

### Question 13 – Week of October 29

A 26 year old woman enters your office with a 10 year history of chronic idiopathic abdominal pain. She has seen at least 4 other gastroenterologist for this complaint but to date has not found effective therapy. She has looked up some of the medications she feels might be effective on the Internet and wants to discuss those options with you. She is specifically interested in using a selective serotonin reuptake inhibitor( SSRI) class drug for the treatment of her abdominal pain. Which of the following is the true statement regarding the use of SSRIs in the setting of chronic functional abdominal pain syndrome?

- A. Studies to date have suggested an independent role for SSRIs in the management of chronic functional abdominal pain syndromes.
- B. SSRIs are best used in combination with tricyclic antidepressants (TCA) because of their effect on anxiety reduction and in the treatment of comorbid psychiatric comorbidities.
- C. Dose adjustment with SSRI's are more commonly required than with tricyclic antidepressants.
- D. The SSRI class of drugs has a more significant beneficial effect on somatic pain conditions than their Serotonin-Norepinephrine reuptake inhibitor (SNRI) counterparts.
- E. The patient can expect improvement in pain in about 1-2 weeks.

**Answer: B**

To date only the SNRI class drugs have been shown to have a significant effect on visceral abdominal pain syndromes. Data on visceral pain perception with SSRI's is as of yet unconvincing and there is no evidence of a central nociceptive effect for SSRI class drugs. Therefore these medications are best used in combination with tricyclic antidepressants where their effect on comorbid psychiatric conditions and on anxiety can be helpful. Dose adjustment is rarely needed with SSRIs whereas that is a common issue with tricyclic antidepressants. SSRI's need 3-6 weeks to become effective.

Reference:

Grover, M. and Drossman, D. *Curr Op Pharmacol*, 8:715-723, 2008.