Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) treatment for patients with depressive disorders comorbid somatic symptoms: A case series.

SNRI 用於重鬱症合併身體症狀患者的治療: 系列個案報告

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Background: The prevalence of major depressive disorder (MDD) is around 5-10%, and it has been reported that more than half of the patients with depression has various form of somatic complaints, mainly associated with pain. Serotonin-norepinephrine reuptake inhibitor (SNRI), such as duloxetine, had been reported to not only improve depression symptoms, they also had certain efficacy in treating somatic and painful symptoms. Here we report a case series of clinical experiences with SNRI in treating patients with MDD comorbid disorder associated or treatment emergent somatic complaints. The case series include a total of 4 cases involving MDD comorbid tinnitus, limb twitching and pain, sweating, and bruxism.

Case Reports: Case 1: A 69 year-old man with major depressive disorder comorbid exacerbation of bilateral tinnitus for 2 years had a complete remission of his depressive and tinnitus symptoms after 8 weeks of treatment with duloxetine 30mg/d. Case 2: A 25 year-old man with Isaacs syndrome (characterized with limb pain and involuntary limb twitching) comorbid with MDD for 1 year had full remission of his depressive and somatic symptoms after 1 year treatment of duloxetine 30mg/d. Case 3: A 72 year-old woman without any personal or family movement disorder history with recurrent episode of MDD had treatment emergent bruxism with clenching and grinding the teeth after 4 weeks of venlafaxine 150mg/d. Despite the fact that her depressive symptoms had partially resolved, the bruxism persisted. Her treatment was shifted to duloxetine 30mg/d to prevent relapse of her depressive symptoms and her bruxism completely resolved 3 weeks after the shift and she remained symptom free from depression and bruxism 6 months at follow up. Case 4: A 51 year-old

postmenopausal women had full remission of her 8 year- MDD under milancipram 50mg/d treatment, but had to discontinue the treatment due to intolerable sweating. She had also been receiving estrogen replacement treatment (ERT) long before the treatment with milancipram for postmenopausal hot flushes and palpitation, and reported that sweating had never been an issue in past with ERT. She was re-challenged with milancipram after a relapse of depression after discontinuation of milnacipram, but the sweating re-emerged, hence her treatment was shifted to duloxetine 30mg/d. She had complete resolution in both of her symptoms with depression and sweating after 6 months of treatment.

Discussion: Somatic symptoms often comorbid depression, while some depressive symptoms manifest as bodily complaints. Patients with depression are more likely to report pain and other bodily discomforts due to their lowered threshold in pain and other sensation receptors. Duloxetine, a commonly prescribed SNRI with a more balanced modulation of serotonin and norepinephrine neurotransmission, had been reported to be effective not only for somatic and depressive symptoms in depression but also for pain not associated with depression. In all our cases, the patients were all diagnosed with MDD and had various form of somatic symptoms, and were treated successfully with low dose duloxetine.