

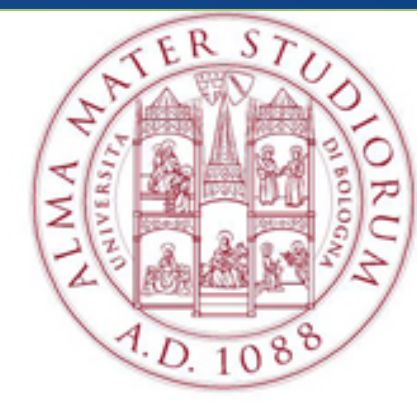
POTENTIAL BENEFITS OF SLOW TITRATION OF PAROXETINE

TREATMENT IN ELDERLY POPULATION:

6-MONTH RESULTS FROM A NATURALISTIC SETTING

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ABSTRACT

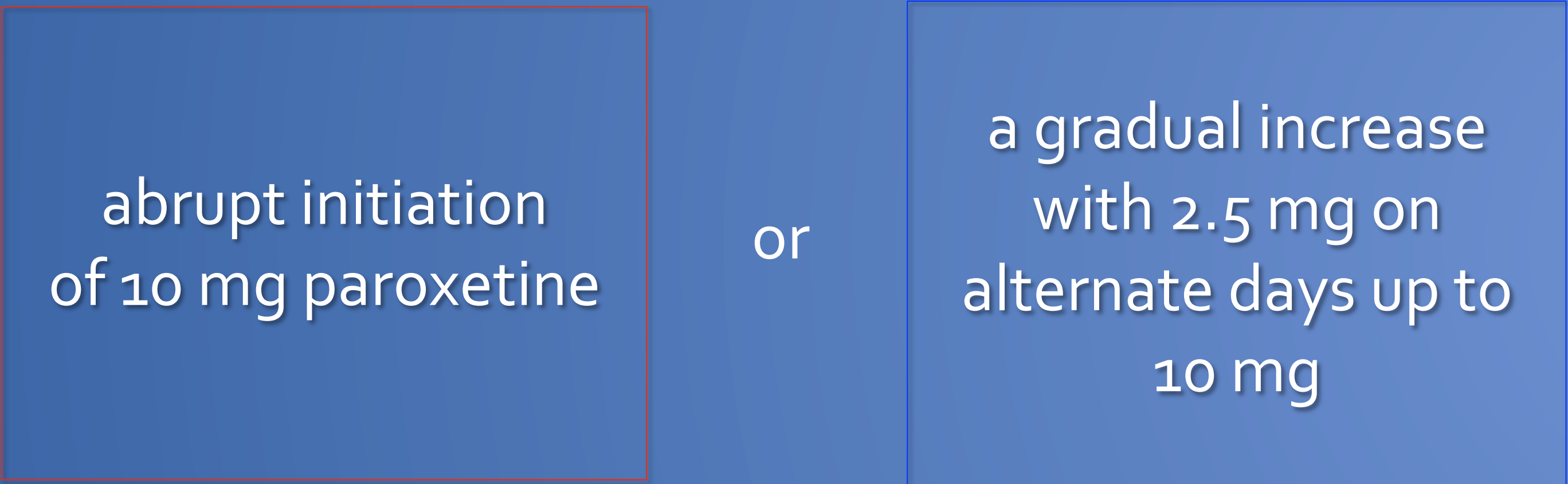
Late-life depression affects approximately 15% of over 65-years individuals [1]. SSRIs could be responsible of an early exacerbation of anxiety, possibly reduced by a very gradual titration of drugs. **The aim of this study is to compare gradual and rapid (standard) titration of paroxetine in an elderly population.** 50 elderly (≥ 60 years old) outpatients with Unipolar Mood disorder or Anxiety disorder (HAM-D or HAM-A score ≥ 13) were naturalistically assigned to abrupt initiation of 10 mg paroxetine or to a gradual increase with 2.5 mg on alternate days up to 10 mg in 7 days . MINI Mental < 20 and/or severe medical illnesses were main exclusion criteria. Outcome were HAM-D 21, HAM-D symptom subscales (Core, Psychic Anxiety, Somatic Anxiety cluster) and HAM-A change and overall dropouts. All data were recorded weekly for the first 2 months (with one more evaluation after 3 days from the baseline), than after 4 and 6 months from baseline. **A significantly greater improvement in depressive and anxious symptoms favored gradual titration both in early and medium-term follow-up** (repeated misure ANOVA $p=0.026$ and $p=0.007$ respectively for HAM-D 21, HAM-D Core cluster, HAM-D psychic anxiety subscale, also when controlled for confounders). A higher number of drop out was found in patients administered with abrupt dosage. A gradual titration of paroxetine could lead to better medium-term outcome both in depressive and anxiety symptoms and to less medium-term discontinuations, avoiding the initial treatment anxiety worsening and drop out at the beginning of the treatment

