

Antidepressants and survival in glioma: Unraveling a complex puzzle

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Extract

This month in *Neuro-Oncology Practice*, Edström and colleagues¹ generate new insights to the relationship between antidepressant prescription and survival among patients with malignant glioma. In a retrospective study, the authors used Swedish national population-based registries to study 2 broad questions: (1) the prevalence of antidepressant prescriptions in 1231 glioma patients, compared to 6400 age- and sex-matched controls without glioma; and (2) associations between antidepressant prescription and survival in glioma patients. A subgroup analysis compared survival outcomes among glioma patients prescribed selective serotonin reuptake inhibitor (SSRI) versus non-SSRI antidepressants.

Edström et al. found that the prevalence of antidepressant prescription was significantly higher in patients with glioma (27%) compared to matched controls without glioma (16%). This finding is consistent with earlier data suggesting that depression is more frequent after a glioma diagnosis than in the general population.² There are 2 broad hypotheses as to why depression might be more common after glioma. One is that the psychosocial stress of getting brain cancer is a strong potential trigger. The other broad explanatory hypothesis is that glioma and its consequences may structurally or functionally disrupt neural pathways implicated in mood regulation. As is often the case in psychiatry the truth of the matter may lie somewhere in the middle, with different mechanisms at play in different individuals. Nevertheless, the finding of a higher antidepressant prescription frequency in glioma patients is what one might predict.

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