



Research report

Dimorphic changes of some features of loving relationships during long-term use of antidepressants in depressed outpatients



Donatella Marazziti^{a,*}, Hagop S. Akiskal^{a,b}, Mieke Udo^b, Michela Picchetti^a,
Stefano Baroni^a, Gabriele Massimetti^a, Francesco Albanese^a, Liliana Dell'Osso^a

^a Dipartimento di Medicina Clinica e Sperimentale, University of Pisa, Italy

^b International Mood Center, San Diego Veterans Administration Medical Center, San Diego, CA, USA

ARTICLE INFO

Article history:

Received 9 December 2013

Received in revised form

17 April 2014

Accepted 17 April 2014

Available online 2 May 2014

Keywords:

Depression

Antidepressants

Side effects

Emotional blunting

Romantic relationships

Gender

ABSTRACT

The present study aimed at investigating the possible changes of some features of loving relationships during long-term treatment of depression with both selective serotonin reuptake inhibitors (SSRIs) and tricyclics (TCAs), by means of a specifically designed test, the so-called “Sex, Attachment, Love” (SALT) questionnaire.

The sample was composed by 192 outpatients (123 women and 69 men, mean age $\pm$ SD: 41.2 ± 10.2 years), suffering from mild or moderate depression, according to DSM-IV-TR criteria, that were selected if they were treated with one antidepressant only for at least six months and were involved in a loving relationship.

The results showed that SSRIs had a significant impact on the feelings of love and attachment towards the partner especially in men, while women taking TCAs complained of more sexual side effects than men. These data were supported also by the detection of a significant interaction between drug and sex on the “Love” and “Sex” domains.

The present findings, while demonstrating a dimorphic effect of antidepressants on some component of loving relationships, need to be deepened in future studies.

© 2014 Elsevier B.V. All rights reserved.

1. Introduction

In the last decades, the use of antidepressants, particularly of selective serotonin reuptake inhibitors (SSRIs) has increased progressively, so that nowadays they represent one of the most commonly prescribed drugs in the medical practice (Bauer et al., 2008; Pratt et al., 2011). This is due to different factors, such as their indication and significant effectiveness in both depression and anxiety disorders, coupled with fewer side effects and lower toxicity/lethality, as compared with older antidepressants (Stahl, 2008). Currently, the wide use of SSRIs has been also promoted by the easier recognition and prompter psychiatric diagnoses, as well as acceptance of psychotropic medications by patients and clinicians (Borch-Jacobson, 2002; Paulose-Ram et al., 2007; Olfson and Marcus, 2009). Undoubtedly, if on one side SSRIs are very effective in improving some negative and debilitating symptoms of depression, on the other, they seem to dampen some rewarding and joyful emotions (Barnhardt et al., 2004). Therefore, nowadays a

greater concern is emerging that SSRIs may provoke previously unrecognized side effects, such as cognitive and/or emotional blunting and apathy. In the scientific literature, such effects have been also named SSRIs-induced indifference, but disagreements exist on how to label this phenomenon (Wongpakaran et al., 2007; Price et al., 2009). Some reports are available showing that patients treated for long periods with SSRIs experience decreased emotional response to both aversive and pleasurable events. Taken together, such data would indicate that SSRIs would blunt positive emotions and potentially alter personality (Hoehn-Saric et al., 1990; Kramer, 1993; Opbroek et al., 2002; Sansone and Sansone, 2010). Although depressed patients may suffer from anhedonia even after clinical remission (Raskin et al., 2012), emotional blunting seems to be a different phenomenon strictly related to SSRI intake (Price and Goodwin, 2009).

At the moment, as there are no large epidemiological studies on this topic, data on the prevalence rate of SSRIs-induced emotional blunting should be interpreted with caution. In one study (Bolling and Kohlenberg, 2004) 16.1%, out of a total of 161 depressed patients were reported to suffer from loss of ambitions, while in another (Fava et al., 2006) the prevalence was between 30% and 40%. Other studies carried out in smaller samples provided the same data (Opbroek et al., 2002; Sato and Asada,

* Correspondence to: Dipartimento di Medicina Clinica e Sperimentale, Via Roma 57, 56100 Pisa, Italy. Tel.: +39 050 2219768; fax: +39 050 2219787.

E-mail address: dmazarzi@psico.med.unipi.it (D. Marazziti).

2011). The rate in anxiety disorder seems to be lower (5%), but the sample was constituted by children only (Reinblatt and Riddle, 2006). Further, other observations in children and adolescents confirmed the phenomenon in these populations (Murphy et al., 2000; Garland and Baerg, 2001).

Besides the little data on the magnitude of the phenomenon, its pathophysiology is largely unknown and different hypotheses have been put forward to explain it. According to some authors, it could be due to the inhibitory influence of serotonin (5-HT) on the dopaminergic system (Barnhart et al., 2004), or on the frontal lobe and interference with the reward system (Harmer, 2008; Harmer et al., 2003a, 2003b; Abler et al., 2012). Recently, interesting suggestions came from a study showing that a treatment with citalopram decreased the neural processing of reward and aversive stimuli in healthy subjects (McCabe et al., 2010), although it should be underlined that the effects of antidepressants may be different in healthy conditions and pathological states (for review, see Serretti et al., 2010).

