

# RGH Pharmacy E-Bulletin

Volume 36 (2): October 26, 2009

A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

Editor: Assoc. Prof. Chris Alderman, University of South Australia – Director of Pharmacy, RGH

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## Treatment-emergent affective switch

Antidepressants are commonly used as adjuncts to mood-stabilising agents such as lithium or sodium valproate for patients with bipolar affective disorder. It has been reported that treatment with antidepressants may be associated with the induction of episodes of mania or hypomania in 15-40% of bipolar patients. The phenomenon of abnormal mood elevation during antidepressant treatment, or 'treatment-emergent affective switch' was first described in association with tricyclic antidepressants, and has now been reported for all major antidepressant classes.

Not all antidepressants are equal in their association with treatment-emergent affective switch. A number of studies have shown the risk of switch is higher during treatment with certain agents, particularly venlafaxine and tricyclic antidepressants. Other antidepressants such as bupropion, paroxetine and MAO inhibitors are described as having a somewhat lower switch rate.

In studies of adjunctive antidepressant treatment of bipolar disorder, venlafaxine has been found to have a higher switch rate than sertraline and bupropion, and researchers postulate that the dual action of venlafaxine on serotonin and noradrenaline reuptake may have contributed to higher rates of switch. In contrast, data from the STEP-BD (Systematic Treatment Enhancement Program for Bipolar Disorder) study show no difference in switch rates between the SSRIs (as an overall class), venlafaxine and bupropion. However, within the class of SSRIs, this study found fluoxetine to carry a higher risk of treatment-emergent affective switch.

Certain individual patients are thought to be more susceptible to antidepressant induced mania or hypomania. There is some evidence that affective switch may be more common in patients with a previous history of antidepressant induced mania, a recent episode of mania, substance abuse or a short duration of illness. Risk may also vary with subtype of bipolar disorder.

The risks and benefits of using antidepressants in bipolar disorder is currently an area of debate. Studies assessing rates of switch often have uncontrolled and retrospective design, and causation is difficult to determine, as is distinguishing treatment-emergent switch from spontaneous cycling. In addition, there is increasing evidence that antidepressant therapy as an adjunct to mood stabilisers in bipolar disorder is not associated with increased efficacy.

As the risk for Treatment-emergent affective switch appears to be influenced by patient-specific variables, it is prudent to identify these when determining the risk-benefit ratio for the use of antidepressants in bipolar disorder.

Acknowledgment – This E-Bulletin is based on work by Dasha Loutchkina, Senior Clinical Pharmacist, RGH.

**FOR FURTHER INFORMATION CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: [chris.alderman@health.sa.gov.au](mailto:chris.alderman@health.sa.gov.au)**  
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