Antidepressant use in painful rheumatic conditions.

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This article reviews the pharmacologic and clinical evidence supporting the use of antidepressant drugs for treating painful rheumatologic conditions. Clinical studies have shown that tricyclic antidepressants, even at low doses, have analgesic effects in rheumatologic conditions equivalent to those of serotonin and noradrenalin reuptake inhibitors, but are less well tolerated. Selective serotonin reuptake inhibitors may also have analgesic effects, but higher doses are required to achieve analgesia in conditions such as fibromyalgia and low back pain. Antidepressant drugs may be useful in painful rheumatologic conditions, but in some studies the analgesic effects of antidepressants may be associated with functional impairment, sleep disorders, and fatigue. Further studies are required to determine antidepressants' analgesic mechanism of action and the specific role they should play in the management of chronic painful rheumatologic conditions.

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Is there any evidence to support the use of anti-depressants in painful rheumatological conditions? Systematic review of pharmacological and clinical studies.


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The aim of this study was to review the evidence supporting the use of anti-depressants in painful rheumatological conditions. A systematic review of papers published between 1966 and 2007, in five European languages, on anti-depressants in rheumatological conditions was performed. Papers were scored using Jadad method and analgesic ES was calculated. We selected 78 clinical studies and 12 meta-analyses, from 140 papers. The strongest evidence of an analgesic effect of anti-depressants has been obtained for fibromyalgia. A weak analgesic effect is observed for chronic low back pain, with an efficacy level close to that of analgesics. In RA and AS, there is no analgesic effect of anti-depressants, but these drugs may help to manage fatigue and sleep disorders. There is no clear evidence of an analgesic effect in OA, but studies have poor methodological quality. Analgesic effects of anti-depressants are independent of their anti-depressant effects. Tricyclic anti-depressants (TCAs), even at low doses, have analgesic effects equivalent to those of serotonin and noradrenalin reuptake inhibitors (SNRIs), but are less well tolerated. Selective serotonin reuptake inhibitors (SSRIs) have modest analgesic effects, but higher doses are required to achieve analgesia. Anti-depressant drugs, particularly TCAs and SNRIs, have analgesic effects in chronic rheumatic painful states in which analgesics and NSAIDs are not very efficient, such as fibromyalgia and chronic low back pain. In inflammatory rheumatic diseases, anti-depressants may be useful for managing fatigue and sleep disorders. Further studies are required to compare anti-depressants with other analgesics in the management of chronic painful rheumatological conditions.

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