

SERTAGRESS™

Sertraline 25 mg, 50 mg & 100 mg Tablets

✦ INTRODUCTION:

SERTAGRESS (sertraline hydrochloride) is a selective serotonin reuptake inhibitor (SSRI) for oral administration.

✦ INDICATION:

- Depression
- Obsessive compulsive disorder
- Panic disorder with or without agoraphobia
- Social anxiety disorder

✦ DOSAGE AND ADMINISTRATION:

Depression (Adult): Initially, 50 mg once daily may increase in steps of 50 mg at wkly intervals. Max: 200 mg daily.

Child: For obsessive-compulsive disorder: 6-12 yr: Initially, 25 mg once daily; 13-17 yr: Initially, 50 mg once daily. May increase dose at intervals of at least 1 wk, to a max of 200 mg/day. If somnolence is noted, give at bedtime.

Hepatic impairment: Dosage reduction may be required.

Administration: May be taken with or without food.

✦ ADVERSE DRUG REACTIONS:

Nausea, anorexia, constipation, diarrhoea, dry mouth, flatulence, vomiting, ejaculation failure, somnolence, insomnia, headache, dizziness, fatigue, anxiety, decreased libido, rash, hot flushes.

Pregnancy Category (US FDA): Category C (Drugs should be given only if the potential benefit justifies the potential risk to the foetus).

✦ MECHANISM OF ACTION:

Sertraline has a potent and selective inhibitory action on CNS neuronal reuptake of 5-HT resulting in increased 5-HT concentrations at the synaptic clefts, leading to sustained activity at the postsynaptic receptor sites and improvement of depression. Reduction of serotonin turnover (in brain) also contributes to its action. Its long half-life allows once daily Administration.

✦ STORAGE:

Store at 15-30°C.

A Light for the Darkest Moments



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Mail me at.....

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🔗 BACKGROUND:

- Major depression is a medical condition distinguished by one or more major depressive episodes. A major depressive episode is characterized by at least two weeks of depressed mood or loss of interest (pleasure) and accompanied by at least four more symptoms of depression. Such symptoms can include changes in appetite, weight, difficulty in thinking and concentrating, and recurrent thoughts of death or suicide.
- The two most important depressive disorders are MDD and Dysthymic Disorder. The essential feature of MDD is the occurrence of one or more Major Depressive Episodes.
- Major Depressive Episodes are characterized either by depressed mood (most of the day, nearly every day) and/or markedly diminished interest or pleasure in all, or almost all, activities (most of the day, nearly every day) lasting at least for 2 weeks.
- Dysthymic Disorder is characterized by a chronically depressed mood that occurs most of the day, more days than not, for at least 2 years.

🔗 SUBTYPE OF DEPRESSION:

SUBTYPE	KEY FEATURES
Melancholic Depression	Non-reactive mood, anhedonia, weight loss, guilt, psychomotor retardation or agitation, morning worsening of mood, early morning awakening and excessive or inappropriate guilt.
Atypical Depression	Reactive mood, over-sleeping, over-eating, leaden paralysis, interpersonal rejection sensitivity.
Psychotic (delusional) Depression	Hallucinations or delusions.
Catatonic Depression	Catalepsy (waxy flexibility), catatonic excitement, negativism or mutism, mannerisms or stereotypes, echolalia or echopraxia (uncommon in clinical practice)
Chronic Depression	Two years or more with full criteria for MDE
Seasonal Affective Disorder (SAD)	Regular onset and remission of depressive episodes during a particular season (usually fall/winter onset)
Postpartum Depression (PPD)	Onset of depressive episode within 4 weeks postpartum.

Prevalence: MDD affects more than 350 million people, of all ages, globally.
(Source: <http://www.who.int/mediacentre/factsheets/fs369/en/> last accessed on 04 march 2016)

🔗 PREVALENCE STUDIES OF MDD IN GENERAL POPULATIONS:

LOCATION (STUDY)	CRITERIA	LIFETIME
Canada	DSM-IV	10.8
Europe (ESeMeD)	DSM-IV	12.8
Germany	DSM-IV	17.1
Netherland (NEMESIS)	DSM-III-R	15.4
USA (NCS-R)	DSM-IV	16.2
Japan	DSM-III-R	2.9
India	Questionnaire based on CURES	15.1%

Source: Journal of Affective Disorders 117 (2009) S5–S14 & PLoS One. 2009; 4(9): e7185.

🔗 CLINICAL EFFECTIVENESS:

Comparison of Sertraline Treatment of Major Depression in Clinical and Research Patient Samples.

