Symptoms of **anxiety and depression** often coexist, and although it may be difficult to distinguish which is the predominant disorder, especially in milder forms, patients usually require an antidepressant. Anxiolytics and antipsychotics can be useful adjuncts in agitated depression, but a sedative antidepressant might be preferable. Combination preparations of antidepressants with antipsychotics or anxiolytics should not be used because the dosage of the individual components should be adjusted separately. Also, anxiolytics should only be prescribed on a short-term basis whereas antidepressants are given for longer periods.

The efficacy of antidepressants in **chronic fatigue syndrome** in clinical studies have been equivocal although it has been suggested that antidepressant therapy should be tried in patients with co-existing depression.[62] Cognitive therapy may also be useful.

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Mania

Although isolated episodes of mania (see p.372) may occur, mania is usually followed by depression when it is considered to be part of bipolar disorder. It is accepted practice to include mania without depression within the bipolar category. The treatment and prophylaxis of acute mania are therefore described under Bipolar Disorder, above.

Agomelatine *(rINN)*

Agomelatina; Agomélatine; Agomelatinum; S-20098. *N*-[2-(7-Methoxy-1-naphthyl)ethyl]acetamide.

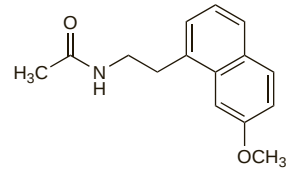
Агомелатин

$C_{15}H_{17}NO_2$ = 243.3.

CAS — 138112-76-2.

ATC — N06AX22.

ATC Vet — QN06AX22.



Profile

Agomelatine is an agonist at melatonergic MT_1 and MT_2 receptors and an antagonist at $5\text{-}HT_{2C}$ receptors. It has antidepressant actions and is used orally in the treatment of depression (p.373) in doses of 25 to 50 mg given daily at bedtime.

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Amineptine Hydrochloride *(rINNM)*

Amineptine, Chlorhydrate d'; Amineptini Hydrochloridum; Hidrocloruro de amineptina; S-1694. 7-[(10,11-Dihydro-5*H*-dibenzo[*a,d*]cyclohepten-5-yl)amino]heptanoic acid hydrochloride.

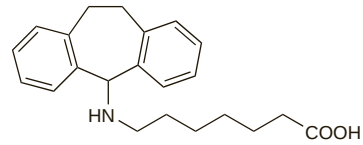
Аминептина Гидрохлорид

$C_{22}H_{27}NO_2$,HCl = 373.9.

CAS — 57574-09-1 (amineptine); 30272-08-3 (amineptine hydrochloride).

ATC — N06AA19.

ATC Vet — QN06AA19.



(amineptine)

Profile

Amineptine hydrochloride is a tricyclic antidepressant (see Amitriptyline, below). It has been given orally in the treatment of depression.

Hepatic adverse effects seem to be more common than with most other tricyclic antidepressants (see Effects on the Liver, p.377). Also amineptine has been subject to abuse and withdrawal has been both prolonged and difficult; for these reasons, it is no longer marketed in many countries.

Adverse effects. In 5 patients very severe acne-type lesions were associated with the chronic self-increased use of high doses of amineptine (200 to 1000 mg daily).[1] Unusual lactam metabolites were detected in all patients and in 2 these metabolites were still present, along with the lesions, 3 months after therapy had been withdrawn. In another case, a 48-year-old woman developed acne-like eruptions after long-term treatment with amineptine at a dose of 400 mg daily.[2] There was no clinical improvement 6 months after amineptine withdrawal.

1. Vexiau P, *et al.* Severe acne-like lesions caused by amineptine overdose. *Lancet* 1988; **i:** 585.
2. De Gálvez Aranda MV, *et al.* Acneiform eruption caused by amineptine: a case report and review of the literature. *J Eur Acad Dermatol Venereol* 2001; **15:** 337–9.

Porphyria. Amineptine is considered to be unsafe in patients with porphyria because it has been shown to be porphyrinogenic in *in-vitro* systems.

Preparations

Proprietary Preparations (details are given in Part 3)
Braz.: Survector†; ***Port.:*** Directim†; Survector†.