Given the paucity of information on this topic and the total absence of data in our country, the aim of this paper was to explore and compare the eventual changes of some components of loving relationship during a long term-treatment of depression with SSRIs and tricyclics (TCAs). For this purpose, we developed a specific instrument, the so-called “Sex, Attachment, Love” questionnaire (SALT) (Appendix 1: translation into English of the original questionnaire in Italian). The possible differences between men and women were examined as well.

2. Subjects and materials

The study sample included 192 outpatients (123 women and 69 men, mean age $\pm$ SD: 41.2 ± 10.2 years) who were recruited amongst a large cohort of patients suffering from mood disorders at the outpatient unit of the Dipartimento di Medicina Clinica e Sperimentale, Section of Psychiatry, at Pisa University. They were selected on the basis of a primary diagnosis of major depression, according to DSM-IV-TR American Psychiatric Association (APA, 2000) criteria, and assessed by the Structured Clinical Interview for DSM-IV (SCID, First et al., 2002) and the Hamilton Rating Scale for Depression (HRSD, Hamilton, 1960). All subjects had to be treated with one antidepressant only, either SSRI or TCA, for at least six months, to suffer from mild or moderate depression, as shown by their HRSD total scores, and they had to be involved in a loving relationship. Nineteen patients were affected also by panic disorder, 16 by obsessive-compulsive disorder and one by social phobia. None suffered from a major physical illness or took other medications besides antidepressants. Only twenty-one (11 women and 10 men) patients referred that they had used sporadically benzodiazepines or antihistamine compounds for sleep problems or panic attacks.

The most used SSRI was paroxetine (n. 26), followed by escitalopram (n. 24), citalopram (n. 20), sertraline (n. 17), fluoxetine (n. 15) and fluvoxamine (n. 7). Clomipramine (n. 35) was the most prescribed TCA followed by imipramine (20), amitriptyline (n. 12), trimipramine (9) and nortriptyline (8).

Fifty-eight patients had completed 13 years of school, 45 had a university degree and the remaining had completed between 10 and 8 years of school.

Most of the patients were office and government workers (75), 42 were business managers, 35 were manual workers and 20 were traders. The rest of the sample included 15 housewives, 3 university students, and 2 unemployed.

A large majority of the subjects was married (n. 117, 60%), 47 (24%) was living with the partner, and the remaining 29 (15%) was living alone.

3. Instrument

The Sex–Attachment–Love Test (SALT) is a 40 items self-report questionnaire aimed at exploring the possible variations of three dimensions typical of loving relationships, that is to say, sex, attachment and love.

The SALT is scored on a three points likert scale, where 3 (answer “a”) represents “less than before”, 2 (answer “b”) “as before”, and 1 (answer “c”) “more than before”. “Before” is to be intended as “before the beginning of the psychopharmacological treatment”.

The instrument was developed by organizing “a priori” the forty items in three groups, each corresponding to a specific dimension: “Sex” (items # 25–40), “Attachment” (items # 2–8; # 17–20; # 24), “Love” (items # 1; # 9–16; # 21–23), each conceptualized as follows, on the basis of the literature suggestions.

- (1) To build the items of the “Sex” dimension, we referred to the DSM-IV-TR (APA, 2000) criteria of sexual disorders, for men and for women. These items explore the desire for physical contact with the partner, at both behavioral (strategies to reach proximity and facilitate and/or reach contacts) and ideative (sexual fantasies) levels, as well as frequency and quality/satisfaction of sexual intercourses. One probe question (item # 35) determines whether a specific situations is applicable to the patient. If the answer to the probe question is 3 and the participant is a man, the question 40 should be answered.
- (2) The items of the “Attachment” dimension were built according to the Bowlby's attachment theory (Bowlby, 1969, 1973, 1980; Hazan and Shaver, 1987; Brennan et al., 1998; Marazziti et al., 2003, 2007). The partner is considered as an attachment figure when the four characteristics differentiating an attachment relationship from all other are present: seeking closeness, separation anxiety, secure base, and safe haven (Ainsworth, 1989).
- (3) The Sternberg's triangular theory of love (1986) was chosen to build up the “Love” dimension. According to Sternberg, when love is present the partner is seen as a separate person, preferred over others, with intimacy, passion and devotion being typical emotional aspects.

The SALT proved to be acceptable and required 15 min on average to be completed. The internal consistency for each domain was analyzed by means of Cronbach's alpha. The results showed that it was .933 for “Sex”, .926 for “Attachment” and .944 for “Love”. All these values were significantly higher than the conventionally acceptable value of .70.

One hundred seventy-nine subjects were heterosexual and 13 homosexual. All referred that they were involved in a loving relationship (length: between 7 and 316 months, mean $\pm$ SD: 150 ± 136 months) prior to the beginning of the psychopharmacological treatment (duration: between 6 and 107 months, mean $\pm$ SD: 23 ± 25).

The study was approved by the Ethics Committee of the University of Pisa and all subjects gave their informed written consent to participation.

4. Statistical analyses

SALT questionnaires were considered valid if they contained less than 10% missing items. Comparison of parametric data was carried out with ANCOVA to adjust for age, and that of percentage of answers with chi-square analysis. Three two-way factorial ANCOVA analyses were used to study the effect of gender and drug, included the possible interaction between them, on each

Download English Version:

<https://daneshyari.com/en/article/6232506>

Download Persian Version:

<https://daneshyari.com/article/6232506>

[Daneshyari.com](https://daneshyari.com)