

Use and overuse of antidepressants and neuroleptics for treatment of patient's depression

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The depression is an illness, which affects world-wide a large number of psychiatric patients. There are 6 major groups and/or drugs of antidepressants. First group represents inhibitors of monoamineoxidase. The second group are selective serotonin re-uptake inhibitors. The third drug is venlafaxine, which inhibits both serotonin and norepinephrine re-uptake. The problem with venlafaxine is that its doses must be carefully regulated and patients are highly dependent on its use. The fifth drug is a newly synthesised agomelatin (1). However, agomelatin increases ALT and AST hepatic enzymes (in 10% of patients), which means that it disrupts hepatocellular membrane integrity. The sixth group are antidepressants with nonspecific effects and they are mostly obsolescents.

To our knowledge the best drug for treating depression in humans is mirtazapine. Mirtazapine acts directly on brain nerves, where it increases synthesis of both norepinephrine and serotonin. Further, mirtazapine appears likely to be cost-effective drug when compared to sertraline and has Anti-Alzheimer effect (2). In addition, its several beneficial effects have also been proven in an animal model (3).

The first question is: „Why psychiatrists do not prescribe to depressive patients a drug No. 1- mirtazapine?“ The second one is, whose interests are to sell the worse drugs?“. The most probably pharmaceutical companies through their dealers who tell doctors that our drug is the best one for treating depression. So that it is a clear advertisement, like advertisement of a car. However, when you advertise a new car, the people know and can make their own choice, while depressive patients have no choice.

A further big problem is a prescribing of **antiepileptics** for treatment of **depression!** Although not too much in the Europe, but a high prevalence occurs in the USA (personal communication from Professor Trnovec). Here, in Slovakia, there is mainly **overuse of 1-3 antidepressants with combination of one neuroleptic and/or antiepileptic!**

Concluding, psychiatrists should begin to search their conscience, why they prescribe drugs, which load financial budget of their own countries.

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