

Introduction

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Recent research has indicated a role for antidepressants in such diverse disorders as premenstrual dysphoric disorder, attention-deficit/hyperactivity disorder (ADHD), social phobia, obsessive-compulsive disorder (OCD), borderline personality disorder, and panic disorder. Since the newer serotonin selective reuptake inhibitors (SSRIs), venlafaxine, and nefazodone have a more benign side effect profile than the older tricyclics and monoamine oxidase inhibitors (MAOIs), controlled trials of the newer agents in many different disorders are under way. Preliminary evidence on efficacy, which ranges from randomized controlled trials that point strongly to efficacy to open-label studies with more tentative results, will be presented in this Supplement to *The Journal of Clinical Psychiatry*.

Decades of research on the treatment of premenstrual dysphoric disorder have found positive results for antidepressants that are active at serotonin receptors, according to Kimberly A. Yonkers, M.D. Since premenstrual dysphoric disorder may respond to unique dosing patterns, she suggested that future research on intermittent and long-term treatment should build on the data showing that new agents are effective in premenstrual dysphoric disorder.

Charles W. Popper, M.D., noted that while psychostimulants remain the treatment of choice for ADHD because of their unique effect on attention, they are short acting. Controlled trials have shown differing effects for antidepressants in ADHD., Dr. Popper added, noting that most ADHD patients would be likely to benefit from longer acting agents with pro-norepinephrine, pro-dopamine, and pro-serotonin effects.

Paul E. Keck, Jr., M.D., and Susan L. McElroy, M.D., discussed the role of antidepressants in social phobia, which is often associated with substantial functional impairment. While the best evidence to date from controlled trials has shown efficacy for MAOIs and SSRIs, the authors said that additional studies of newer antidepressants such as venlafaxine, which has shown promise in case reports and open trials, are needed.

One of the latest developments in the treatment of obsessive-compulsive disorder, said Henrietta L. Leonard, M.D., has been the identification of a pediatric subtype characterized by prepubertal acute onset after group A beta-hemolytic streptococcal pharyngitis. Dr. Leonard suggested that novel treatments may prove effective and have a role in long-term prophylaxis if these children can be identified. However, some of the newer agents such as venlafaxine, which has both serotonin and noradrenergic reuptake inhibition properties, and nefazodone, a serotonergic agonist, have been insufficiently studied to determine their role in the treatment of OCD.

Overall, the MAOIs, the SSRIs, and the newer antidepressants such as venlafaxine provide the widest spectrum of effective treatment for the symptoms of borderline personality disorder, stated Robert M.A. Hirschfeld, M.D. Further controlled trials of the SSRIs and venlafaxine are warranted in view of their benign side effect profile.

Until recently, adverse side effects of traditional agents have often been limiting factors in the treatment of patients with panic disorder. Jack M. Gorman, M.D., pointed out that the introduction of the SSRIs and venlafaxine, which have fewer side effects and may possibly be superior in efficacy to agents previously used in the treatment of panic disorder, may improve the outcome for many patients, particularly when pharmacotherapy is combined with cognitive-behavioral therapy.

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