Efficacy and Tolerability of Pregabalin vs Sertraline in Generalised Anxiety Disorder Concise Communication

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Generalised Anxiety Disorder (GAD) represent a chronic mental illness characterized with pathological fear, extremely persistent worry usually about minor everyday problems and with numerous of vegetative symptoms [1-17]. It represent difficult problem in Mental Health, as life occurrence of GAD is 5-7% Symptoms of GAD, according to ICD-X and DSM-V even today can be misdiagnosed, and inadequately treated [8-24]. If the symptoms are long lasting and untreated, often comorbidity with depression, alcohol abuse, and high suicidality level make extremely serious mental problem [2-9]. GAD interfered significantly with everyday activities and causes substantial personal distress so proper diagnosis and adequate treatment have to become priority in medical practice. WFSBP (World Federation of Societies of Biological Psychiatry) recommend SSRI (Selective Serotonin Reuptake Inhibitors), SNRI (Serotonin and Norepinefrin Reuptake Inhibitors) and pregabalin, atypical anxiolytica as first line treatment, in combination with psychotherapy [7-19]. In present study, efficacy and tolerability of pregabalin vs. sertraline in patient with diagnoses of GAD was observed. The study included 107 in-patients age 20-60, both gender. Duration of disorder was in average of 4.7±0.3 years in group of patients treated with sertraline and about 4.6±0.4 in group treated with pregabalin. In previous episodes, 98% of all included patients were treated with SSRI and SNRI, in adequately therapeautic doses. Actually, patients were admitted in daily treatment due to new episode of GAD. In included patients, washup period was one week. At the beginning of the study, all patients were required to have a Covi Anxiety Scale, total score >9 and total score on HAMA (Hamilton Anxiety Scale) ≥20. In first group, patients were treated with sertraline, (doses began from 50 mg up to mean value of 150 mg/die). Doses was titrated during one week. In second group patient were treated with pregabalin, doses at first day were 75 mg, and titrated to 225 mg/die during one week. In all included patients cognitive-behavioral therapy ,individual and group was performed, during investigation. The primary analysis was change in Hamilton Raiting Scale for Anxiety (HAMA), a total score from baseline to endpoint. Secondary indicator of efficacy was change in HAMA psychic (emotional) and somatic (physical) scores weekly till endpoint. Global clinical assessment was conducted by using the Clinical Global Impression change raiting (CGI).

HAMA was repeated every week to evaluate therapeutic effects used by two independent psychiatrist. Each patient was randomly assigned to 4 weeks treatment with pregabalin (n=47) or sertraline (n=60). Adverse events were reporte in 26% aff all patients, with no significante differences among two groups of patients. Among patients treated with sertraline most common adverse event was nausea (13%) and dizziness (5%), and in group there appear dizziness also (13%) and somnolence (10%). In tis patients adverse events were short-lasting, dose-dependent and mild intensity. With reduction doses, adverse events disappeard and therapeutical effects persist. There were no withdrawal events during this study.

Resultsof this study showed that both pregabalin and sertraline showed good effect in treating symptoms of Generalized Anxious Disorder. Time of acting onset was shorter in treatment with pregabalin compared to treatment with sertraline. In the patient treating with sertraline, anxiolytic effect was detectable after at least 14 days in present study, and pregabalin showed first good results during first week of treatment. Adverse effects were reported in 28 % patients treating with pregabalin and 27 % patient treated with sertraline, with no significant difference.

In present study, efficacy and tolerability of pregabalin were high. Compared to sertraline, pregabalin showed more rapid time of action and equal efficacy. Adverse events are short-lasting and dose depend our investigation showed that pregabalin, an atypical anxiolytic is efficacy and well tolerable in treatment of G.A.D.

In perspective, longer-term studies will be required to assess the long-term safety and efficacy of pregabalin in treatment of GAD.

References


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