Advancing the Treatment of Mood and Anxiety Disorders: The First 10 Years’ Experience with Paroxetine

Introduction
By Charles B. Nemeroff, MD, PhD

Neuropharmacology of Paroxetine
By Michael J. Owens, PhD, and Charles B. Nemeroff, MD, PhD

In Vivo Neuroimaging Correlates of the Efficacy of Paroxetine in the Treatment of Mood and Anxiety Disorders
By Clinton Kilts, PhD

Pharmacokinetics, Drug Interactions, and Tolerability of Paroxetine and Paroxetine CR
By C. Lindsay DeVane, PharmD

Paroxetine Treatment of Major Depressive Disorder
By Martin B. Keller, MD

Treatment of Panic Disorder: Focus on Paroxetine
By Mark H. Pollack, MD, and Alicia C. Doyle, BA

Paroxetine Treatment of Generalized Anxiety Disorder
By David V. Sheehan, MD, MBA, and C. Gloria Mao, PharmD

Treatment of Posttraumatic Stress Disorder: The Impact of Paroxetine
By Jonathan R. T. Davidson, MD

Obsessive-Compulsive Disorder: Implications of the Efficacy of an SSRI, Paroxetine
By Philip T. Ninan, MD

Advances in Recognition and Treatment of Social Anxiety Disorder: A 10-Year Retrospective
By Murray B. Stein, MD, FRCPC

Paroxetine Use in Medically Ill Patients
By Steven Stout, MD, PhD, Wendy I. Somersel, MD, Andrew Miller, MD, and Dominique L. Musselman, MD, MS

Paroxetine Treatment of Depression in Late Life
By Charles F. Reynolds III, MD

Paroxetine Treatment of Mood Disorders in Women: Premenstrual Dysphoric Disorder and Hot Flashes
By Kimberly A. Yonkers, MD

Clinical Management of Perinatal Depression: Focus on Paroxetine
By D. Jeffrey Newport, MD, MSCGR, MDiv, and Zachary N. Stowe, MD

Paroxetine Treatment of Mood and Anxiety Disorders in Children and Adolescents
By Karen Dineen Wagner, MD, PhD

Efficacy and Tolerability of Controlled-Release Paroxetine
By Robert N. Golden, MD
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ABSTRACT

With the relatively recent introduction of the selective serotonin reuptake inhibitor (SSRI) class of antidepressants, increased attention has been focused on the use of antidepressants in the treatment of mood disorders across the female life cycle. Evidence for the efficacy of antidepressants in the treatment of premenstrual dysphoric disorder (PMDD) and hot flashes associated with menopause and breast cancer has emerged. The clinical trials experience with paroxetine and the controlled-release (CR) formulation of paroxetine is reviewed.

INTRODUCTION

Depression is one of the most significant and disabling illnesses in women. Findings from the World Health Organization's Global Burden of Disease study illustrate the relative ranking of depression as a source of death and disability worldwide and in the United States. Based on 1996 estimates, the leading cause of disability among both men and women in the United States was ischemic heart disease. Motor vehicle accidents were the second most common source of death and disability in men. In sharp contrast, the second largest contributor to disability in women was major depression, which in women was ranked higher than cerebrovascular disease, respiratory tract cancers, osteoarthritis, and breast cancer.

For reasons that are not completely understood, women are at increased risk for mood disorders compared with men. Gender differences in the rates of major depression are not apparent in prepubertal children. However, beginning with puberty and continuing through the end of a woman's childbearing years in midlife, the ratio of major depression in females to males is 2:1. There are particular times during a woman's reproductive life, such as pregnancy, the postpartum period, the...
direct comparative studies are warranted to better identify candidates for continuous vs intermittent SSRI treatment.

Findings from pilot studies also suggest that paroxetine and paroxetine CR reduce the frequency and severity of hot flashes in perimenopausal women and women with breast cancer. Again, additional studies are needed to assess the optimal duration of treatment of hot flashes, particularly in menopausal women.

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**REFERENCES**