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Once-Weekly Fluoxetine

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Epidemiological studies and long-term treatment trials have demonstrated that major depressive disorder (MDD) is a recurrent, chronic disorder with increasing psychosocial impairment and an increased risk for suicidality if the disorder is not adequately treated.[1] Quality-improvement programmes using evidence-based treatments for MDD have been shown to improve standards of care and clinical outcomes for MDD with both short-term[2,3] and long-term[4] follow-up.

Long-term pharmacotherapy should be a mainstay of treatment of MDD, and modern antidepressants, such as the selective serotonin reuptake inhibitor (SSRI) fluoxetine, are highly effective and have a favourable adverse effect profile. However, compliance with treatment remains a considerable problem and it has been debated whether compliance may be improved when patients use drug formulations that do not require daily administration. A new formulation containing fluoxetine 90 mg/capsule in the form of pellets with an enteric coating, to delay the release of the compound, permits once-weekly administration of the drug.

Efficacy data from a large double-blind, placebo-controlled, randomised, multicentre study show that patients with MDD, who have responded to treatment with immediate-release fluoxetine 20 mg/day, can be safely switched to treatment with once-weekly fluoxetine 90mg with no loss of efficacy.[5] Well designed studies are needed to confirm preliminary data suggesting that patients who have responded to SSRIs other than fluoxetine during the acute phase of treatment can be switched to once-weekly fluoxetine 90mg for continuation treatment without loss of efficacy.[6] The tolerability profile of once-weekly fluoxetine does not differ from that of the immediate-release formulation.

Administration of once-weekly fluoxetine 90mg enhanced compliance with the antidepressant treatment relative to daily treatment with fluoxetine 20 mg/day.[7] Although this is an encouraging finding, clinicians should be aware that compliance is a multi-faceted issue[8] and a mere simplification of drug intake will not solve the problem of partial or noncompliance.

In addition, since a number of patients may experience treatment-emergent adverse effects, the once-weekly formulation of fluoxetine should not be considered as an initial treatment for the acute phase of a depressive episode. This is particularly important, since the management of potentially life-threatening adverse effects (such as, for instance, the serotonin syndrome) or of adverse effects that cause substantial subjective discomfort (such as nausea or akathisia) is seriously complicated when long-acting medications are used.

Altogether, this formulation of fluoxetine provides physicians with a new option in the treatment of patients with depression and has the potential to enhance the acceptability of antidepressant pharmacotherapy. It may also help to assure compliance, if used within a well-established therapeutic alliance. The achievement of these objectives would represent yet another step forward in the quest to optimise the maintenance treatment of MDD. In addition, no matter how effective pharmacological treatment may be, without ongoing clinical monitoring, education about the relevance of medication in the treatment of depression, and support, particularly that which enhances the patient's problem-solving capacities, long-term treatment will not be successful for a significant portion of patients with MDD.[9] Clearly, as always when new medicines are licensed and marketed, post-marketing research is necessary to further establish a satisfactory benefit/risk ratio. ▲

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