BACKGROUND AND AIMS

- Late-life depression, often in association with anxiety, affects approximately 15% of over 65-years individuals [1]
- SSRIs are the first line treatment but could be responsible of an early exacerbation of anxiety
- The aim of this study is to compare gradual and rapid (standard) titration of paroxetine in an elderly population

METHODS

- 50 elderly (≥ 60 years old) outpatients with Unipolar Mood disorder or Anxiety disorder were naturalistically assigned (1:1) to:



- Then dosage could be maintained at 10 mg or increased according to clinical response.

OUTCOMES

HAM-D 21
HAM-D Core subscale [items: 1) Depressed mood, 2) Feelings of guilt, 7) Work and activities, 8) Retardation, 10) Anxiety (Psychological), 13) Somatic symptoms general]
HAM-D Psychic Anxiety subscale [items: 9) Agitation, 10) Anxiety (Psychological)]
HAM-D Somatic Anxiety subscale [items: 11) Anxiety somatic, 12) Somatic symptoms gastrointestinal, 13) Somatic symptoms general]
HAM-A
Drop outs

- All data were recorded weekly for the first 8 weeks of treatment (with one more evaluation after 3 days from the baseline), than after 4 and 6 months from baseline (Fig.1).

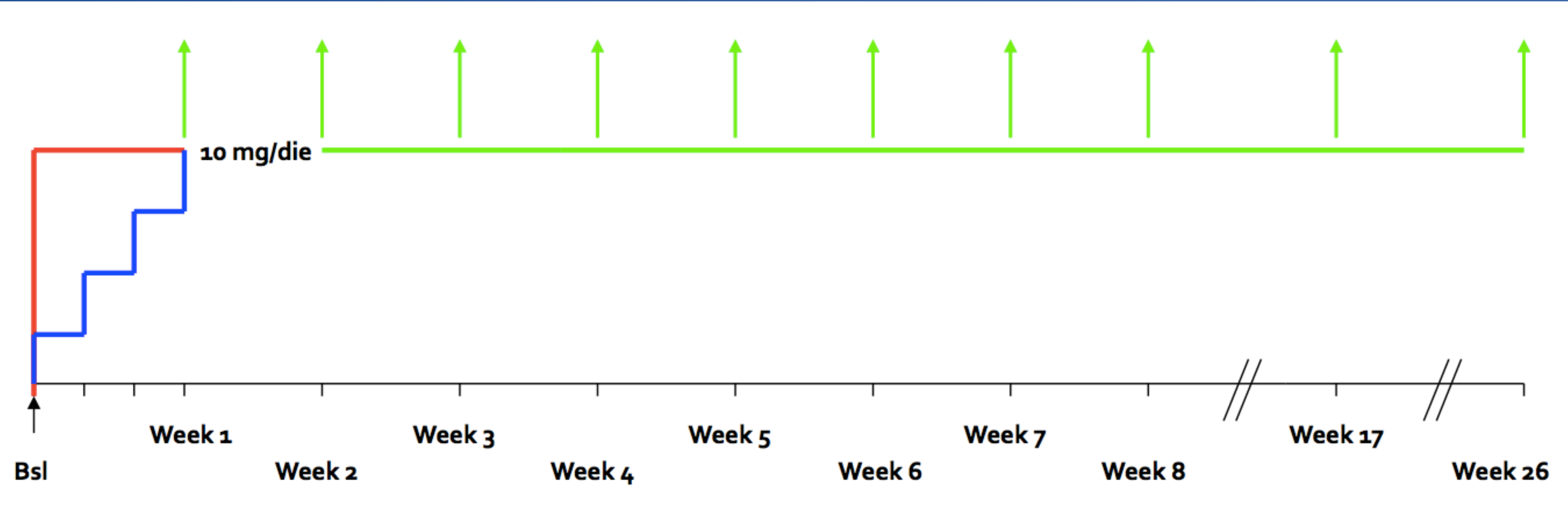


Fig.1

Study protocol

RESULTS

CLINICAL-DEMOGRAPHIC CHARACTERISTICS		Slow titration (N=26)	Rapid titration* (N=23)	χ^2 / t-test p
Mean age (years; DS)		70.92 (7.01)	76.04 (6.80)	0.01
Gender (F/M; %)		73.08/26.92	78.26/21.74	0.67
HAM-A (mean; DS)		18.12 (7.74)	18.27 (5.43)	0.94
HAM-D	Total 21	17.68 (6.07)	16.09 (6.56)	0.39
	Core	7.80 (2.55)	7.50 (2.96)	0.71
	Psychic Anxiety	3.08 (1.66)	2.09 (1.02)	0.02
	Somatic Anxiety	3.48 (1.58)	3.50 (1.77)	0.97

