Background

Patients with carcinoid tumors have higher than expected rates of depression and therefore may require treatment with antidepressant medications. However, these medications, particularly serotonergic antidepressants (SA), carry a theoretical risk in carcinoid patients. Case reports of serotonergic antidepressants unmasking or worsening carcinoid syndrome have argued against the use of SAs in this population. Limited data exist about the safety of antidepressants in patients with carcinoid tumors.

Methods

Retrospective chart review of patients (age 18-89) with carcinoid tumors at Memorial Sloan Kettering Cancer Center (MSKCC) who were also prescribed antidepressants from January 1, 2008 to April 1, 2015. Patients were excluded if no evidence of disease at the time of initial presentation to MSKCC.

Outcomes measured included:

- Duration of antidepressant use, dosage ranges, reason for starting/stopping.
- Whether or not antidepressants were stopped during the study period.
- Any instance of serotonin syndrome or carcinoid crisis during the study period.

Results

92 patients (76 CS-, 16 CS+); 127 antidepressants prescribed.

No instances of serotonin syndrome or carcinoid crisis documented. Of 76 CS- patients, none developed carcinoid syndrome during the study period. The majority did not discontinue antidepressants at any point during the study. Among CS+ patients who discontinued antidepressants, carcinoid syndrome was never the reported reason for stopping.

No instances of monoamine oxidase inhibitor usage were recorded.

Discussion

Most patients prescribed antidepressants for long durations.

Majority did not stop antidepressants at any point during the study. Among those that did stop, CS was never the reason for stopping. No patient without history of carcinoid syndrome (CS-) developed CS following administration of antidepressants.

Few were prescribed non-SAs (e.g. bupropion).

Findings do not support the conclusion of previous authors that SSRIs should be avoided in this population.

Limitations

Nomenclature of carcinoid and neuroendocrine tumor (NET) changed over the sampling period.

Retrospective design / potential reporting bias.

Sample limited to charts from 2008 onwards.

References


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