Use of antidepressants and breast cancer recurrence

The use of antidepressants, together with tamoxifen, is not associated with increased risk of breast cancer recurrence, a new study suggests.

Reina Haque (Kaiser Permanente Research, Pasadena, CA, USA) and colleagues assessed health records of 16 887 patients with early-stage breast cancer diagnosed between 1996 and 2007, who were treated with tamoxifen and antidepressants. Patients were followed-up to Dec 31, 2009, for breast cancer recurrence. The researchers analysed the percentage of days of overlap of tamoxifen and an antidepressant, and the risk of subsequent cancer. 8099 (48%) of 16 887 patients used antidepressants, of which 2946 (36%) women developed subsequent breast cancer (defined as recurrence in the same breast, metastases, or contralateral breast cancer occurring ≥6 months after initial surgery). No significant increase in risk was noted with increasing overlap of paroxetine and tamoxifen use in the first year of tamoxifen treatment (hazard ratio 1·06 [95% CI 0·98–1·14, p=0·09] for 25% overlap; 1·13 [0·98–1·30, p=0·09] for 50% overlap; and 1·20 [0·97–1·49, p=0·09] for 75% overlap); no significant differences were noted by the fifth year. Similarly, no associations were noted with other antidepressants.

Haque told The Lancet Oncology, “Tamoxifen is recommended for 5 years, but has notable side-effects, including depression. Since hormone replacement therapy is not recommended to alleviate these symptoms in breast cancer survivors, antidepressants have been increasingly prescribed for relief”. She continued, “Given that thousands of breast cancer survivors struggle with depression and other side-effects while on tamoxifen, our study should help alleviate concerns physicians have about prescribing antidepressants to their patients to help improve their quality of life.”

Stacie Dusetzina (University of North Carolina at Chapel Hill, Chapel Hill, NC, USA) commented that, “only a small number of women were exposed to only one drug (3% had only paroxetine, while 23% had multiple types of drugs). Previous studies have shown that many women switch from antidepressants that are strong inhibitors [of CYP2D6 enzyme, which metabolises tamoxifen to its active form] to weak inhibitors, which could theoretically reduce the risk for recurrence among those who were previously using a strong inhibitor.” Dusetzina concluded, “it would likely be prudent to avoid strong inhibitor antidepressants when selecting a new treatment for women who are taking tamoxifen”.

Holly Baker