause weight gain would be a good option in this case.

Fluoxetine is effective in treating depression and OCD, and helps to reduce weight gain associated with binge episodes. Furthermore fluoxetine is the SSRI with the safest profile in pregnancy. As she is of child-bearing age, this could be an important consideration.

You prescribe fluoxetine 20mg once daily for the first week. The dose can be increased up to 40mg daily thereafter (higher doses help reduce frequency of binge episodes).

If fluoxetine is ineffective, sertraline or escitalopram would be good alternatives.

Which antidepressants are the most efficacious?

A large meta-analysis in the *Lancet*³ demonstrated that escitalopram, venlafaxine, mirtazapine and sertraline had greater efficacy over other antidepressants including fluoxetine, bupropion, citalopram, paroxetine, duloxetine and fluvoxamine. SNRIs especially venlafaxine and mirtazapine were marginally more efficacious than SSRIs. In one large study escitalopram demonstrated superior efficacy over citalopram in treating depression based on improvement in MADRS scale scores⁴.

What anxiolytic drugs are available?

There are a range of potential treatments that can be effective for anxiety disorders. These include 5HT uptake blockers such as tricyclic antidepressants, SSRIs and SNRIs; 5HT receptor blockers such as mirtazapine, trazodone or agomelatine; or 5HT_{1A} receptor agonists such as buspirone. Other classes of drugs such as the anticonvulsant pregabalin have also been shown to be effective. Benzodiazepines are best avoided due to the risk of dependence, and should only be prescribed for short term treatment of severe acute anxiety.

Some new drugs showing very positive results clinically:

Agomelatine – structurally related to melatonin, this drug is a potent melatonin agonist and serotonin antagonist. The drug has been shown to be effective in treatment of depression and generalised anxiety disorder.

Pregabalin – this is an anticonvulsant drug which has been found to be effective in generalised anxiety disorder. The mechanism of action is not fully understood. It decreases the release of glutamate, noradrenaline and Substance P. Noradrenaline has been found to be associated with panic attacks.

³ Cipriani et al 2009 *Lancet*. 373(9665): 746-58

⁴ Gorman et al (2002) *CNS Spectr*. 7(4 Suppl 1): 40-4