



BEYOND THE GUIDELINES: INFORMATION ABOUT ANTIDEPRESSANTS

Past Findings

Data from clinical trials suggest that selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) have no negative impact on seizure frequency.¹

Clinical evidence actually shows that some SSRIs reduce seizure frequency.¹ Studies in animal models also show reduced seizure frequency with some SSRIs, including fluoxetine, citalopram, and sertraline.^{1,3}

The seizures that have been reported in patients with SSRIs and SNRIs are concentration-related. They only occur in overdose.^{1,2,4}

Warning: There are some antidepressants, however, that may increase the incidence of seizures, even at therapeutic doses. The following four antidepressants are not recommended for people with epilepsy: **amoxapine, bupropion, clomipramine and maprotiline.**^{1,2}



With the exception of the four drugs above, antidepressants are safe for people with epilepsy when used at therapeutic doses.^{1,2}

Recommendations

The first line of treatment for depressive and anxiety disorders in people with epilepsy includes the use of SSRIs and SNRIs, particularly **sertraline, citalopram, mirtazapine, reboxetine, paroxetine, fluoxetine, escitalopram, fluvoxamine, venlafaxine, and duloxetine.**^{1,4}

People with epilepsy should be treated starting with low doses with stepwise increments until they achieve a symptom-free state, develop adverse events or reach the maximal dose, whichever comes first.¹

It is suggested that the implementation of antiepileptic drugs in depressed patients should include valproate, carbamazepine, lamotrigine, gabapentin, and pregabalin, since these drugs have either mood-stabilizing or anxiolytic effects.⁴



References:

1. Kanner AM (2016) Most antidepressant drugs are safe for patients with epilepsy at therapeutic doses: A review of the evidence. *Epilepsy Behav* 61: 282-286.
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3. Citraro R, Leo A, De Fazio P, De Sarro G, Russo E (2015) Antidepressants but not antipsychotics have antiepileptogenic effects with limited effects on comorbid depressive-like behaviour in the WAG/Rij rat model of absence epilepsy. *Brit J Pharmacol* 172: 3177-3188.
4. Gorska N, Slupski J, Cubala WJ, Wiglusz MS, Galuszko-Wegielnik M (2018) Antidepressants in epilepsy. *Neurol Neurochir Pol* Article in Press.