Figure 1. Change From Baseline in HAM-D Score (adjusted): Comparison of Clinical Practice and Clinical Research Samples^a

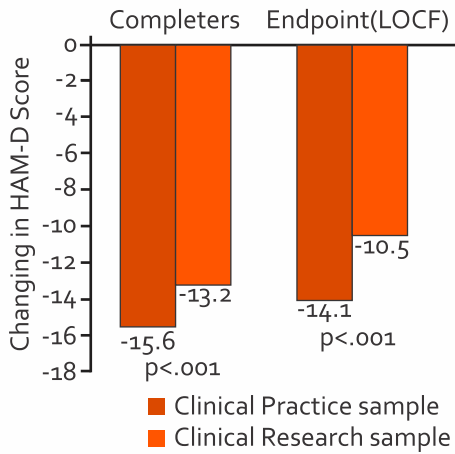
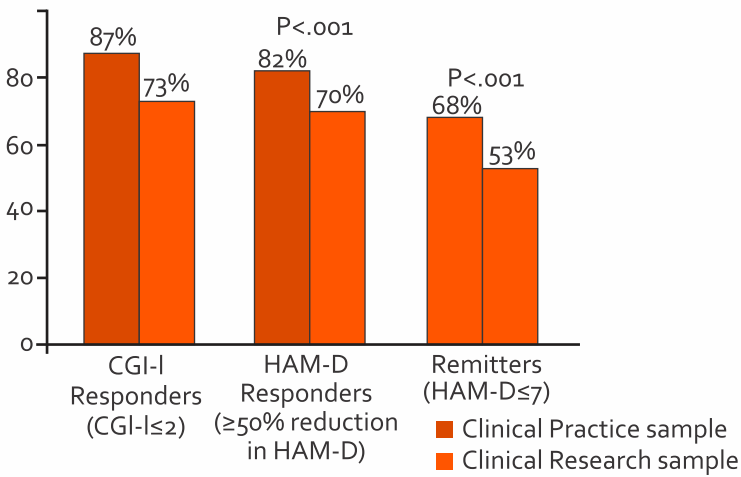


Figure 2. Clinical Outcome at Study Endpoint: Comparison of Clinical Practice and Clinical Research Samples^a



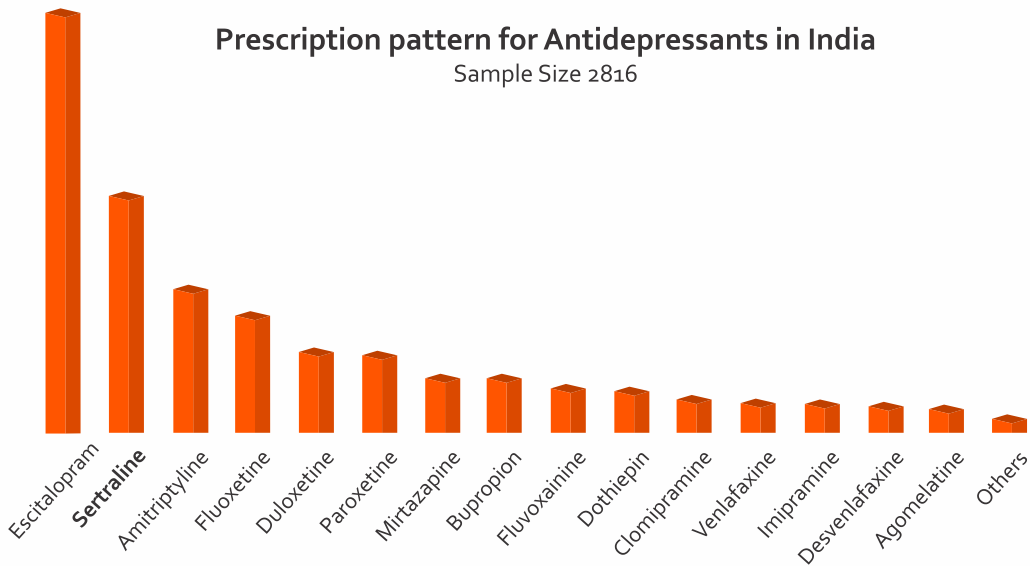
^aClinical Research data from Lydiard et al.² and Reimherr et al.¹¹ Abbreviation: LOCF = last observation carried forward. ^aClinical Research data from Lydiard et al.² and Reimherr et al.¹¹ Abbreviation: CGI-I = Clinical Global Impressions-Improvement Scale.

Sertraline appeared to be significantly more effective in achieving a favourable antidepressant outcome among Clinical Practice patients compared with Clinical Research patients.

(Source: Primary Care Companion J Clin Psychiatry; 1999)

As per Indian Journal of Psychiatry; 2014

Among the antidepressants, sertraline is the second most commonly prescribed antidepressant after escitalopram. Prescription pattern of Antidepressants in India:



🔗 ADVANTAGES:

- Sertraline improves depression scores in elderly patients in the short term, regardless of medical comorbidity status.¹
- Sertraline is a safe and effective treatment for recurrent depression in patients with recent MI or unstable angina and without other life-threatening medical conditions.²

Reference:
1. J Am Geriatr Soc 2004;52:86–92.
2. JAMA. 2002;288:701–709 www.jama.com