

Anti-depressants may prevent onset of depression in patients with traumatic brain injuries

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Pills. Credit: Public Domain

Contrary to popular belief, a new study suggests that anti-depressants may not be useful when depression has already had its onset in patients with traumatic brain injuries. In a paper published today in *JAMA Psychiatry*, researchers from Baylor College of Medicine and the University of Iowa reveal that the onset of depression may be prevented when patients take anti-depressants immediately following traumatic brain injuries, before depression has had a chance to develop.

"We wanted to determine whether the anti-depressant sertraline could prevent [depression](#) in patients with traumatic brain injury," said Dr. Ricardo Jorge, first author of the study and professor in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor. "The frequency of depression after traumatic brain injuries is very high. Depression may impact up to 50 percent of patients during the first year following a [traumatic brain injury](#). Not only is the prevalence of depression high, it also affects recovery, particularly the reintegration of patients with traumatic brain injuries into the community."

Jorge adds that the prevalence of depression in patients with traumatic brain injuries is not only high during the first year, but remains higher for many years after. In addition, depression tends to transform itself into a chronic process and becomes resistant to treatment.

During the study, 94 non-depressed patients with traumatic brain injuries were either put on anti-depressant sertraline or given placebos within four weeks of sustaining the injury. The researchers followed up the effects of the treatment for 24 weeks or until the patient developed a

mood disorder.

Jorge and colleagues found that while 20 percent of the patients in the [placebo group](#) showed [mood disorders](#) during the observation period, only 5 percent showed mood disorders in the sertraline group. Researchers also observed, compared with the placebo group, the patients in the sertraline group took longer to show mood disorders and presented with them less often.

"The results were not surprising to us given that we found a similar effect on stroke patients," Jorge said.

Another important finding that resulted from the study is that patients who had taken the trial medication for six months experienced only minimal side effects. Jorge proposes this is because the sertraline doses given were lower than those usually given to [patients](#) who already present with symptoms of depression.

Moving forward, Jorge said the study needs to be replicated with larger samples.

Other contributors to this paper include Dr. Debora I. Burin from Universidad de Buenos Aires, Dr. Robert G. Robinson from University of Iowa, and Dr. Laura Acion from Baylor College of Medicine, University of Iowa and Universidad de Buenos Aires.

More information: Ricardo E. Jorge et al. Sertraline for Preventing Mood Disorders Following Traumatic Brain Injury, *JAMA Psychiatry* (2016). DOI: 10.1001/jamapsychiatry.2016.2189

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