

Selective Serotonin Reuptake Inhibitors for Adjustment Disorder

Q. What are selective serotonin reuptake inhibitors?

A. Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressant medications used to treat a range of psychological health conditions. A number of SSRIs exist, and specific SSRIs are Food and Drug Administration (FDA) approved for the treatment of depression, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, and posttraumatic stress disorder, among other conditions (Centers for Medicare & Medicaid Services, 2013). SSRIs are not FDA-approved for the treatment of adjustment disorder, but antidepressants are commonly prescribed for adjustment disorders (Olfson & Marcus, 2009).

Q. What are the potential mechanisms of action underlying SSRIs for adjustment disorder?

A. A number of the symptoms associated with adjustment disorder overlap with psychological health conditions for which SSRIs are considered front-line pharmacotherapy, including major depressive disorder (MDD) and generalized anxiety disorder (GAD). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) lists six subtypes of adjustment disorder, including three that pertain to presentations that are characterized by symptoms of depression and anxiety: “With depressed mood,” “With anxiety,” and “With mixed anxiety and depressed mood” (American Psychiatric Association [APA], 2013). In the treatment of MDD and GAD, SSRIs are thought to effect long-term neurochemical adaptations in the brain that lead to increased serotonin-mediated neurotransmission, resulting in a reduction of anxiety and depression symptoms (Vaswani, Linda, & Ramesh, 2003). SSRIs may similarly reduce symptoms of depression and anxiety in adjustment disorder, but this assumption has not been substantiated by research.

Q. Are SSRIs recommended as a front-line treatment for adjustment disorder in the Military Health System (MHS)?

A. There is no VA/DoD clinical practice guideline (CPG) on the treatment of adjustment disorder.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. However, in the absence of an official VA/DoD recommendation, clinicians should look to CPGs published by other recognized organizations, and may rely on knowledge of the literature and clinical judgement.

Q. Do other organizations with CPGs for the treatment of adjustment disorder recommend SSRIs?

A. **No.** No CPGs on the treatment of adjustment disorder were identified.

Q. Do other authoritative reviews recommend SSRIs as a front-line treatment for adjustment disorder?

A. **No.** Other authoritative reviews have not substantiated the use of SSRIs for adjustment disorder.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on adjustment disorder were identified.
- Cochrane: A 2012 systematic review of interventions to facilitate return to work in adults with adjustment disorder did not identify any studies of pharmacological interventions (Arends et al., 2012).

Q. Is there any recent research on SSRIs as a treatment for adjustment disorder?

A. A December 2018 literature search identified a recent systematic review of psychological and pharmacological treatments for adjustment disorder (O'Donnell, Metcalf, Watson, Phelps, and Varker, 2018). This review was not limited to randomized controlled trials (RCTs), and identified a total of five studies of SSRIs for the treatment of adjustment disorder, including three RCTs, one retrospective study, and one

case study. The included studies suffered from major methodological problems, including not using outcome measures specific to adjustment disorder, lack of clinician-administered assessment at baseline, small sample sizes, and lack of controlling for existing treatment such as psychotherapy or other medications (O'Donnell et al., 2018). The quality of evidence of the included studies was deemed “low to very low,” precluding any conclusions about the potential efficacy of SSRIs as a treatment for adjustment disorder.

Q. What conclusions can be drawn about the use of SSRIs as a treatment for adjustment disorder in the MHS?

A. Little high quality research on any treatment for adjustment disorder has been done. In the absence of an established body of evidence, clinicians should carefully evaluate the results of any available research and rely on clinical judgment. Despite the dearth of evidence available supporting the use of SSRIs for the treatment of adjustment disorder, SSRIs are considered front-line, evidence-based treatments for a number of other disorders with symptoms that overlap with adjustment disorder, such as depression and anxiety disorders. However, by definition, the symptoms of adjustment disorder do not persist for greater than six months following termination of the stressor or its consequences (APA, 2013) and a large proportion of adjustment disorders resolve on their own. However, some people diagnosed with adjustment disorder are later diagnosed with other psychiatric disorders (O'Donnell et al., 2016), such as MDD or GAD, for which SSRIs are considered front-line pharmacotherapy (VA/DoD, 2016; Canadian Psychiatric Association, 2006). Clinicians should consider several factors when choosing a treatment for their patient, such as symptom profile, as well as considerations such as availability and patient preference that might influence treatment engagement and retention.

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