

AGOMELATINE AND SERTRALINE FOR THE TREATMENT OF DEPRESSION IN TYPE 2 DIABETES MELLITUS

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Introduction: Fifteen percent of patients with diabetes mellitus (DM) meet the criteria for comorbid major depression. To maximize response of both depression and diabetic disorder, one should consider antidepressant treatment.

Objective: The present study compared the efficacy of agomelatine and sertraline in the treatment of symptoms of depression/anxiety, diabetes self-care, and metabolic control in a sample of depressed patients with non-optimally controlled type 2 DM.

Method: This was an observational study of 40 depressed patients with DM who were randomly assigned to receive either agomelatine or sertraline, and were assessed over a 4-month period for depression, anxiety, self care, fasting plasma glucose, haemoglobin A1c and body weight.

Results: HDRS scores fell at the end of the study for both treatment groups; significantly lower HARS scores were noted at the last assessment for the agomelatine group. Body weight increased slightly in the sertraline group. Although an improvement in fasting plasma glucose was observed in the final assessment in both treatment groups glycated hemoglobin showed a tendency towards lower values in the agomelatine group. Both groups had better SCI scores at the end of the study; the changes in the agomelatine group were higher. Both antidepressants were well tolerated and none of the patients dropped-out of the study.

Conclusion: The main finding of the present study was that agomelatine had a more positive effect than sertraline on symptoms of depression and anxiety, as well as metabolic parameters and health-related behaviors, in depressed patients with type 2 DM.