

Citalopram and Mirtazapine combination on adolescents with refractory depression

Maruke Yeghiyan, Marina Tozalakyan, Gevorg Yeghiyan, Narine Israelyan
Child and Adolescents Mental Health Care Center
6 Yekmalian str. Yerevan Armenia.

Abstract

Background

Child and Adolescents Mental Health Care Center (CAMHC) created by the Armenian Association of Child Psychiatrists and Psychologists in 2000. The abstract is constitute of clinical experience and analysis of cases with the diagnosis of refractory depression. Resent clinical study and our own experience shown that depressive disorder among adolescents often is refractory to SSRI-s or TAD-s mono therapy.

Objective

To analyse effectiveness of TAD and SSRI combination in adolescents with treatment resistance depression.

Methods

According to this task we chose group of 14 to 17 years-old adolescents (N = 20) with refractory depression. They were all consisting on long (not less than 1 year) supervision of the psychiatrists from CAMHC Service. Before they were included in our study, all adolescents have taken different groups of AD-s in duration of 8-12 month. However, even under the high dosage treatment (for example, 300 mg imipramin) the symptom of Depression was not improved. In addition, most of them have come across to number of cholinolitic side effects, such as mouth dryness, tremor, etc...

For overcoming treatment we chose a method of co-administration with two antidepressants neuroreceptor mechanisms of which are well identified. In our open label study amitriptilin (TAD) and Citalopram (SSRI) were combined. All patients received the combined treatment (Amitriptilin + Citalopram) during 14 weeks.

Starting dosage of amitriptilin for all patients was 50 mg with weekly increase on 25 mg up to 125 maximum depending on efficiency, and for Citalopram - standard effective doze -20 mg without change.

Such combination was chosen based on the following reasons:

1. Amitriptilin has the multiple non-selective mechanism of action including at serotonin, dopamine and nor epinephrine level.
2. Citalopram is selective serotonin reuptake inhibitor.

For evaluate of efficiency we used the following tools:

- ICD-10 Criterion for depressive disorders,
- HAM-D, Hamilton Depressive Rating Scale,
- HAM-A, Hamilton Anxiety Rating Scale.

The estimation was made under all tests in the beginning, middle (7 weeks) and by the end. Alongside with the analysis of the certain experimental - psychological tests, the clinical estimation was made on the part of the treating doctor. Besides it were taken into account an estimation of the parents, and self-estimation of the patients.

Results

The analysis of results of research has shown significant and valid efficiency co administration of Amitriptilin and Citalopram at adolescents with refractory depressive disorders. HAM-D average base 36.79 + -4.34 and final - 57.47 + - 5.89, (t 20 = 17.68). (P = .0001). Also the level of motivations, vivacity of interests and aspiration to social activity has raised.

We conclude that in combine treatment is necessary to adhere to the following principles:

1. To combine medications according to identified neuro receptor mechanisms.
2. The successful combination of mechanisms means synergy of action.
3. The successful combination of mechanisms should not increase risk of side effects.