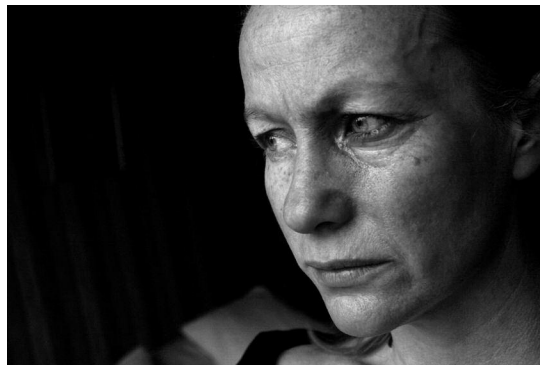


A New Development in Treating Depression

Depression is a serious medical illness that affects the brain. During the course of a lifetime, 17 out of 100 individuals will suffer from this condition. Depression is characterized by feelings of sadness, loss of interest in activities that used to be enjoyable, loss of energy, and feelings of worthlessness that do not go away. In depressed individuals, these symptoms persist and interfere with everyday life.

Antidepressant medications are used to treat depression, but at least 30% of affected individuals do not respond to these drugs at all, and 50% continue to have symptoms. Patients often need to try a variety of drugs—alone and in combination—in order to find a safe and effective treatment.

Most antidepressant medications affect one or more of the brain chemicals serotonin, dopamine, and norepinephrine, but these drugs often have side effects. The most common side effects are changes in sleep, changes in weight, gastrointestinal disturbances, decreased sexual de-



sire or function, and withdrawal symptoms when the medicines are stopped. For these reasons, researchers are always on the lookout for new and improved antidepressant medications.

One promising candidate is a drug called agomelatine. This medicine works differently from other antidepressants and seems to have two distinct effects. First, agomelatine acts similarly to the hormone melatonin, which is released at night and is involved with the onset of nighttime sleep. Agomelatine may help to regulate a person's sleep-wake cycles, which are thought to function improperly in many depressed individuals. Second, agomelatine blocks a specific brain protein that normally binds to serotonin. Through this action, the dopamine and norepinephrine pathways in the brain may also be affected, which may enhance agomelatine's antidepressant effects.

So far, 6 studies of agomelatine have been conducted in humans. Most studies have used doses of 25–50 mg once daily at bedtime. These

FOR MORE INFORMATION

American Academy of Family Physicians
<http://familydoctor.org/online/famdocen/home/common/mentalhealth/depression/046.printerview.html>

National Institute of Mental Health
www.nimh.nih.gov/health/publications/depression-easy-to-read.shtml

Medline Plus
www.nlm.nih.gov/medlineplus/depression.html

Based on “Agomelatine for the Treatment of Major Depressive Disorder” by Christian R Dolder, Michael Nelson, Morgan Snider, *The Annals of Pharmacotherapy*, December 2008, <http://dx.doi.org/10.1345/aph.1L296>. For Our Patients is provided by *The Annals* to help explain the latest research and information relating to your medications. These summaries are for informational purposes only and are not a substitute for professional advice from your personal medical provider. If you have questions about this material, you should discuss it with your physician or pharmacist. This summary may be reproduced without permission for not-for-profit educational purposes only. Any other use must be approved by the publisher. © Copyright 2008, Harvey Whitney Books Company, www.hwbooks.com. FOPE22 DOI 10.1345/fop.1L296

studies were relatively short, lasting only 6–12 weeks, but it seems that agomelatine may work faster than other antidepressants: benefits were apparent after just 2–4 weeks, compared with 4–6 weeks with other antidepressants. Agomelatine seems to be at least as effective as other antidepressants, and when compared with an inactive pill, agomelatine was significantly more effective at reducing symptoms of depression. Agomelatine also seems to help patients fall asleep faster and may normalize patients' sleep-wake cycles, which may improve mood.

Agomelatine's side effects seem to be less severe than those of other antidepressants. Dizziness, nose and throat irritation, and flu-like symptoms were the most commonly report-

ed side effects, but these occurred at the same rate in people taking agomelatine as in those taking an inactive pill. Importantly, patients taking agomelatine did not experience negative effects on sexual function and desire, which is a common side effect with many antidepressant drugs. Additionally, withdrawal effects do not seem to occur when patients stop taking agomelatine.

Further studies of agomelatine are being conducted and the drug is not yet approved by the Food and Drug Administration. Nevertheless, if you suffer from depression and associated sleep disturbances, watch for new developments about the use of agomelatine for the treatment of depression.