

### **Episode of Major Depression Refractory to Pharmacotherapy**

The Editor

Sir,

Sertraline is a central selective serotonin reuptake inhibitor (1) and considered safe (1). The antidepressant effect of the drug has been confirmed (1–13). The best evidence of the anxiolytic effect of sertraline is its usefulness in the treatment of fear attacks (14–15). Rarely, adverse effects of the drug include: gastrointestinal disturbances, nausea, sexual disturbances in men (1), extrapyramidal manifestations (16) and development of catatonic syndrome after combined administration of sertraline, valproic acid and risperidone (17).

A 22-year old female patient, who had no previous psychiatric treatment, presented to the author with depression after the admission of her boyfriend to a psychiatric hospital for acute psychosis. The patient had moved from overprotective and dominant parents to being independent. She was always described as friendly.

A detailed psychiatric examination demonstrated a typical “major depression” syndrome with a component of anxiety. It was believed that the stressful situation surrounding her boyfriend’s illness was the triggering factor. Initially, she was treated with the following drugs: surmontil (trimipramine), prazinil (carpipramine) and efectin (venlafaxine) consecutively.

This treatment failed to produce any improvement. The diagnosis of “major depression” with a high component of anxiety was confirmed by testing the patient with the following scales (12–13): Hamilton Depression Evaluation Scale, Raskin Depression Scale, Montgomery-Asberg Scale, Beck Depression Self-Assessment Inventory, DSM-III-R Scale, CGI Scale, Covi Anxiety Scale, Zung Anxiety Self-Assessment Scale and Leeds Sleep Questionnaire (12–13). Laboratory tests such as blood and urine analyses, ECG, EEG, chest radiogram and physical examination were all normal.

It was discovered that in the patient’s family, the father had suffered four episodes of “major depression”. No other mental diseases occurred in the family. The patient denied any head trauma and loss of consciousness.

After unsuccessful attempts at treatment, the author instituted, apart from individual psychotherapy, sertraline from low doses (which proved ineffective) up to 200mg daily, orally. Complete remission of the "major depression" was obtained.

Some authors have been forced to combine sertraline with lithium carbonate to obtain therapeutic improvement in depression refractory to pharmacotherapy. In the described patient, sertraline caused extrapyramidal manifestations (16). The author achieved regression by addition of oral lorazepam in 7.5 mg daily in divided doses thrice daily to the therapy.

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