

14.9 Antidepressants curb depression in addiction patients but add little to strong 'talking therapies'

Findings A trio of studies amalgamating findings from trials of antidepressants in the treatment of alcohol or drug dependent patients have clarified that they do help the severely depressed, but also that they add little to effective 'talking therapies'.

Study 1 limited itself to patients clinically diagnosed as depressed, an attempt to weed out transient symptoms of substance use or withdrawal. Prescribing antidepressants as opposed to placebos led to significant further remission in symptoms of depression of the order seen in non-dependent patients, but only in trials where depression did not respond well to other therapies. Among these were all the trials which delayed diagnosing depression until the patient had been abstinent usually for a week or more (in all cases, from alcohol), one way to identify persisting depression. However, when antidepressants supplemented the more effective, manual-driven therapies (mainly cognitive-behavioural), they made little extra difference to depression outcomes. **Study 2** focused on this issue in respect of abstinence outcomes. It too found that antidepressants could improve little on cognitive-behavioural therapies. With other forms of manualised counselling, they had a slightly greater extra effect, and when no psychosocial therapies of any kind were reported, they substantially and significantly improved outcomes. An attempt (**study 3**) to separate findings for alcohol, cocaine and opiate users was hampered by the lack of adequate trials. The depression symptoms of depressed drinkers generally responded well to antidepressants, leading to a significant and substantial pooled effect. This was not the case for cocaine or opiate users. As in **study 1**, impacts on depression were greater than on substance use, which tended to reduce only when depression was also affected.

In context In England studies have suggested that depression affects a third of drug users seeking specialist treatment and half those being treated for alcohol problems. In these populations, depression substantially increases the risk of suicide, especially through overdose. Pessimism over prescribing antidepressants is a legacy of early studies which underdosed when higher than normal doses were required, paid insufficient attention to improving adherence to medication regimes, and used antidepressants with side effects and overdose risks greater than the newer SSRI generation. It is now clear that antidepressants are as effective for depressed substance users as for other patients. Evidence is most abundant and most convincing for dependent drinkers, perhaps partly because in these trials patients have typically stopped drinking several days before diagnosis.

Practice implications When depression is relatively severe, clinically diagnosed, and not simply related to drug use or withdrawal, antidepressants are effective against depression but not sufficient to address substance dependence. The best way to identify patients who will benefit is to delay diagnosis of depression until detoxification is completed and withdrawal symptoms have abated, but this is not always possible or desirable. The key issue is not whether depression was a consequence of substance dependence, but whether it is or has become a condition which will remain serious even when dependence has remitted. Making such a diagnosis is not easy and in cases of doubt, both conditions should be treated without undue delay.

Cognitive-behavioural therapies can be effective to the point where medication creates little further benefit, and where available could be tried first. If medication is indicated, safety and side-effect considerations make SSRI-type antidepressants the preferred choice. If these fail or are contraindicated, instalment prescribing (to minimise overdose risk) of tricyclic antidepressants can be considered.

LINKS Nugget 6.4 •
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Featured studies 1 Nunes E.V. *et al.* "Treatment of depression in patients with alcohol or other drug dependence: a meta-analysis." *Journal of the American Medical Association*: 2004, 291, p. 1887–1896 **DS** 2 Hesse M. "Achieving abstinence by treating depression in the presence of substance-use disorders." *Addictive Behaviors*: 2004, 29, p. 1137–1141 **DS** 3 Torrens M. *et al.* "Efficacy of antidepressants in substance use disorders with and without comorbid depression: a systematic review and meta-analysis." *Drug & Alcohol Dependence*: 2005, 78, p. 1–22 **DS**

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