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Q: What are selective serotonin reuptake inhibitors?

A: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressant medications used to treat a range of psychological health conditions. Multiple medications fit this class, and some are Food and Drug Administration (FDA) approved for the treatment of depression, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, and posttraumatic stress disorder, among other conditions (Centers for Medicare & Medicaid Services, 2013). SSRIs are not FDA-approved for the treatment of adjustment disorder, but antidepressants are commonly prescribed for adjustment disorders (Olfson & Marcus, 2009).

Q: What are the potential mechanisms of action underlying SSRIs for adjustment disorder?

A: Symptoms of adjustment disorder overlap with psychological health conditions for which SSRIs are recommended, including major depressive disorder (MDD) and generalized anxiety disorder (GAD; VA/DoD, 2022). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) lists six subtypes of adjustment disorder, including three that pertain to presentations that are characterized by symptoms of depression and anxiety: “with depressed mood,” “with anxiety,” and “with mixed anxiety and depressed mood” (American Psychiatric Association [APA], 2022). In the treatment of MDD and GAD, SSRIs are thought to effect long-term neurochemical adaptations in the brain that lead to increased serotonin-mediated neurotransmission, resulting in a reduction of anxiety and depression symptoms (Vaswani et al., 2003). SSRIs may similarly reduce symptoms of depression and anxiety in adjustment disorder, but this assumption has not been substantiated by research.

Q: Are SSRIs recommended as a treatment for adjustment disorder in the Military Health System (MHS)?

A: There is no VA/DoD clinical practice guideline (CPG) on the treatment of adjustment disorder.

The MHS relies on the VA/DoD CPGs to inform best clinical practices. In the absence of an official VA/DoD recommendation, clinicians should look to CPGs and authoritative reviews published by other recognized organizations and may rely on knowledge of the literature and clinical judgement.

Q: Do other authoritative reviews recommend SSRIs as a treatment for adjustment disorder?

A: No. Other authoritative reviews have not substantiated the use of SSRIs for adjustment disorder.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using grading systems similar to the VA/DoD CPGs. These include the American Psychiatric Association, American Psychological Association, and the United Kingdom’s National Institute for Health and Care Excellence. Additionally, Cochrane is an international network that conducts high-quality reviews of healthcare interventions.

Q: Is there any recent research on SSRIs as a treatment for adjustment disorder?

A: A systematic review of psychological and pharmacological treatments for adjustment disorder identified five studies examining SSRIs for the treatment of adjustment disorder, including three RCTs, one retrospective study, and one case study (O'Donnell et al., 2018). The quality of evidence of the included studies was deemed “low to very low” due to methodological issues (e.g., small sample sizes, not controlling for concurrent treatments) precluding any conclusions about the potential efficacy of SSRIs as a treatment for adjustment disorder.

One RCT examined the prophylactic effect of SSRIs on 41 women undergoing IVF who had a diagnosis of adjustment disorder with moderate anxiety and/or affective symptoms (Romano et al., 2019). Participants in the treatment group were administered 10 mg of escitalopram daily and the control group was administered a pill placebo. At the end of the 8-week study period, women in the treatment group had significantly lower scores on measures of anxiety, depression, and overall psychological distress. This suggests that SSRIs may be useful as short-term treatment to prevent the perpetuation or worsening of symptoms in this population.

Q: What conclusions can be drawn about the use of SSRIs as a treatment for adjustment disorder in the MHS?

A: The body of evidence for the use of SSRIs with adjustment disorder is very limited. The RCT described above indicates some potential utility as a preventative measure for a specific medical population, but much more work needs to be done with larger samples and with different patient populations. Clinicians considering prescribing an SSRI for adjustment disorder should carefully evaluate the results of any available research for their population of interest and rely on clinical judgment. Factors to consider include that SSRIs are considered evidence-based treatments for disorders that share symptoms with adjustment disorders (e.g., MDD, GAD), and that some people with adjustment disorder are later diagnosed with these other psychiatric conditions (O'Donnell et al., 2016). However, by definition, the symptoms of adjustment disorder do not persist for greater than six months following termination of the stressor or its consequences (APA, 2022) and a large proportion of adjustment disorders resolve on their own (O'Donnell et al., 2016). This suggests that a long-acting agent such as an SSRI may not be clinically indicated, but this should be weighed against considerations such as the patient's psychiatric history, availability of other treatment options, patient access to natural supports, and patient preferences that may influence treatment engagement and retention.

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