

抗うつ薬は動脈壁肥厚と関連がある

SSRIおよび他の抗うつ薬は頸動脈内中膜肥厚と関連がある

SSRIs and other antidepressants linked to higher carotid intima media thickness

抗うつ薬使用と動脈壁肥厚に関連があり、心疾患および脳卒中リスクとなる可能性があることが双子の退役軍人のスタディの結果示されたと第60回American College of Cardiology学会で発表された。このスタディでは、2人ともがベトナム戦争の間に米国軍隊に従事した中年男性の双子513人を対象とした。研究者らは頸動脈内中膜厚（IMT）を超音波で計測した。その結果、選択的セロトニン再取り込み阻害薬を内服している者（これらのうち60%が抗うつ薬を内服）および他の抗うつ剤を内服している者両者において頸動脈IMTが大であることが確認された。片方のみが抗うつ剤を内服していた双子59組において、標準的な心疾患リスクを考慮に入れても、薬剤を内服している者の方がIMTは大である傾向にあった。この影響は心筋梗塞または脳卒中の既往の有無に関係なくいずれの双子においても認められた。抗うつ剤を内服している者のみで観察すると、うつ症状レベルが高いほどIMTもまた大であった。

Full Text

Antidepressant use has been linked to thicker arteries, possibly contributing to the risk of heart disease and stroke, in a study of twin veterans. The data was presented Tuesday, April 5 at the American College of Cardiology 60th Annual Scientific Session.

Depression can heighten the risk for heart disease, but the effect of antidepressant use revealed by the study is separate and independent from depression itself, says first author Amit Shah, M.D., a cardiology fellow at Emory University School of Medicine. The data suggest that antidepressants may combine with depression for a negative effect on blood vessels, he says. Shah is a researcher working with Viola Vaccarino, M.D., Ph.D., chair of the Department of Epidemiology at Emory's Rollins School of Public Health.

The study included 513 middle-aged male twins who both served in the U.S. military during the Vietnam War. Twins are genetically the same but may be different when it comes to other risk factors such as diet, smoking and exercise, so studying them is a good way to distill out the effects of genetics, Shah says.

Researchers measured carotid intima-media thickness by ultrasound. Among the 59 pairs of twins where only one brother took antidepressants, the one taking the drugs tended to have higher carotid intima-media thickness (IMT), even when standard heart disease risk factors were taken into account. The effect was seen both in twins with or without a previous myocardial infarction or stroke. A higher level of depressive symptoms was associated with higher IMT only in those taking antidepressants.

"One of the strongest and best-studied factors that thickens someone's arteries is age, and that happens at around 10 microns per year," Shah says. "In our study, users of antidepressants see an average 40 micron increase in IMT, so their carotid arteries are in effect four years older."

Antidepressants' effects on blood vessels may come from changes in serotonin, Shah says. The most commonly prescribed antidepressants are selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine, which increase the level of serotonin in the brain. Other types of antidepressants also affect serotonin levels, and antidepressants can act on other multi-functional brain chemicals such as norepinephrine.

In the study, researchers saw higher carotid IMT in both participants who used SSRIs (60 percent of those who took antidepressants) and those who used other types of antidepressants.

Most of the serotonin in the body is found outside the brain, especially in the intestines, Shah notes. In addition, serotonin is stored by platelets, the cells that promote blood clotting, and is released when they bind to a clot. However, serotonin's effects on blood vessels are complex and act in multiple ways. It can either constrict or relax blood vessels, depending on whether the vessels are damaged or not.

"I think we have to keep an open mind about the effects of antidepressants on neurochemicals like serotonin in places outside the brain, such as the vasculature. The body often compensates over time for drugs' immediate effects," Shah says. "Antidepressants have a clinical benefit that has been established, so nobody taking these medications should stop based only on these results. This isn't the kind of study where we can know cause and effect, let alone mechanism, and we need to see whether this holds up in other population groups."

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