

Parkinson's Patients (Accordion Pill™, Sinemet®, Placebo-AP-CD-LD, and Placebo-Sinemet)

Conclusions. Continuous delivery of LD-CD IG offers a promising option for the control of advanced Parkinson's disease with motor complications. AP-CD-LD, with its controlled release and gastric retentive formulation, has demonstrated improved efficacy and safety in early clinical trials in patients with advanced PD, with a significant reduction in daily dosing. Pharmacists can help patients understand the medication they are prescribed and explain how to take it. If the patient has other illnesses or conditions and needs medication, the pharmacist can guide him/her on how to take these alongside Parkinson's medication. It is useful to keep the packaging for medication. This will help the patient to remember what the patient is taking. The patient can also record the name and strength of the medication and carry this list with him/her for when the patient needs it. This will be particularly useful in an emergency, as it will help medical professionals to understand what medication the patient takes.

PERSPECTIVES OF SELECTIVE SEROTONIN REUPTAKE INHIBITORS OFF-LABEL USES IN VARIOUS MEDICAL CONDITIONS TREATMENT

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Introduction. Antipsychotics are one of the leading off-label prescriptions. Among them, selective serotonin reuptake inhibitors (SSRIs) are very versatile and therefore widely prescribed. Moreover, SSRIs generally have a better safety profile than other antidepressants. Physicians are certainly allowed to prescribe off-label drugs according to the latest literature data and their knowledge and beliefs. For this reason, the absence of specific (direct) indications should not be considered an obstacle to specific therapy prescribing. The decision on which medicine to give is a process that has to be done taking into account all the potential risks and benefits for the patient and has to be supported by the best available evidence. Thus, when it comes to off-label prescriptions, SSRIs are at the top of the list. It seemed interesting to us the current state of selective serotonin reuptake inhibitors off-label use.

Aim of the study. Conduct a review of SSRIs off-label prescribing, identify the most common medical conditions and SSRI evidence base for conditions treatment. This analysis is one of the qualification work chapters on the topic «Clinical and pharmacological analysis of antidepressant use from the group of selective serotonin reuptake inhibitors».

Materials and methods. To review the evidence base for SSRIs off-label prescribing using data from The National Center for Biotechnology Information (pubmed.ncbi.nlm.nih.gov). The search was carried out using the keywords: selective serotonin reuptake inhibitors, off-label uses, citalopram, escitalopram, fluoxetine, paroxetine, sertraline, evidence base, and FDA approval. The following filters were

included in the search: free full text, all article types (books and documents, clinical trial, meta-analysis, randomized controlled trial, review, and systematic review), and publication date of 10 years.

Results and discussion. One of the off-label SSRI indications is migraine prophylaxis. SSRIs have not shown promising results compared to other antidepressants such as tricyclic antidepressants (TCAs). Fluoxetine was the most commonly used SSRI in randomized controlled trials. The American Academy of Neurology/American Headache Society recommends fluoxetine with evidence base level U (there is inadequate or conflicting evidence to support or refute drug use).

Very little evidence has been provided that SSRIs are the best treatment for body dysmorphic disorder, probably because they act on the obsessive signs of body dysmorphic disorder (fluoxetine, escitalopram, and citalopram). However, further randomized, placebo-controlled trials will be required for more consistent conclusions.

Despite encouraging results, little evidence remains to date on SSRI effectiveness in impulse-control disorder (fluoxetine, citalopram, escitalopram, and paroxetine). More trials with larger populations are needed to shed more light on this topic.

Although TCAs have proven to be the most effective, SSRIs have shown promising results in the treatment of irritable bowel syndrome with significant improvement in gastrointestinal symptoms and associated psychiatric symptoms (paroxetine and fluoxetine). Despite encouraging results, data are still scarce and require further clinical trials.

A number of authors have presented important data on the use of SSRIs for the treatment of both paraphilias and hypersexuality with level E evidence (fluoxetine, sertraline, and citalopram). Numerous convincing shreds of evidence for long-acting SSRIs (paroxetine, fluoxetine, sertraline, citalopram, and escitalopram) in the treatment of premature ejaculation have been presented in the literature.

The arrival of the first and unique approved short-acting, sexually-sparing SSRI called dapoxetine is to be welcomed. Based on the fact that randomized clinical trials of dapoxetine are the largest, with up to 6,000 participants, dapoxetine should be considered the best choice compared to other long-acting SSRIs such as paroxetine.

Off-label SSRI uses list is not limited to those mentioned above. Numerous literature data highlight the importance of SSRIs in the treatment of menopause hot flashes, with the best evidence being for paroxetine, escitalopram, and citalopram. Trials on the use of SSRIs in the treatment of autism spectrum disorders have been inconclusive. The results of using SSRIs for the treatment of chronic pain open up promising new scenarios (escitalopram and fluoxetine). SSRIs are considered first-line treatments for the main symptoms of post-traumatic stress disorder.

For these reasons, SSRIs have been proposed for the treatment of recurrent nightmares in patients after a traumatic event (paroxetine and citalopram). Negative findings have also been reported on the use of paroxetine in the treatment of obstructive sleep apnea. Although preliminary evidence for the use of SSRIs for stroke recovery has been encouraging, recent results have not reported strong evidence. There is still no consensus on the effectiveness of SSRIs in neuro-

cardiogenic syncope (fluoxetine and citalopram).

SSRIs have been proposed as a potential treatment strategy for eating disorders such as food addiction, compulsive overeating, and nighttime eating syndrome in the context of the obesity epidemic, especially when combined with psychotherapy.

SSRIs may play an important role in SARS-CoV-2 treatment (fluoxetine). However, to date, evidence has only come from in vitro studies or model systems studies, and thus there is still no clinical data available to support such an effect.

Conclusions. SSRIs are widely prescribed drugs, mainly due to their off-label use. Evidence for SSRIs ranges from migraine prevention to hypersexuality. These results suggest that SSRIs are extremely versatile and non-addictive, are considered easy to administer, and are commonly prescribed by a general physician, often without conclusive scientific evidence and underestimating the risk of side effects in routine clinical practice. SSRIs are antidepressants and therefore psychiatric drugs, it would be extremely important to consult a psychiatrist before prescribing these drugs to off-label indications.