



Letter to the editor

Response to The case against coprescribing opioids and antidepressants



We thank the authors for their comment on our paper [1], for raising the safety concern regarding antidepressant and opioid prescription and the possibility that opioid action may be reduced by some serotonin reuptake inhibitors (SSRIs) [2]. We share their concern regarding potential drug interactions and indeed polypharmacy in general, which was one of the motivations for conducting our study.

The UK's Medicines and Healthcare products Regulatory Agency (MHRA) have issued a warning on the risk of serotonin syndrome when prescribing the opioid tapentadol with SSRIs, serotonin-noradrenaline reuptake inhibitors, tricyclic antidepressants or antipsychotics [3]. Other opioids have known serotonergic properties, thereby potentially increasing the risk of serotonin syndrome, a risk described in manufacturers' summary of product characteristic (SPC) datasheets. Stockley's Drug Interactions summarises this, stating "*symptoms of serotonin syndrome have been reported with opioids including fentanyl, hydro-morphone, oxycodone, pentazocine, pethidine (meperidine), and possibly also morphine, when these opioids were given with an SSRI*" [4]. Case report evidence suggests tramadol prescribed in conjunction with SSRIs, in particular paroxetine and norfluoxetine, may also increase this risk [5,6]. Monoamine oxidase inhibitors and opioids are also contraindicated or cautioned by manufacturers, but there is conflicting information about the degree of risk of an interaction [7].

While we highlight these risks, we note the tertiary mental health setting in which our study was based. Many functional neurological disorder patients have co-morbid depression, anxiety and other mental disorders requiring antidepressant medication and in the context of chronic and severe pain or palliative care, treatment with opioids may be unavoidable. In addition, depression and anxiety are very common in patients with chronic physical health conditions, including chronic pain syndromes, and SSRIs are normally first line pharmacological treatments given their efficacy, tolerability and relative safety in overdose.

Further research into the risk of serotonin syndrome when opioids and SSRIs are co-prescribed and the effectiveness of opioids, in the context of SSRIs, is clearly needed. In the light of the current evidence,

clinicians should be mindful to thoroughly appraise the potential benefits and harms whenever co-prescribing opioids and antidepressants.
Yours etc.

References

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Nicola O'Connell^{a,*}, Kalliopi Vallianatou^b, Timothy Nicholson^c,
Graham Blackman^c, Anthony S. David^d

^a Department of Public Health and Primary Care, Trinity College Dublin, Ireland

^b Pharmacy Department, South London and Maudsley NHS Foundation Trust, United Kingdom of Great Britain and Northern Ireland

^c Section of Cognitive Neuropsychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, United Kingdom of Great Britain and Northern Ireland

^d Institute of Mental Health, University College London, United Kingdom of Great Britain and Northern Ireland

E-mail address: noconne@tcd.ie (N. O'Connell).

* Corresponding author.