

EPIDEMIOLOGIA E PSICHIATRIA SOCIALE

EDITOR MICHELE TANSELLA



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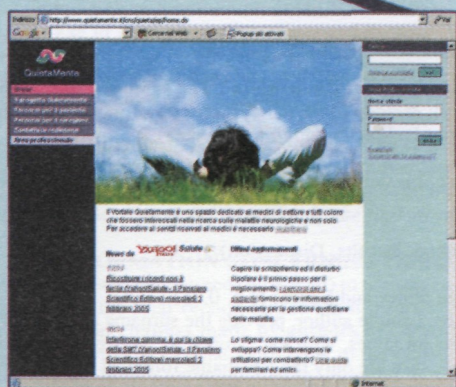
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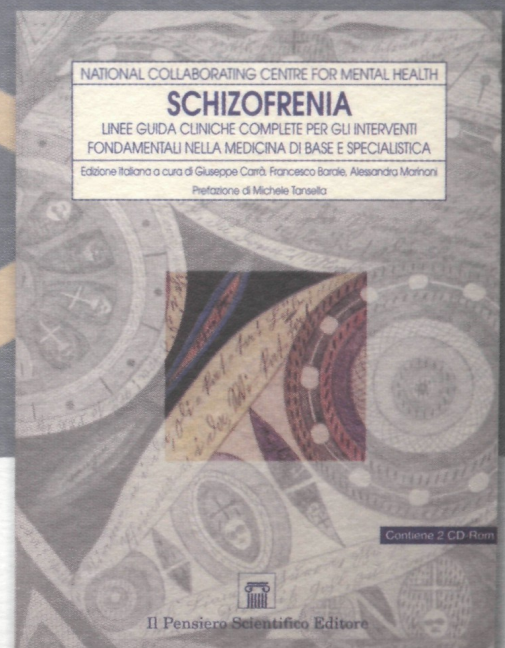
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Editorials Controversies in antidepressant therapy

Editoriali Aspetti controversi della terapia antidepressiva

CARMINE M. PARIANTE*, Guest Editor, and MICHELE TANSELLA, Editor

Never before the public opinion (and perhaps the medical opinion) has been so much divided on “to whom” and “how” to prescribe antidepressants. When a topic becomes political, and journalistic, it is difficult to objectively evaluate doubts and concerns, risks and benefits. In an environment always predisposed to define antidepressants as “drugs” in the most negative connotation of the word, the “discontinuation syndrome” has become “addiction”, thus forgetting that a few days of dizziness and nausea after stopping an antidepressant are different from spending the day seeking the heroin or the alcohol, or, in this case, not being able to stop the antidepressant (a very rare but possible event) when advised by the doctor. In the same way, a possible increase in suicidal ideation described in adolescents starting antidepressant treatment (not statistically significant, and, it seems, not associated with an increased suicidal risk) makes people forget that suicide is a terrible consequence when depression is *untreated*, not when it is treated (Wessely & Kerwin, 2004). Unfortunately, the “short-sighted” behaviour of some drug companies – hide negative evidence, spin clinical advantages – has led to scepticism in the public and medical opinion, and this has led to fears and suspicions, not always justified, on psychotropic medications and on antidepressants. However, it is important to remember that pharmaceutical companies, because of their financial resources, are the only organisations that can research, develop and produce new antidepressant drugs: it will be terrible when the pharmaceutical companies will abandon psychiatric research because of the con-

Mai come ora l’opinione pubblica (e forse anche quella medica) è stata divisa su “come” ed “a chi” prescrivere una terapia antidepressiva. Come sempre quando un argomento diventa politico, e giornalistico, è difficile valutare obiettivamente dubbi e preoccupazioni, rischi e benefici. In un contesto da sempre propenso ad usare il termine “psicofarmaci” in modo denigratorio per definire gli antidepressivi, i sintomi da sospensione sono diventati sintomi di “dipendenza”, dimenticando che una cosa è soffrire di vertigini e nausea per qualche giorno all’interruzione di un antidepressivo, un’altra cosa è trascorrere la giornata cercando la dose di eroina o la bottiglia dell’alcol, oppure, in questo caso, non riuscire a fare a meno della dose quotidiana di antidepressivo (un’evenienza rarissima ma possibile) anche quando il medico ha deciso la sospensione del trattamento. Nella stessa maniera, la descrizione di un possibile aumento della ideazione suicidaria nei primi giorni di terapia antidepressiva in adolescenti (aumento statisticamente non significativo, e, pare, non associato ad un aumento dei suicidi) ha fatto dimenticare che il suicidio è una terribile conseguenza della depressione *non* trattata, non di quella trattata (Wessely & Kerwin, 2004). Purtroppo, il comportamento a dir poco miope di alcune case farmaceutiche – nascondere evidenze negative, accentuare vantaggi clinici ingiustificati – ha prodotto sfiducia nella gente e nella professione medica, ed essa ha portato come conseguenza anche dubbi non sempre motivati, e talora anche sfiducia, negli psicofarmaci e negli antidepressivi. Occorre però ricordarsi che le industrie farmaceutiche, disponendo di grandi risorse economiche, sono le uniche organizzazioni impegnate a ricercare, sviluppare e produrre nuovi farmaci: triste sarà il giorno in cui le compagnie abbandoneranno la ricerca in psichiatria per paura di essere denunciate, come la recente crisi americana nelle forniture di vaccino anti-influenzale – che potrebbe portare ad un aumento della mortalità questo inverno – ci insegna. In questo panorama confuso, dove sia

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