

Issue 3

AUTOBIOGRAPHY OF SERTRALINE



Focus on Role of Sertraline in OCD

FEAR TENSION RESTLESSNESS **DEPRESSION** WORRY SADNESS

Caused by
Impaired Quality Life

due to **COPD**



In Major Depression Associated with Anxiety

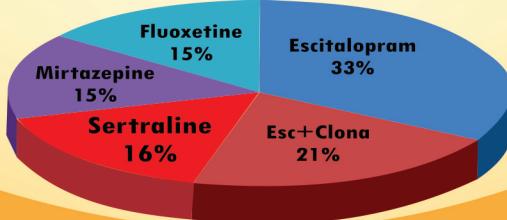
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Sertraline 25 / 50 / 100 mg



A World of Smiles...Restored

3rd most prescribed antidepressant by psychiatrists

No.1 Indian brand
of Sertraline



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LET ME RE-INTRODUCE MYSELF

- I am a non-tricyclic, potent and selective serotonin reuptake inhibitor (SSRI) with well-established antidepressant and anxiolytic activity
- I offer several advantages over conventional antidepressants, in terms of superior patient tolerability, lower risk of fatal toxicity, no dependence potential and absence of clinically relevant drug interactions
- Although I was initially introduced as an antidepressant, a considerable base of evidence now suggests that I can be prescribed for a wide range of psychiatric morbidities, including obsessive compulsive disorder.¹⁻³

OBSESSIVE COMPULSIVE DISORDER

- Obsessive compulsive disorder (OCD) is a debilitating neuropsychiatric disorder characterized by recurrent, intrusive, anxiety-provoking thoughts or impulses (obsessions) and/or repetitive acts (compulsions) lasting for at least one hour per day.⁴ Although pharmacotherapeutic strategies for the management of OCD continue to develop apace, the remarkable diversity of symptoms and psychiatric comorbidities pose significant challenges to clinical practitioners.⁵



BENEFITS OF MY THERAPY IN OCD

- The advent of SSRIs in the 1980s was heralded as a major breakthrough in the fight against OCD, providing physicians with a benchmark pharmacological treatment.^{4,6}
- I, being an SSRI have demonstrated several benefits in patients with OCD. Two double-blind, placebo-controlled studies, enrolling a total of 412 patients with OCD, were conducted to shed light on my efficacy and safety. The first of these studies utilized a flexible dosing regimen (50–200 mg/day for 8 weeks) and showed it to be both effective and tolerable for the treatment of OCD, and notably superior to placebo. The second study of a fixed dosing regimen (50, 100, or 200 mg/day for 12 weeks) attested to my clinical potential and tolerability and demonstrated that steady improvement in OCD symptoms could be achieved through my sustained therapy.⁷



I AM EFFECTIVE AND SAFE FOR THE LONG-TERM TREATMENT OF OCD

- Notwithstanding the progress in pharmacotherapy of OCD, a large fraction of patients remain significantly impaired and experience symptoms throughout their lives. The presence of residual symptoms has been associated with a higher risk of relapse and chronicity, warranting the administration of effective therapeutic agents for reducing long-term morbidity. Available guidelines recommend first-line use of SSRIs for long-term OCD treatment.^{8,9}
- Several researchers have garnered evidence to demonstrate my efficacy and tolerability in patients requiring pharmacotherapy for prolonged durations. Koran *et al*¹⁰ undertook a trial to assess my relapse-prevention potential in OCD patients. The results demonstrated that I was highly efficacious in producing the desired clinical response, preventing acute exacerbation of symptoms, and improving the quality of life. In addition, the adverse events were trivial and I displayed a reasonably good safety profile. Other investigators have also validated the fact that my therapy for long durations is not associated with high incidence or increased severity of adverse experiences or clinically significant abnormalities in the affected individuals.¹¹
- Besides the above-mentioned, a considerable volume of information supports my superiority over other SSRIs and psychotherapeutic agents in reducing long-term morbidity with minimum undesirable effects.^{12,13}



A REVIEW OF MY BENEFITS IN PEDIATRIC OCD PATIENTS

- OCD often has an early onset, usually in childhood or adolescence, and is oftentimes associated with broad impairments in functioning, if left untreated. Therapeutic modalities focus on achieving symptom remission, preventing relapse and upgrading the quality of life of the children.¹⁴
- Due to my benign side effect profile, I am considered the first-choice agent for treating the disorder in the younger age-group.^{15,16} A plethora of studies have corroborated my clinical benefits in pediatric OCD patients. Cook and coworkers¹⁷ sought to evaluate my safety and effectiveness in the long-term treatment of OCD in children (6-12 years; n= 72) and adolescents (13-18 years; n = 65). The results demonstrated substantial improvement in OCD symptomatology in 72% of children and 61% of adolescents without any associated adverse effects. These findings were supported by another study¹⁸ that demonstrated two-thirds of pediatric patients with severe OCD at baseline to achieve either full or partial remission of symptoms following my therapy.

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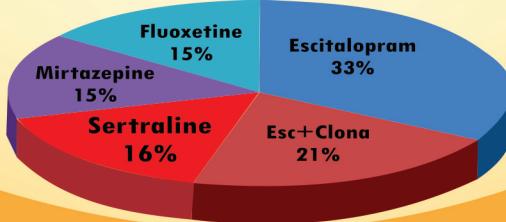
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