

TMS TRENDS

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Do Antidepressants Cause Unwanted Weight Gain?

Drugs have side effects; we all accept that, and hope we will be among those who will escape them. Some have behavioral effects: loss of memory, cognitive skills, hallucinations, and mood swings. But when we think of how the side effects of drugs can affect our behavior, we rarely focus on how they may change the way we eat. Yet if we are being treated with an antidepressant, mood stabilizers and antipsychotics, we may find ourselves almost powerless to control what and how much we are consuming. The drugs used to treat mood disorders cause changes in both food choices and control over calorie intake has been known for decades. Some of the earliest available anti-depressants were associated with weight gain, and lithium, an old, well-known drug used to treat bipolar disorder, was the poster child for drug-associated obesity. It was hoped that newer drugs, released into the market over the past twenty years, might eliminate this side effect and some, like the antidepressant Bupropion, have done so. But unfortunately some of the most effective antidepressants are also the most effective in hijacking control over eating, and thus producing alarming amounts of weight gain. Switching to other medications to halt weight gain may not be an option if a drug is better able to control the depression than others with less weight gain potential. And stopping treatment might return the patient to a former untreated depressed state, which is an even worse option. In an ideal world, it should be possible to treat the antidepressant-induced, binge-like eating with drugs that have been used to control excessive food intake in non-depressed individuals. For a dieter who is not taking any other drugs that work on the brain, this is not a problem. But it can be a problem for someone who is already on medication for depression or anxiety.

The drugs they are taking for mood regulation may interact with the weight-loss drugs, and cause

cardiovascular or other metabolic problems. Moreover, there is always the risk that the drug, which prevents overeating, may inhibit the drug that improves mood. Doctors and patients thus face a problem with no good solution: what to do if the drug effectively relieves the painful symptoms of depression, but causes significant weight gain? When patients' pleasure in relief from their depression is replaced by horror at their obesity, what options does the physician have? It is known that consuming a small amount of a fat-free carbohydrate such as rice will increase brain serotonin, and be followed by an increase in satiety. Several years ago, we found that if our clients who had gained weight on antidepressants and related drugs consumed a fat-free, protein-free beverage containing a combination of starchy carbohydrates twice or even three times a day, they felt full enough to resist eating large meal portions and snacking. Their fullness came from the satiating effect of the brain chemical serotonin, that was made after they digested the carbohydrate in the drink. Because serotonin's activity was being increased naturally, and not with a drug, there was no problem of interaction with the drugs they were taking for their mental disorders. But many more studies are needed to develop optimal dietary interventions to halt weight gain or, if possible, prevent it.

As an alternative treatment for depression, Transcranial Magnetic Stimulation has been shown to be a safe and well-tolerated procedure that can be an effective treatment for patients with depression who have not benefited from certain antidepressant medications or who cannot tolerate the side effects. TMS is a focused non-systemic treatment and there are no side effects as are commonly seen with medications.