

DST and response to serotonergic antidepressants in obsessive – compulsive disorder

Dear sir,

Several groups have evaluated the response on the dexamethasone suppression test (DST) in patients with obsessive-compulsive disorder (OCD), reporting an incidence of abnormal tests ranging from 0 – 47% (Insel *et al*, 1982; Cottreaux *et al*, 1984; Lieberman *et al*, 1985; Monterio *et al*, 1986). To our knowledge, however, no study has so far been conducted to investigate the usefulness of DST in predicting response to pharmacotherapy in OCD patients.

In a previous paper, we reported that 5 out of 18 patients (27.7%) meeting the DSM III-R criteria for primary OCD showed an abnormal escape from DST based on levels of plasma cortisol > 50 ng/dl at 4 pm, and that non-suppression was not related to the presence of depression (Catapano *et al*, 1990). Here we present some data concerning the relationship between DST response and outcome of treatment with 2 serotonergic antidepressants in 17 of these patients (11 men and 6 women; age range: 18 – 49 years).

The patients, after baseline clinical assessment by the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) (Goodman *et al*, 1989), the Obsessive – Compulsive Subscale of the Comprehensive Psychopathological Rating Scale (CPRS-OC) (Thorén *et al*, 1980), the 17-item Hamilton Rating Scale for Depression (HRSD) (Hamilton, 1960), and baseline biological evaluation (including the DST), were ran-

domly assigned to either of 2 treatment regimens: fluoxetine (40 mg/day, in 2 oral administrations), or clomipramine (150 mg/day, in 3 oral administrations). Lorazepam (1-3 mg/day) was permitted to relieve insomnia. At the end of a 3-month treatment period, clinical status was assessed again by Y-BOCS. A score of 5 ('much improved') or greater on the item 18 (Global Improvement) of the Y-BOCS was required to define a patient as a 'responder' to treatment. Clinical evaluation was made by a psychiatrist who was blind to DST results.

Four out of 9 patients treated with fluoxetine and 3 out of 8 patients treated with clomipramine were classified as 'responders'. The 5 patients who were non-suppressors on DST at baseline were all non-responders to treatment, whereas of the 13 suppressors 7 were responders and 6 non-responders (significant difference in the response rate between suppressors and non-suppressors, $P < 0.04$, Fisher's exact test).

These data suggest that DST non-suppression may be a predictor of a poor response to serotonergic antidepressants in OCD patients.

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References

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