

Relapse common among women who stop taking antidepressant medication for premenstrual syndrome

May 4 2009

About half of women whose symptoms of severe premenstrual syndrome are relieved by the antidepressant sertraline appear to experience relapse within six to eight months after stopping medication, according to a report in the May issue of *Archives of General Psychiatry*, one of the JAMA/Archives journals. Women with more severe symptoms and those who took the drug for a shorter period of time may be more likely to relapse.

Premenstrual syndrome (PMS) is one of the most common health problems reported by women of reproductive age, according to background information in the article. Several antidepressant medications, including sertraline hydrochloride, have been approved to treat the most severe form of PMS (known as premenstrual dysphoric disorder, or PMDD). "There is little information about the optimal duration of treatment, although anecdotal reports and small pilot investigations suggest that premenstrual symptoms return rapidly in the absence of effective medication," the authors write.

Ellen W. Freeman, Ph.D., and colleagues at the University of Pennsylvania School of Medicine, Philadelphia, conducted an 18-month study involving 174 women with PMS or PMDD. Participants were randomly assigned to either a short-term or long-term treatment group; neither the women nor the researchers knew the treatment assignments. The 87 women assigned to short-term treatment took sertraline for four

months and then were switched to placebo for 14 months, while the 87 assigned to long-term treatment took sertraline for 12 months and placebo for six months.

A total of 125 of the 174 patients (72 percent) showed improvement following treatment, most within the first four months.

Relapse—defined as a return to the level of symptoms experienced before treatment—occurred in 41 percent of women after long-term treatment (median or midpoint time to relapse, eight months) and 60 percent of women after short-term treatment (median time to relapse, four months).

"Patients with severe symptoms at baseline were more likely to experience relapse compared with patients in the lower symptom severity group and were more likely to experience relapse with short-term treatment," the authors write. "Duration of treatment did not affect relapse in patients in the lower symptom severity group." The 41 patients (24 percent) who experienced remission, or a reduction of premenstrual symptoms to the normal post-menstrual level, after four months of treatment were least likely to experience relapse.

"How long medication should be continued after achieving a satisfactory response and the risk of relapse after discontinuing treatment are important concerns for women and clinicians, given the possible adverse effects and cost of drugs vs. the benefit of medication that improves symptoms, functioning and quality of life," the authors write. "These findings suggest that the severity of symptoms at baseline and symptom remission with treatment should be considered in determining the duration of treatment."

More information: Arch Gen Psychiatry. 2009;66[5]:537-544.

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