LETTERS TO THE EDITORS

Serotonin-norepinephrine reuptake inhibitor desvenlafaxine for the treatment of interferon alfa-associated depression in patients with hepatitis C

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Chronic infection with the hepatitis C virus (HCV) is a worldwide health problem. The mainstay of treatment includes the use of pegylated interferon-α (peginterferon alfa). Interferon (IFN) therapy is frequently associated with psychiatric adverse events, such as depressive disorders, which occur in approximately 30% of patients. Selective serotonin reuptake inhibitors (SSRI) are the first-line treatment of choice for IFN-associated depression. However, nonresponse or poor response is common. Antidepressants with broader mechanisms of action, such as the serotonin and norepinephrine reuptake inhibitors (SNRI), could theoretically increase remission rates. One such agent, desvenlafaxine, presents a favorable pharmacokinetic profile and its hepatic metabolism consists essentially of glucuronidation. Herein, we report two patients with hepatitis C who developed depression while receiving standard doses of IFN and were treated with desvenlafaxine. There is no previous report of desvenlafaxine use for this specific indication.

A 45-year-old man with genotype 1 HCV infection, elevated alanine aminotransferase (337 IU/L), and a METAVIR score of A2F2 (denoting moderate inflammatory activity and moderate fibrosis) developed depressive symptoms, with Beck Depression Inventory (BDI) and Hamilton Depression Rating Scale (HAM-D) scores of 15 and 10 respectively. He was prescribed citalopram at a dosage scaled up to 40 mg/day. Four weeks later, IFN was initiated. After 8 weeks of IFN treatment (week 12 of citalopram), depression worsened, as demonstrated by a severely depressed mood, apathy, hopelessness, suicidal ideation, fatigue, and muscle pain. His BDI and HAM-D scores were 23 and 14 respectively. Full remission of depressive symptoms occurred only after the end of IFN treatment. Both patients tolerated desvenlafaxine well, with no increase in liver enzymes. The first patient experienced a clinically significant reduction of depressive symptoms with desvenlafaxine after failing to respond to citalopram. The second patient had only minor improvement of symptoms with desvenlafaxine.

Full remission of IFN-associated depression in HCV patients is a clinical challenge. Antidepressants such as the SNRI desvenlafaxine can be regarded as an option to improve its management. Controlled clinical trials are warranted.

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Disclosure

The authors report no conflicts of interest.

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