antipsychotic medication with dopamine receptor blocking properties.

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Sirs,

*Fluoxetine treatment of depression in patients suffering from multiple sclerosis*

Multiple Sclerosis (MS) is the most common demyelinating central nervous system (CNS) disease affecting young adults. Depression, affect incontinence and fatigue — the three most common psychiatric disturbances in MS have been relatively neglected in treatment studies (Minden and Schiffer, 1990). Rates of depression are reported in the range of 25–50 per cent of MS patients, and suicide rates are higher than in the normal population (Sadovnik *et al*., 1991). However, there is a paucity of studies on antidepressants in MS. Silver *et al*. (1990) recommended that antidepressants with the fewest sedative, hypotensive and anticholinergic side-effects are to be preferred; specifically fluoxetine.

We report our experience with fluoxetine in the treatment of major depression among 578 MS patients treated in Israel's largest Multiple Sclerosis Center. In the period November 1994 to November 1995, 74 MS patients were referred for psychiatric evaluation. Fourteen patients were diagnosed as suffering from major depression according to DSM–IV criteria. Symptoms of depression that could be confounded by the physical symptoms of MS were excluded from the diagnostic criteria. All were offered antidepressant treatment with fluoxetine. Two patients refused pharmacological treatment. In the 12 patients (eight males and four females, age range, 21–62 years) who undertook fluoxetine treatment, dosing was started with 20 mg once daily. Patients were followed at the MS Center once every 2 weeks for a period of 3 months. Dose was titrated according to clinical status. Improvement was rated using the Clinical Global Impression (CGI) scale. Ratings were performed every 4 weeks. Adverse events were noted as absent or present with a brief description on every visit.

Of the 12 subjects, 10 improved with fluoxetine treatment. In five subjects improvement was rated as 'much improved' and in five as 'very much improved' by 3 months of treatment. Five subjects reported side-effects judged by the treating psychiatrist to be treatment related. All side-effects appeared within the first week of treatment. Two complained of early insomnia, two reported severe agitation and one patient complained of tremor (more pronounced in the lower limbs). Insomnia and tremor improved by the sixth week of treatment with no adjuvant therapy. The two patients suffering from agitation elected to discontinue treatment within three weeks as addition of alprazolam 0·25 mg twice daily was ineffective.

In light of the paucity of research in the field of depression in MS, our results support the

theoretical basis for further research into the use of SSRIs in depressed MS patients.

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