



<b>Title</b>	<b>Clinical Efficiency and Safety Profile of Selective Serotonin Reuptake Inhibitors</b>
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## Aim

To systematically investigate a difference in clinical efficiency between selective serotonin reuptake inhibitors (SSRIs) and placebo in relation to the severity grade of disease; and to systematically review the safety profile of SSRI treatment in terms of adverse side effects.

## Conclusions and results

No difference in clinical efficiency of SSRIs in comparison to placebo could be detected. Evidence for clinical efficiency of SSRIs in mild to moderate depression is scarce. Studies show a trend – that SSRIs are efficient in severe depression – but significance is missing. Adverse side effects of SSRI treatment include sexual dysfunction, elevated bleeding risk, suicidal behavior, and occurrence of serotonin-syndrome, SSRI-discontinuation syndrome, and syndrome of inappropriate antidiuretic hormone secretion.

## Recommendations

Diagnostic assessment of patients with depression must be reevaluated, especially in general medical practice. Clinical efficiency of SSRIs should be further investigated in comparison to first-generation antidepressants and nonpharmaceutical therapeutic options. Also, helpful in therapeutic decision making would be a systematic assessment of potential differences in clinical efficiency, the safety profile of the SSRI subclasses accepted for use in Austria, and unconfined documentation of SSRI-associated adverse side effects.

## Methods

This report is a rapid assessment. We searched the Cochrane Library and MEDLINE databases for reports, meta-analyses, and systematic reviews presented between 2005 and 2008. We also searched for new primary studies (Jan-Jul 2008). The literature was completed by hand searching relevant international websites and databases. All literature was critically appraised. Searches were limited to German and English language. An external expert reviewed the report.

## Further research/reviews required

Long-term studies (with follow-up periods exceeding 8 months) with large patient numbers are required to enable definite recommendations regarding the clinical efficiency and safety profile of long-term treatment with SSRIs. In general, research on antidepressants should always take into account the potential presence of statistical bias, should verify the correctness of the study design, and should distinguish between statistical and clinical significance.