



## Dermatological Reactions Due To Antidepressants-What We Know And What To Watch Out For?

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### ABSTRACT

Antidepressants like Selective Serotonin Reuptake Inhibitors (SSRI), Selective Norepinephrine Reuptake Inhibitors (SNRI), Tricyclic Antidepressants (TCAs) have been known to result in dermatological reactions. Newer drugs like Mirtazapine, Bupropion can also cause such skin reactions but not widely reported. Literature does not give any conclusive evidence regarding mechanism of such occurrence. Further sample based longitudinal study should be done for better understanding of such reactions and making better interventions for the same.

**KEYWORDS** : Antidepressants, Skin Reactions, Interventions

### I. INTRODUCTION

Drug-induced skin reactions consist of a lot of symptoms, from mild exanthems to life-threatening generalized reactions. Antidepressants that are commonly used include Selective Serotonin Reuptake Inhibitors (SSRI), Selective Norepinephrine Reuptake Inhibitors (SNRI), Tricyclic Antidepressants (TCAs) [1,2]. They have been known to result in dermatological reactions. In modern day treatment along with these drugs, use of other antidepressants like Bupropion, Mirtazapine, Trazodone etc. have increased progressively due to increased cases of Treatment Resistant Depression (TRD) [3,4]. Dermatological reactions due to these agents have not been widely reported. So while starting such drugs proper monitoring should be done to diagnose and manage such at an early stage.

### II. DISCUSSION

As we are using antidepressant drugs on such a wide range now it is important to pay attention to and highlight its unwanted effects, that despite a good reaction to the drug, might be

contraindications to these therapies. Firstly, severe skin symptoms connected with antidepressant treatment concerned only tricyclic drugs. Then with the development of pharmacotherapy, new information regarding the drugs from SSRI groups arose. [5]

There was increased interest in the high-risk skin reactions including:

1. Erythema multiforme (EM);
2. Stevens-Johnson syndrome (SJS);
3. Lyell's syndrome (toxic epidermal necrolysis – TEN);
4. Acute generalized exanthematous pustulosis (AGEP);
5. Drug-induced hypersensitivity syndrome (DIHS).

These reactions are mainly mediated by chemically reactive metabolites formed by the cytochrome P450 enzyme system, the toxicity occurring either directly or indirectly via an immune mechanism. [6]

The risk of these reactions is less likely to be dependent on selectivity against specific receptors. It is mostly dependent on other features of the patient. One is the age – it has been noticed that the majority of unwanted drug-induced reactions occur in young children and in people above the 65 years age. In elderly population we may come across coexistence of other somatic diseases and as a result, with acquiring many drugs. Over-the-counter drugs, like nonsteroidal anti-inflammatory drugs, can often be the confounding factor of skin complications. [5,6] Such skin reactions due to drugs can appear as well with other constitutional or infectious illnesses or environmental factors like smoking or abuse of alcohol.

Newer generation drugs like Mirtazapine, Bupropion have been reported to cause



adverse dermatological reactions but not widely.[3,4]

### III. CONCLUSION

Management with antidepressants is the cornerstone of treating Major Depressive Disorders or any psychiatric or physical illness where depression is an associated feature. Mild to severe dermatological reactions is found in literature to the conventional as well as newer antidepressants. Mechanism of such is not clear. So while putting a patient on such drugs in psychiatry settings we need to be careful during follow up visits for monitoring the patients for the same. Further sample based longitudinal study is the need of the hour for better compliance and management.

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