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## Role of Anti-Depressants in Functional Dyspepsia

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### Abstract

Functional dyspepsia (FD) refers to a gastrointestinal disorder with symptoms of postprandial fullness, epigastric pain or burning and early satiety, in the absence of any organic disease explaining these symptoms. There have been vast but inconsistent data on treatment of FD. The standard treatment for FD includes dietary advice, pharmacological treatment including H<sub>2</sub> blockers, proton pump inhibitor and prokinetics. Numerous studies have shown the efficacy of antidepressants in FD. In the Mertz trial, 71% reported improvement versus 29% on placebo. Three of the eight studies, including 379 patients, reported adverse events. Based on the limited data in the literature, we can conclude that antidepressants have an important role in the management of FD. However, larger and longer trials should be done. These trials should also pay more heed to whether the improvement in these symptoms is independent of an effect of treatment on depression. There should be more comprehensive studies comparing the classes of antidepressants, and studies on the long-term follow-ups of the patients should also be done for the treatment of FD.

**Keywords:** Antidepressants; dyspepsia; functional disorders

### Introduction

Sir,

Functional dyspepsia (FD) refers to a gastrointestinal disorder with symptoms of postprandial fullness, epigastric pain or burning and early satiety, in the absence of any organic disease explaining these symptoms.<sup>[1][2]</sup> Currently, this disorder is considered to be a bio-psychosocial disorder with alterations in the gastro-duodenal motor function, increased visceral sensitivity and CNS disturbances.<sup>[1][3]</sup> Furthermore, this disorder contributes to a large number of gastroenterology clinical visits, with a prevalence reaching up to 15.7% in the general population.<sup>[3]</sup>

There have been vast but inconsistent data on treatment of FD. The standard treatment for FD includes dietary advice, pharmacological treatment including H<sub>2</sub> blockers, proton pump inhibitor and prokinetics. Reports suggest that patients also seek alternative therapies, most of which have been of very little significance. According to one study, hypnotherapy was superior to standard care; however, it is not widely available. Furthermore, a systematic review also concluded that psychological therapy in FD is of limited value because of lack of data.<sup>[2]</sup>

There is a scarce literature regarding the use of antidepressants. They are known to reduce the severity of the psychological symptoms which aggravates symptoms of functional dyspepsia. They are also known to have central analgesic actions as there is some evidence of CNS dysfunction and reduce affective arousal as well as sleep restorative actions. Furthermore, they may have local pharmacologic actions on the upper gut.<sup>[2]</sup> Numerous studies have shown the efficacy of antidepressants in FD. In the Mertz trial, 71% (five out of seven) reported improvement versus 29% (two out of seven) on placebo. The meta-analysis of Jeffery.L. Jackson,<sup>[4]</sup> that included 11 RCTs, also reported the efficacy of antidepressants for FD. According to an article, seven of the eight RCTs reported an overall improvement in the symptoms with antidepressants. However, three of the eight studies, including 379 patients, reported adverse events.<sup>[3]</sup>

Based on the limited data in the literature, we can conclude that antidepressants have an important role in the management of FD. However, larger and longer trials should be done.

These trials should also pay more heed to whether the improvement in these symptoms is independent of an effect of treatment on depression. Furthermore, there should be more comprehensive studies comparing the classes of antidepressants, and studies on the long-term follow-ups of the patients should also be done for the treatment of FD.

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