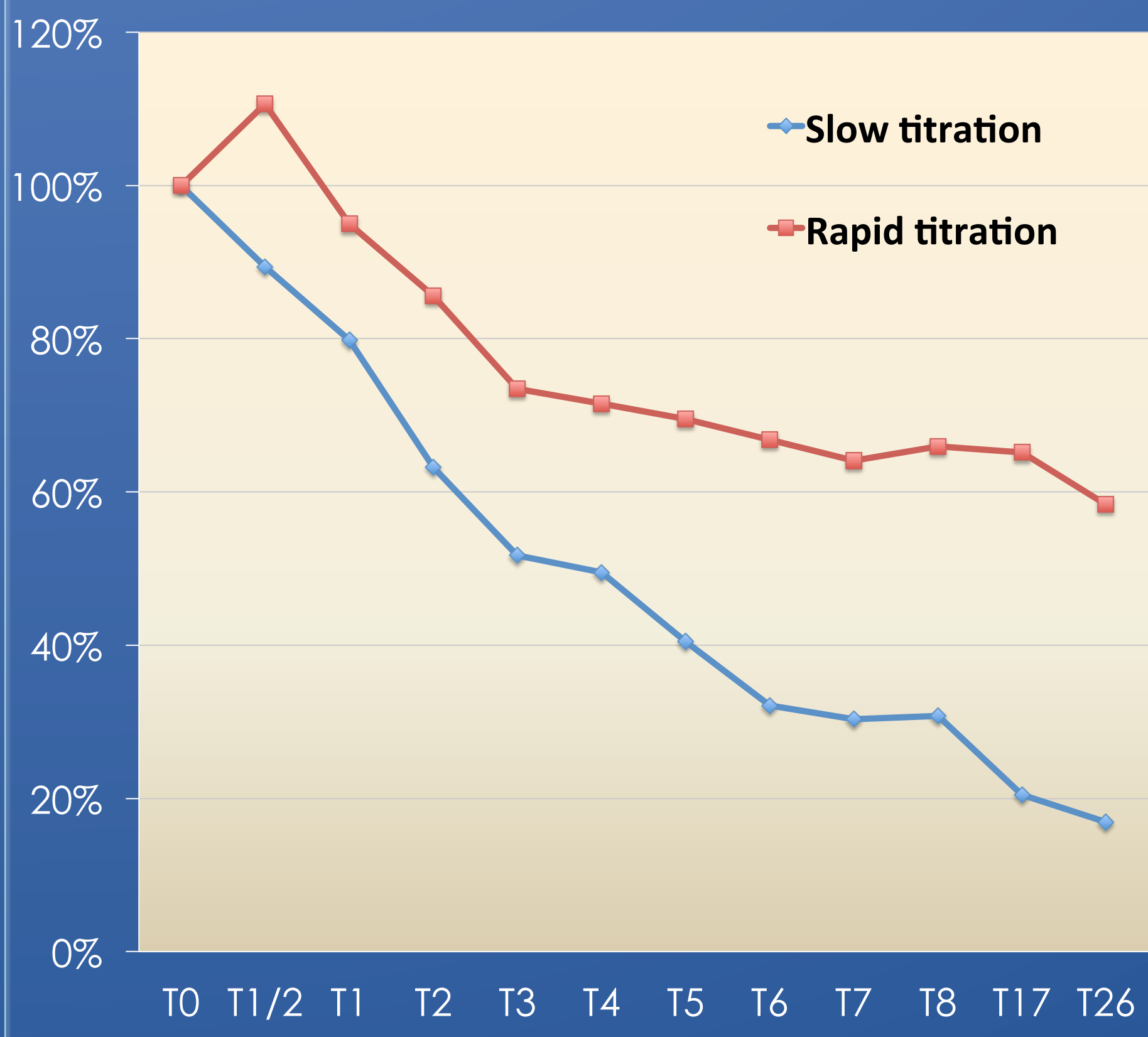
*Out of 50 patients, 1 among rapid arm did not undergo any follow-up evaluation and was excluded from main analysis.

A significantly greater improvement in depressive and anxious symptoms favored gradual titration both in early and medium-term follow-up.

