Selective Serotonin Reuptake Inhibitors in Panic Disorder

James C. Ballenger, MD
Chairman and Professor, Department of Psychiatry and Behavioral Science,
Medical University of South Carolina

Even without well controlled clinic data with the serotonin selective reuptake inhibitors (SSRIs) in Panic Disorder, in recent years they have become the treatment of first choice primarily because of their favorable side effect spectrum. In particular, they are well tolerated, generally do not cause weight gain, and are safe in overdose. For some years, evidence documenting the effectiveness of clomipramine (100–150 mg/day) and fluvoxamine (150–300 mg/day) have been available. European trials with citalopram (20–60 mg/day) have been shown to be effective by week 12. Probably the best studied SSRI in Panic Disorder has been paroxetine. In a seven center Danish trial, more patients on paroxetine (36% vs. 16% placebo) had resolution of panic attacks by week 12. In a large 39 center trial in 13 European countries, paroxetine was shown to be equal in efficacy to clomipramine but significantly better tolerated. More patients (51%) on paroxetine had no panic attacks compared to clomipramine (37%) and placebo (32%). Recent America trials demonstrated that 40 mg paroxetine is the appropriate target dose. The best controlled relapse trial to date demonstrated that improvements are generally maintained as long as the medication is continued but there is 30% relapse rate if it is discontinued. There is also a one year trial comparing paroxetine to clomipramine with continue improvement on both medications throughout the trial. Not unexpectedly, paroxetine was better tolerated.

There are controlled trials with sertraline (50–200 mg/day) and fluvoxamine (100–200 mg/day) demonstrating efficacy. The sertraline trials provide the clearest evidence of improvement in quality of life measures and improved functioning in social and occupational function. Fluvoxamine is also currently under study in large trials but, open clinical evidence also suggests its effectiveness.

Panic disorder is frequently comorbid with other conditions, especially depression which complicates its course and response to treatment. It may be that the broad spectrum of efficacy of the SSRIs against depression, OCD, social phobia, and generalized anxiety may prove to be important advantages for them in the treatment of panic disorder. This may be particularly true in primary care setting where these comorbid conditions are prevalent but frequent misdiagnosed or overlooked. The most common psychiatric diagnosis in primary care is “mixed anxiety depression” With the demonstration that paroxetine (and presumably other SSRIs) treat all these conditions, diagnostic accuracy in these settings may not be as necessary.