

항우울제와 우울증 환자의 삶의 질*

- 삼환계 항우울제와 Sertraline을 중심으로 -

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Antidepressant and the Quality of Life of Depressive Patient*

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ABSTRACT

This study investigated the antidepressant efficacy and its impact on the quality of life of depressed patients. We performed Hamilton Depression Rating Scale(HDRS), and Montgomery-Asberg Depression Rating Scale(MADRS), and Health-related Quality of Life Questionnaire(HQLQ) to both tricyclic antidepressant(TCA) and sertraline groups. There were 16 subjects in this study. The tricyclic group had 9 subjects and the sertraline group had 7. The TCA and sertraline produced a similar degree of response. Both groups experienced a reduction of 70% or more in mean HDRS and MADRS total score after 6wks. In HQLQ, the TCAs group also showed improved bed disability days, alertness behavior, and social interaction, the sertraline group showed improved health perception, alertness behavior, home management, and social interaction.

We suggested that the improvement of "Quality of life" were not in proportion to the clinical symptom's improvement. Therefore, clinicians should consider the benefit of antidepressant treatment in terms of quality of life.

KEY WORDS : Depression · Quality of life · Antidepressant.

서 론

우울증은 전 세계적으로 가장 흔한 정신질환 중 하나이며, 심각한 사회적 부담을 초래하고 있다. 우울증의 치료는 주로 항우울제 사용에 의존하고 있다. 삼환계 항우울제(TCA)와 선택적 세로토닌 재흡수 억제제(SSRI)는 우울증 치료에 널리 사용되는 약물이다. SSRI 중 Sertraline은 부작용이 적고 효과가 우수하여 널리 사용되고 있다. 그러나 항우울제 사용이 환자의 삶의 질(QoL)에 미치는 영향에 대해서는 아직까지 명확하지 않다. 본 연구는 삼환계 항우울제와 Sertraline을 비교하여 우울증 환자의 삶의 질에 미치는 영향을 조사하였다. 연구 대상자 16명(삼환계 항우울제 9명, Sertraline 7명)을 대상으로 HDRS, MADRS, HQLQ를 평가하였다. 6주 후 두 군 모두 HDRS와 MADRS 총점이 70% 이상 감소하였다. HQLQ에서 삼환계 항우울제 군은 잠자기 장애, 주의력 행동, 사회적 상호작용이 개선되었고, Sertraline 군은 건강 인식, 주의력 행동, 가정 관리, 사회적 상호작용이 개선되었다. 우리는 임상 증상 개선에 비해 삶의 질 개선이 비례하지 않았다고 제안한다. 따라서, 임상에서는 항우울제 치료를 삶의 질 측면에서 고려해야 한다.

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(Wells 1989).
가
(Flet -
cher 1992)
(Lonnqvist 1994 ; Lyd -
iard 1994)
가
가 가 가

대상 및 방법

1. 대상과 연구설계

가
Rating Scale(HDRS) 16
Hamiton Depression
18 60
가
가
30
4 (DSM -)
(Table 2).
HDRS 32
가 가
5 , sertraline 11
16 6
(Table 1).
sertraline 50mg/day, impra -

mine, amitriptyline dothiepine 50 100mg/day
sertraline 150mg/day, im -
ipramine 200mg/day

2. 효과와 안정성 평가

가 HDRS, Montgomery Asberg Depres -
sion Scale(MADRS), Beck Depression Inventory(
BDI) Health - related Quality of Li -
fe Questionnaire(HQLQ)

가 basel -
ine, 2 , 4 , 6
HQLQ 1992 Revicki
가
(health
perception), (bed disability days),
/ (energy/vitality), (cognitive function),
(alertness behavior), (work behavior),

Table 1. Study design

Screening	0(Baseline)	2	4	6
Medical history	*			
Inclusion/exclusion	*			
Laboratory examination	*			*
EKG	*			*
Vital sign & weight	*			*
HDRS*	*	*	*	*
MADS**	*	*	*	*
HQLQ***	*	*	*	*
BDI****	*	*	*	*
Side effects check	*	*	*	*

* : Hamilton Depression Rating Scale

** : Montgomery Asberg Depression scale

*** : Health-related Quality of Life Questionnaire

**** : Beck Depression Inventory

Table 2. Characteristics

	TCAs*(N=9)	Sertraline(N=7)
Number of patients	9	7
Male	2	1
Female	7	6
Age, mean years	37	46
DSM- classification		
MDD,** single	9	6
MDD,** recurrent		
Bipolar disorder, depressed		1
HDRS,*** mean	22.2	21.6
MADRS,**** mean	25.7	27.4

*TCAs : Tricyclic Antidepressants

** : Major Depression Disorder

*** : Health-related Quality of Life Questionnaire

**** : Beck Depression Inventory

가 (home management), (social interaction) 가

(p<.001). 2
(p<.05). 78%,
sertraline 76% (Fig. 1).

