Mirtazapine plus citalopram has short term but not longer term benefits over citalopram alone for the symptoms of obsessive compulsive disorder


Q Does mirtazapine plus citalopram improve symptoms of obsessive compulsive disorder more than citalopram alone?

METHODS

At 4 weeks, citalopram plus mirtazapine improves OCD symptoms compared with citalopram plus placebo, but there are no additional benefits at 12 weeks.

CONCLUSIONS

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Commentary

Selective serotonin reuptake inhibitors (SSRIs) are widely used in the treatment of depression and obsessive compulsive disorder (OCD). However, their clinical use is limited by a delayed onset of therapeutic action (in particular in OCD) and the occurrence of undesired side effects such as nausea, vomiting, agitation, insomnia, and sexual dysfunction.

For several theoretical reasons, augmentation of SSRI treatment with mirtazapine may provide a clinical benefit. Mirtazapine enhances serotonergic neurotransmission by increasing the serotonergic cell firing and by blocking presynaptic 5-HT2-adrenergic heteroreceptors at the serotonergic nerve terminals. In contrast with SSRIs, this therapeutic action does not require a time dependent desensitisation of receptors and may explain, in part, the finding of an earlier onset of action of mirtazapine in depression compared with SSRIs. Since the therapeutic effects of mirtazapine are thought to be mediated via 5-HT1a receptors whereas 5-HT2 and 5-HT7 receptors are blocked, the typical side effects found with SSRIs are avoided. Moreover, mirtazapine has been demonstrated to be an acute inhibitor of cortisol secretion both in healthy people and in people with depression. A rapid normalisation of hypothalamic–pituitary–adrenocortical hyperactivity after administration of mirtazapine may also play a role in the presumed early onset of action in depression.

Indeed, Pallanti et al found an accelerated onset of clinical improvement and lower rates of side effects in OCD patients if citalopram was combined with mirtazapine. This finding is of clinical importance since successful pharmacotherapy in OCD patients often takes quite a long time, requires high doses of SSRIs and is therefore associated with relatively high frequencies of side effects. However, the main criticism of Pallanti et al’s study is the single blind design and the absence of blinded ratings of outcomes. To confirm the result further double blind, placebo controlled studies are needed.

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