

Bone Health Concerns When Prescribing Antidepressants in Elderly Patients

Q *Given the recent studies^{1,2} that show SSRIs—and notably, not TCAs—may have a negative consequence on bone health, does this impact your prescribing habits in older patients with depression? How much does this influence your choice of initial therapy?*

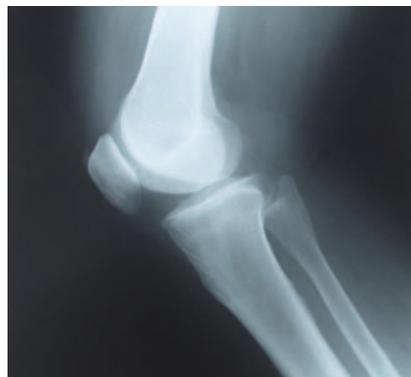
A Needless to say, these studies have given clinicians reason to pause as they consider pharmacological management of depression in older patients. SSRIs have been viewed as the safer alternative to TCAs and are rarely second-guessed. “And that continues to be the case,” says David C. Steffens, MD. It is a position echoed by both Susan Diem, MD and Elizabeth Haney, MD, who were both among the authors of the aforementioned studies, and say they are not yet ready to change their prescribing habits. “Although there are several studies now that suggest a relationship between SSRIs and low BMD and bone loss, these do not prove a cause-and-effect relationship,” says Dr. Haney. There are other potential explanations for the relationship, including and importantly, depression itself, she adds.

The studies, however, may indicate a crack in the armor of SSRIs. “[They] indicate that other medications such as bupropion or mixed agents such as venlafaxine or duloxetine might be considered for older depressed patients,” Dr. Steffens says.

Q *Do the benefits of SSRIs still outweigh the side effect profile of TCAs? If so, why?*

A TCAs clearly increase risk of cardiac arrhythmia, cause orthostatic changes, and have attendant anticholinergic side effects including dry mouth, cognitive change, constipation and urinary retention, Dr. Steffens says. And specifically in older patients, SSRIs have been the treat-

ment of choice (over TCAs) because of their safety profile, which includes lower risk of falls, fewer interactions with other medications, and lower danger in case of overdose, Dr. Haney says. “For many people, SSRIs will continue to be the safest medication with which to treat depression,” she adds.



Q *What patients will likely be most affected by the bone health issues of SSRIs? Is there any way to predict which patients will be most severely affected? What can an older patient and/or neurologist do to minimize the potential affects of an SSRI on bone health?*

A It’s not known at this time which patients might be more at risk for adverse effects of SSRIs on bone health, though Dr. Haney adds that it’s an area being considered for future research.

“If patients and their physicians are interested in minimizing potential effects of an SSRI on bone health, they can consider screening with a DXA to measure bone densitometry,” she says. General measures to prevent bone loss and maximize bone health include: regular weight-bearing exercise, and ensuring adequate calcium and vitamin D intake. Also, “based on the data available at this time, periodic monitoring of bone densi-

ty may be warranted in patients with other risks for osteoporosis who are on a SSRI,” says Dr. Diem.

Q *What options of treatment are available? If a patient already has an existing neurological condition with depression, what is the specific danger a neurologist should look for if they add yet another drug to strengthen bones?*

A There are several effective drugs available for the treatment and prevention of osteoporosis—these include the bisphosphonates (alendronate, risedronate, ibandronate) and the selective estrogen receptor modulators (raloxifene), Dr. Diem says.

If a patient has osteoporosis, Dr. Haney recommends a metabolic evaluation to rule out other causes is appropriate—for instance, hypovitaminosis D, hyperthyroidism, among others). “It might be appropriate to refer to an endocrinologist or bone specialist for assistance with this work-up, and decisions about treatment. In many cases, it may be possible to manage bone health through prevention of bone loss and continue people on their SSRI,” she says. **PN**

1. Haney EM, Chan BK, Diem SJ, et al. Association of low bone mineral density with selective serotonin reuptake inhibitor use by older men. *Arch Intern Med.* 2007 Jun 25;167(12):1246-51.

2. Diem SJ, Blackwell TL, Stone KL et al. Use of antidepressants and rates of hip bone loss in older women: the study of osteoporotic fractures. *Arch Intern Med.* 2007 Jun 25;167(12):1240-5.

Susan Diem, MD is Assistant Professor of Medicine and Adjunct Assistant Professor of Epidemiology at the University of Minnesota.

Elizabeth Haney, MD is Assistant Professor of General Internal Medicine & Geriatrics at the Oregon Health & Science University.

David C. Steffens, MD is Professor of Psychiatry and Medicine and Head of the Division of Geriatric Psychiatry at Duke University Medical Center.