MADS baseline 25.7 6 4.9 , sertra-
line 27.4 5.6
(p<.001)(Fig. 2).

2. 삶의 질
baseline 5.2
2 2.3
baseline 2.3 6
baseline 27.1 6 22.1
(p<.05). sert -
raline baseline 13
6 14.8 , 4.5 2.4
, 가 4.3 2.8 , 26.1
baseline 6
(p<.05)(Table 3).

3. 통계방법

paired T - test SPSS -
PC+ statistical package

결 과

32 14
18 sertraline 16
6 . Baseline HDRS MA -
DS
16 5 (35%),
sertraline 11 (61%) 가

1. 효 과

HDRS HDRS
baseline 22.2 6 4.9
, 가 sertraline 21.6 5.4

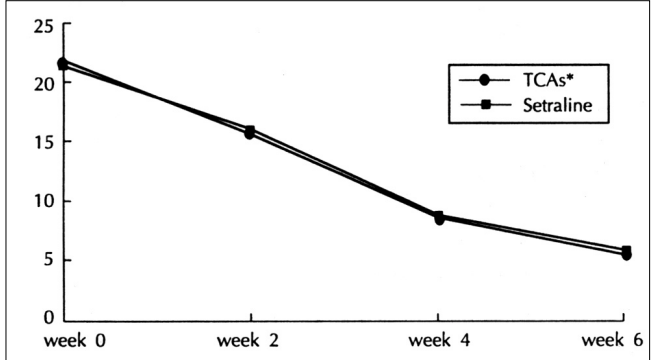


Fig. 1. Mean HDRS** scores.
* : Tricyclic Antidepressants
** : Hamiton Depression Rating Scale

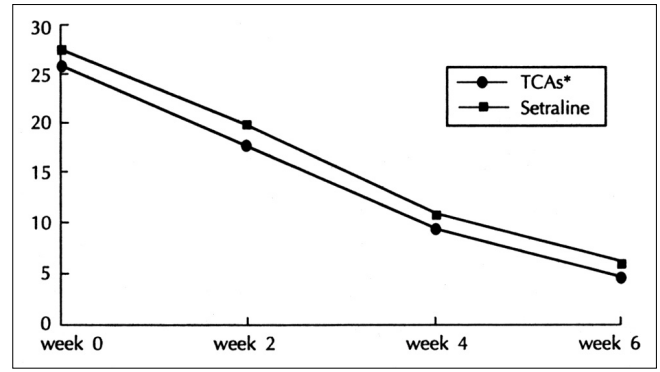


Fig. 2. Mean MADS** scores.
* : Tricyclic Antidepressants
** : Montgomery Asberg Depression Scale

Table 3. Quality of life scale ; the mean scores

	TCAs* (N=9)			Sertraline (N=7)		
	week 0	week 2	week 6	week 0	week 2	week 6
Health perception	11.9	12.6	11.7	13.0	13.2	14.8*
Bed disability days	5.2	2.3*	0.7*	3.9	5.14	4.42
Energy/vitality	20.7	19.6	19.2	21.5	21.1	20.7
Cognitive function	17.2	17.2	19.9	15.7	14.4	14.1
Alertness behavior	2.3	3.1	1.6*	4.5	3.5	2.4*
Work behavior	2.0	2.1	2.7	1.6	2.7	2.2
Home management	3.4	3.1	2.3	4.3	3.9	2.8*
Social interaction	27.1	25.1	22.1*	26.1	25.0	22.0*
Life satisfaction	4.7	4.4	3.1*	4.7	4.2	3.2*

*TCAs : Tricyclic Antidepressants *p<0.05

Table 4. Most commonly reported adverse events

Adverse event	TCAs* (N=9)	Sertraline (N=7)
Nausea	1	2
Gastrointestinal symptoms	3	1
Headache	1	0
Dizziness	0	0
Nervousness	3	1
Tiredness	1	1
Dry mouth	3	1
Sweating	2	2
Blurred vision	4	4
Drowsiness	4	2
Tremor	2	5
Sexual dysfunction	2	1
Others	3	4
Total	26	20

*TCAs : Tricyclic Antidepressants

3. 부작용

sertraline 20

line

(Table 4).

논 의

가

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McKenna 1992).

26 , se -

sertra -

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arch Group 1983).

가가

가

ption),

(energy/vitality),

(alertness behavior),

(home management),

8

sertraline

가

(p<.05) 6

HDRS

50%

78%, sertraline

(1994)

tine

sertraline

triptyline

, 가

(George 1989 ; Weismann 1978 ; Johnson 1992 ; Wells 1989)

(Hunt

가

가

(Coronary Drug Project Rese -

(health perce -

(bed disability days), /

(cognitive function),

(work behavior), 가

(social interaction)

2

가

가

결론

MADS	sertraline	HDRS
	78%, sertraline	76%
		sertraline

가

중심 단어 :

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