

# Adjustment Disorders (AD) in the Medically Ill: Benefit of Pharmacological Treatment?



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## Pharmacological Treatment in AD

Some thoughts...      little data...

- Diagnostic issues on AD in the medically ill
- Impact and natural course of AD
- Evidence on pharmacological treatment in AD / subthreshold mental disorders

## Diagnostic Issues (I):

- Low average reliability of the diagnosis
- What is a stressor, when does it start/ end?
- Threshold: normal vs AD vs MMD ?

## Diagnostic Issues (I):

- AD is very frequently used in the medically ill:
  - 68% of psychiatric diagnosis in cancer patients
  - 25% of referrals in General Hospitals

Does illness related stressors (pain, disability)  
lead to over diagnose AD ?

## Diagnostic Issues (I):

- AD used to avoid stigmatization ?
- Risk of under diagnosis of major mental disorders which may lead to a risk of under treatment.

## Impact and Outcome of AD

### *Course*

Remission after 6 months	60%
Persistent AD	20%
Major mental disorders	20%

### *Suicidality*

30% of AD present suicidality  
AD in 58% of attempters?

## Subthreshold Depression

### *Course*

Remission	46-71%
Minor depression	16-62%
Major depression	12-27%

### *Impairment*

ADL	23-46%
Cognition	16-32%

**Hermens et al. 2004**

## Impact and Outcome of AD

- Middle position between specific mental disorders & disease free population for:
  - severity of symptoms
  - degree of functional impairment
- AD as a transitional illness

*Andreasen et al. 1982, Strain et al 1998, Gur et al. 2005*

## Impact and Outcome of AD

No significant differences between AD and other axis I or II psychiatric disorders for CL psychiatrists:

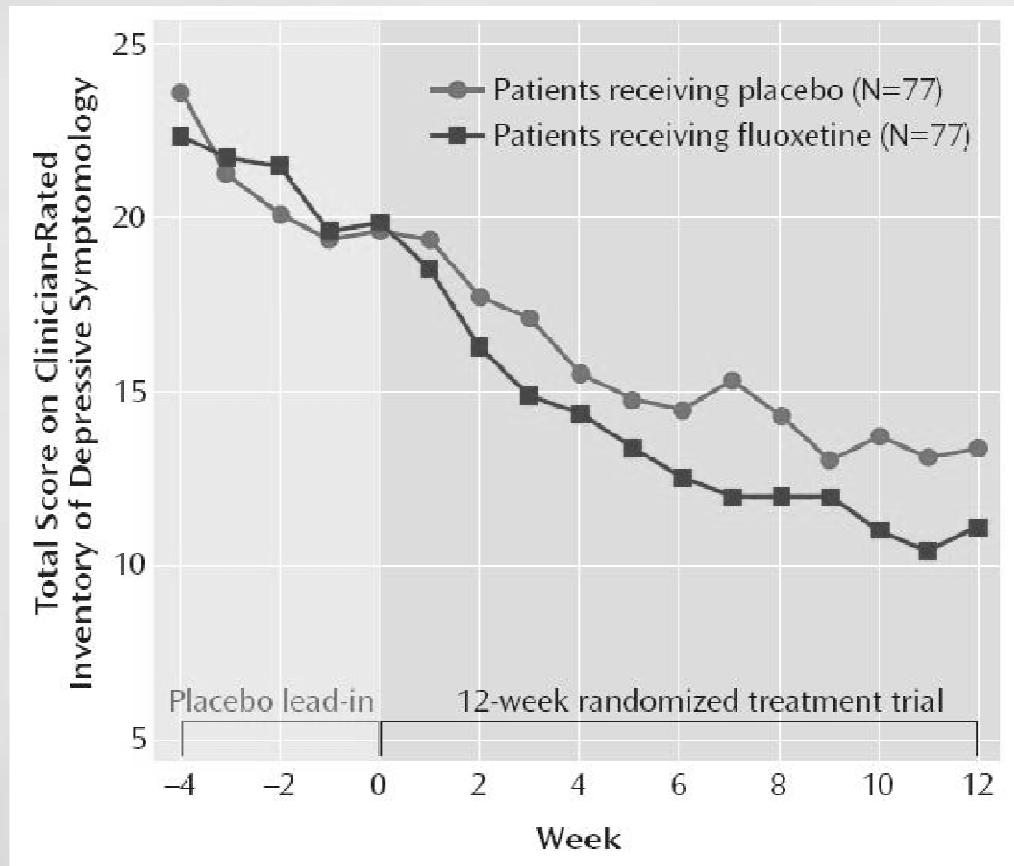
- Number of visits
- Time spent per patients
- amount of supervision
- Drug recommendations

*Strain et al 1998*

## Sub threshold Depression

- Minor and Sub threshold (Fluvoxamine) Rapaport et al. 1998
- Sub threshold depression (Fluoxetine, St John's wort) Volz et al. 2000
- Recurrent brief depression (Fluoxetine) Stamenkovic, 2001
- Minor depressive disorder (Fluoxetine) Judd et al. 2004

# Subthreshold Depression & antidepressants



Judd et al. *Am J Psychiatry* 2004

## Choice of antidepressants

- **SSRIs & new AD are first choice agents**
- CV disorder: avoid TC
- HBP, MI: care with venlafaxine, no TC
- Renal dysfct: start with 1/2 dose, titrate
- Hepatic failure: start with 1/2 dose  
(citalopram, sertraline)

## AD & anxiolytics

### **A Randomized Clinical Trial of Alprazolam Versus Progressive Muscle Relaxation in Cancer Patients With Anxiety and Depressive Symptoms**

By Jimmie C. Holland, Gary R. Morrow, Arthur Schmale, Leonard Derogatis, Michael Stefanek, Susan Berenson, Paul J. Carpenter, William Breitbart, and Michael Feldstein

Holland et al. *JCO* 1992

Efficacy of etifoxine compared to lorazepam monotherapy in the treatment of patients with adjustment disorders with anxiety: a double-blind controlled study in general practice

Nguyen et al *HP* 2006

## Choice of anxiolytics

- intermediate-acting BZD are first choice agents  
(Lorazepam, Oxazepam, Midazolam, Alprazolam)

## Non-BZD hypnotics

- Zopiclone, Zolpidem, Zaleplonum

Stiefel, Berney et al 1999, 2000, 2003

## Resilient vs Vulnerable patient

### *Motivation*

hedonia, optimism  
learned helpfulness

### *Responsiveness*

effective behavior despite fear

### *Social behavior*

altruism, bonding  
team work

Charney 2004

## Conclusions

- AD embraces serious mental symptoms
- Antidepressants and anxiolytics are effective in subthreshold mood and anxiety disorders
- Medication might be considered in AD in case of:
  - recurrence / persistence of symptoms
  - functional impairment
  - suicidality / need for rapid relief
  - patient preference