LETTER TO THE EDITORS

Letter

Sirs,

Effectiveness of fluvoxamine and paroxetine in major depressives with psychotic features

The group of the S. Raffaele at Milan has provided convincing evidence (Gatti *et al*., 1996) that fluvoxamine (FVX) alone is a treatment of value for patients with delusional depression. This finding opens the obvious question whether and to what degree FVX data may be generalizable to other SSRIs.

A contribution to answering this issue comes from the preliminary comparison between FVX and paroxetine (PAR) which can be extrapolated by an ongoing, randomized study aimed at checking extensively the effectiveness of the marketed SSRIs in major depressives with psychotic features.

According to the general protocol, males or females aged between 20 and 70 years had to: (a) meet the DSM-IV criteria for an episode of major depression with mood-congruent psychotic features; (b) have given their consent to be treated with an SSRI without any additional therapy, except for benzodiazepines in cases of anxiety or insomnia; (c) have no concomitant Axis-I or clinically relevant Axis-III disorders; (d) present a baseline score of 22 or more on the Hamilton Rating Scale for Depression (HRSD); (e) maintain at least, after 5 days of run-in, this minimum score; (f) have completed a 6-week treatment with one SSRI or have withdrawn the protocol after at least 3 weeks because of deterioration.

The patients started with low daily doses (FVX: 100 mg; PAR: 10 mg), reaching in 1 week the prefixed minimum of the therapeutic range (FVX: 200–350 mg; PAR: 30–50 mg), and thereafter, according to the clinician's judgment, following flexibly with doses within this window. The 6-week treatment completers who presented HRSD scores that had decreased by 50 per cent from the baseline and totalling 13 or less have been considered responders. The remaining completers and the patients who dropped out prematurely for inefficacy have been classified as non-responders.

With FVX (mean daily dose: 275 ± 37 mg), 16 of the 22 delusional depressives (72·7 per cent) responded. In turn, PAR (mean daily dose: $44{\cdot}1 \pm 6{\cdot}8$ mg) was effective in 22 of the 29 (75·9 per cent) patients assigned to this drug. Responders and non-responders to the two SSRIs did not present relevant differences in the male/female ratio (responders: 0·73; non-responders: 0·86), the mean age (responders: $46{\cdot}97 \pm 14{\cdot}27$ years; non-responders: $52{\cdot}08 \pm 11{\cdot}75$ years), the unipolar/bipolar ratio (responders: 1·53; non-responders: 1·6), and the mean baseline HRSD scores (responder: $26{\cdot}29 \pm 1{\cdot}64$; non-responders: $26{\cdot}77 \pm 2{\cdot}77$). Therefore, the possibility of a spurious randomization for these relevant characteristics and possible associated differences in the susceptibility to placebo effects should be minimized.

The rate of FVX responders fits the perspective (Gatti *et al*., 1996) and retrospective (Conte *et al*., 1995) values of reference. Similarly, the rate of PAR responders closely resembles the figure obtained in a retrospective evaluation (Conte *et al*., 1995).

These results suggest both SSRIs as reasonable first-line alternatives to ECT and tricyclic–neuroleptic combinations in the treatment of major depression with psychotic features. The general statement (Rosenbaum *et al*., 1995) that delusional depression is relatively refractory to pure antidepressant treatment seems therefore weakened.

The better response rates of FVX and PAR in comparison to values generally reported for tricyclics also support the hypotheses that predominant serotonergic activities may be needed for antidepressants indicated in delusional depression and, as a corollary, that serotonin abnormalities may be crucially involved in the pathogenesis of the disorder.

More definitive data, including the effectiveness of the remaining SSRIs in major depressives with psychotic features, will be provided shortly.

EMILIO SACCHETTI[1]*, GIOVANNI CONTE[2], LAURA GUARNERI[3], ALESANDRO CALZERONI[2], MARA BERTINI[4] AND ADELAIDE PANARIELLO[4]

*Correspondence to: E. Sacchetti, Institute of Psychiatry, Spedali Civili, Piazzale Spedali Civili 1, 25100 Brescia, Italy.
[1]Institute of Psychiatry, Second Chair Brescia University School of Medicine, Brescia, Italy.
[2]ASSL 39, University Department of Mental Health, Milano, Italy.
[3]ASSL 18, University Psychiatric Services, Brescia, Italy.
[4]Institute of Psychiatry, University School of Medicine, Brescia, Italy.

REFERENCES

Conte, G., Calzeroni, A., Ferrari, R., Guarneri, L. and Sacchetti, E. (1995). Delusional depression: SSRIs vs tricyclics responsiveness. *European Neuropsychopharmacology*, **5** (3 Special Issue), 299.

Gatti, F., Bellini, L., Gasperini, M., Perez, J., Zanardi, R. and Smeraldi, R. (1996). Fluvoxamine alone in the treatment of delusional depression. *American Journal of Psychiatry*, **153**, pp. 414–416.

Rosenbaum, J. F., Fava, M., Nieremberg, A. A. and Sachs, G. S. (1995). Treatment-resistant mood disorders. In: *Treatments of Psychiatric Disorders*, 2nd edn, Vol. 1, Gabbard, G. O. (Ed.), American Psychiatric Press, Washington, pp. 1273–1328.

