Review: tricyclic related drugs, but not classical tricyclics, are a tolerable alternative to SSRIs in older people with depression


How do tricyclic antidepressants (TCAs) and TCA related drugs compare with selective serotonin reuptake inhibitors in terms of tolerability in older people with depression?

CONCLUSIONS

TCA related drugs, but not classical TCAs, are as well tolerated as SSRIs in older people, and may be used to treat depression in this age group where intolerance to SSRIs develops.

NOTES

Classical TCAs include doxepin, amitriptyline, imipramine, clomipramine, dothiepin, nortriptyline, trimipramine, desipramine, and nomifensine. TCA related drugs include mianserin, trazadone, maprotiline, viloxazine. SSRIs include paroxetine, fluoxetine, citalopram, fluvoxamine, and sertraline.

Commentary

Depression in the elderly is a complex and challenging area. Its prevalence is difficult to establish, as the standard diagnostic criterion (DSM-IV) may not be applicable in older people, and the presence of multiple medical comorbidities complicates drug treatment choices. Older people with depression may also suffer more frequent relapses and require longer courses of treatment. Therefore the choice of an antidepressant is dictated by a number of factors that include efficacy, tolerability, and safety. On these grounds selective serotonin reuptake inhibitors (SSRIs) have become the first line agents for the pharmacological treatment of depression in the elderly.

However SSRIs are now well recognised to cause adverse reactions in a number of people which may include gastrointestinal tract disturbance, dizziness, postural hypotension, hyponatraemia, and the serotonergic syndrome. In addition, as with all antidepressants, not all patients will respond. What then is the next choice of agent?

This review compares side effect and withdrawal rates from a number of trials and concludes that tricyclic related antidepressants (TCA related) may offer an equally well tolerated alternative to SSRIs. Unfortunately, as the authors note, only a very small number of people with depression received TCA related agents and only two agents were studied (mianserin and trazadone). Newer agents such as venlafaxine, reboxetine, and mirtazapine have become available since many of the trials reviewed by the authors were published.

Classical tricyclics no longer have a role in the initial treatment of depression in the elderly except in unusual circumstances and a review such as Wilson and Mottram's confirms this. However, the choice of agent if an SSRI is not tolerated is still not clear and will need to be further studied. TCA related drugs are one option but until comparison with newer agents has occurred no clear recommendations can be made.

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