



## **Antidepressants are effective for depression in physically ill people**

### **Clinical question**

How effective are antidepressants for depression in patients with a physical illness?

### **Bottom line**

Antidepressants were more effective than placebo in treating depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT\* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients,<sup>1</sup> are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.

\* NNT = number needed to treat to benefit 1 individual

### **Caveat**

At 6–8 weeks, there were more drop-outs among patients treated with an antidepressant than among patients treated with placebo (NNH\*\*19), but no difference was observed at the other time-points assessed. Due to potential biases, such as selective publication, small sample sizes and the variable methodological quality of trials, it is likely the effect sizes obtained in this review overestimate the efficacy of antidepressants.

\*\* NNH = number needed to treat to cause harm in 1 individual

### **Context**

Antidepressants are effective in the treatment of depression in physically healthy populations, but there is less clarity regarding their use in physically ill patients.

### **Cochrane Systematic Review**

Rayner L et al. Antidepressants for depression in physically ill people. Cochrane Reviews 2010, Issue 3. Article No. CD0057503. DOI: 10.1002/14651858.CD007503.pub2. *This review contains 51 studies involving 3603 participants.*

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### **Further references**

1. Taylor D. *Acta Psychiatr Scand* 2008;118:434–42.

*PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners – developed by the Cochrane Primary Care Field, New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland and funded by the New Zealand Guidelines Group. New Zealanders can access the Cochrane Library free via [www.nzgg.org.nz](http://www.nzgg.org.nz)*

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