Antidepressants – new answers, new questions

The publication of a recent review of antidepressant effectiveness by Cipriani and colleagues in The Lancet earlier this year¹ is subject to discussion this month in an article by Steve Titmarsh (page 13). For years there has been widespread scepticism among many prescribers, and indeed patients too, over the efficacy of these drugs. The significant use of antidepressants by GPs could be cynically viewed as reflective of an overburdened primary care service – a stalling tactic, with doctors desperate to do anything simply to cope with unmanageable service demands, despite a lack of genuine belief that the drugs will actually work.

So the finding that these drugs have significant benefit for individuals with moderate to severe depression was greeted with notable enthusiasm and interest. RCGP chair Helen Stokes-Lampard stated that it should provide reassurance to both GPs and patients that these are an effective treatment, and the Royal College of Psychiatrists was quoted by the BBC as saying the report “finally puts to bed the controversy on antidepressants”. By conducting a network meta-analysis and rigorously identifying previously unpublished data, it was possible for the researchers to compare a wide range of antidepressants, many of which have never been trialled head to head or against placebo.

As a GP myself, I certainly find this reassuring. But it also makes me ask a couple of other questions. Firstly, which drug should I choose? The most effective was, interestingly, amitriptyline, but this carries significant risks in overdose compared to SSRIs. The acceptability also varied considerably between drugs, and simply choosing the one at the top of the list seems inappropriate. Furthermore, response to treatment is highly variable between patients.

In an editorial accompanying the paper,² Sagar Parikh and Sidney Kennedy point out that traditional means of assessing patients, such as anxiety or atypical symptoms, are poor at predicting effectiveness. Yet more sophisticated approaches are not currently available: the NEWMeds review found no single common genetic variant to be associated with antidepressant response, and although newer neurophysiological tests may predict response to non-pharmacological treatment, it is unclear if this extends to medications.

Consider the alternatives

A second, arguably more pressing issue is the availability of alternative treatments. The response of the charity MIND to the publication of the Cipriani review was, in my opinion, lukewarm at best, and highlighted the need for non-drug therapies, particularly for mild depression. Despite being recommended by NICE, the We Need to Talk coalition found a lack of choice and significant delays in accessing psychological therapies.

A concern I have is that commissioners will view this new evidence on antidepressants as an excuse to further cut funding to broader psychological services. This must not happen – prescribing is more than simply handing out pills. It is about making a holistic, patient-centred assessment and ensuring that all appropriate therapeutic options are considered. Comprehensive psychological services must not be replaced with boxes of tablets and capsules.

References


Rupert Payne
Consultant editor