HAM-D Cluster “Psychic Anxiety”

Repeated Measures ANOVA

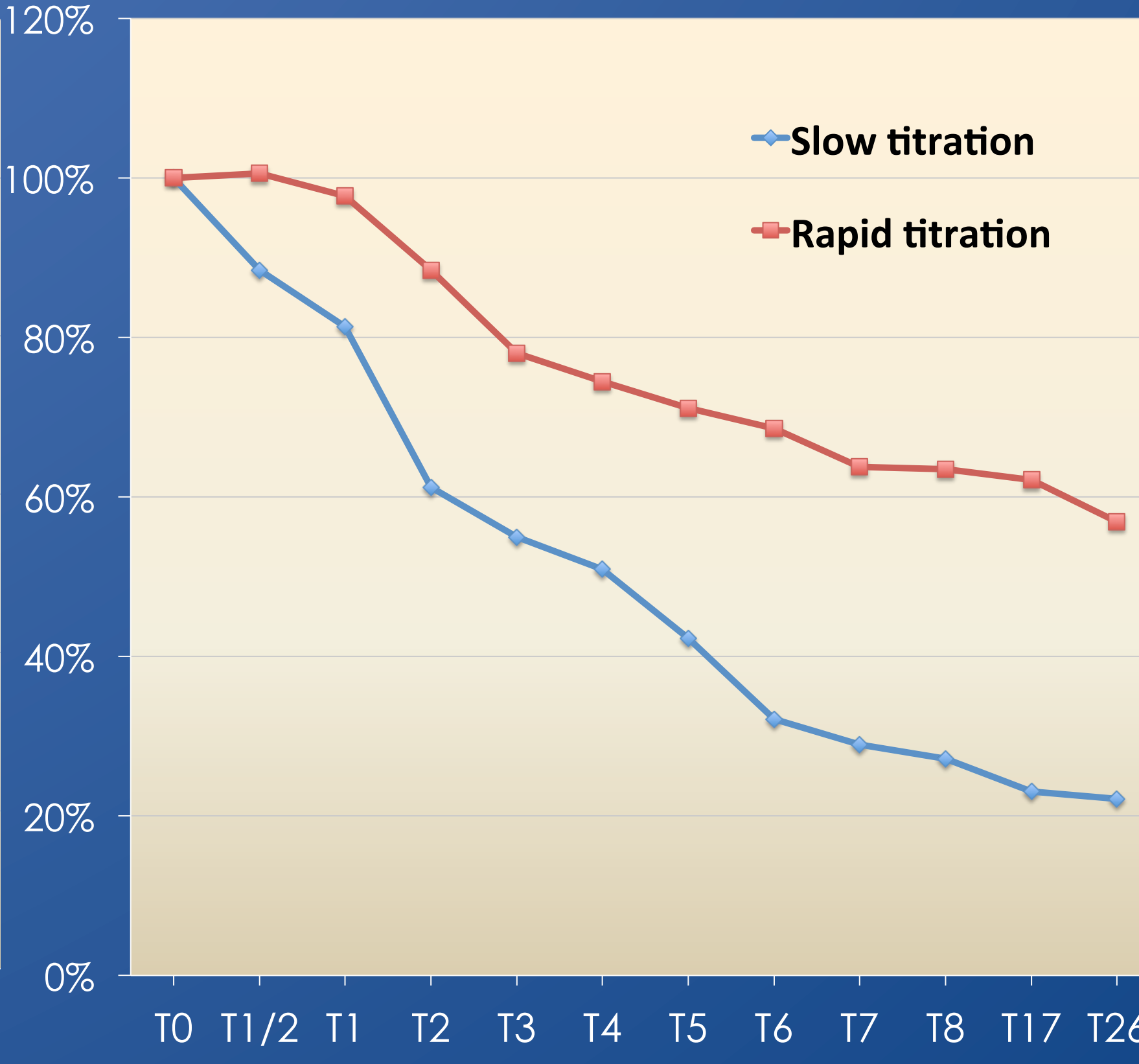
$p < 0.001$ (timeXdrug)



HAM-D Cluster “Core”

Repeated Measures ANOVA

$P = 0.007$ (timeXdrug)



A higher number of drop out was found at 2nd and 6th months in patients with abrupt dosage (15,38% vs. 39,13%, $p=0.06$; 30,77% vs. 69,57% $p < 0.01$, respectively for slow and rapid titration)

CONCLUSIONS

Aa gradual titration of paroxetine could lead to better medium-term outcome both in depressive and anxiety symptoms and to less medium-term discontinuations.

References: [1] Devasahayam, A., J. D. Subramani, S. Curran 2011. Systematic review of the efficacy of duloxetine in major depressive disorder of the elderly. European Neuropsychopharmacology 21(Supplement 3): S404.

No potential conflict of interest