

Editorial

Out of the dumps by blocking the serotonin pump

Ehrlich visualised a bullet for every microbe. A pill for every ill is the dream of every doctor. Such dreams are fuelled by reports of pills which promise to pull the patient out of blues into evergreen bliss (1, 2). What is this new drug, fluoxetine (Prozac or Fludac), which has led many into believing that happiness is only a pill away? Fluoxetine is an 'atypical' or 'second generation' antidepressant, its 'typical' or 'first generation' congeners being the tricyclic antidepressants. It is the most successful among the recently developed drugs of this class. Its chief merit lies in having fewer and milder side effects as compared to its conventional counterparts. But the claim that it is more rapid in action or more efficacious than the tricyclic agents has not been substantiated. All antidepressant drugs take one to two weeks to be effective, which can be a long time for a patient who is already convinced that nothing in the world can help him. To be fair, it may be mentioned that the charge that fluoxetine may generate a suicidal tendency is equally unsubstantiated. Suicides occasionally occur while on any antidepressant drug, and it is clearly impossible to attribute the episode with certainty to the drug or to the disease being treated. Fluoxetine acts primarily by inhibiting the uptake of serotonin in the central nervous system, while the tricyclics inhibit norepinephrine uptake. The ultimate effect of blocking either uptake is possibly the same because it has been suggested that noradrenergic transmission is the final common pathway in a chain which involves also serotonergic transmission. Thus the novelty of fluoxetine, whether in terms of its effects or side effects, is marginal rather than radical. Why, then, have the media hailed it as a new wonder drug? The process of a new development frequently passes through three phases, which philosophers call thesis, antithesis and synthesis, and in plain language may be called affirmation, negation and reconciliation. The development of our view of fluoxetine is passing through a phase of affirmation, with sporadic alarms of negation. With time, reconciliation, or a balanced view, is sure to follow. But excessive enthusiasm about a drug nicknamed 'the happiness pill' raises some fundamental questions. What is happiness, and can it be packed in a pill? Is happiness simply absence of depression, or is it something positive? Can treatment of a symptom be equated with acquisition of the most universally pursued but notoriously elusive goal of mankind? Discussing these questions may take us beyond the scope of IJPP, but some reflection may promote the synthesis of our views on drugs such as fluoxetine.

REFERENCES

1. Thompson T. The wizard of Prozac. *Reader's Digest (India)* 1994 (Dec); 145:93-98.
2. Bhushan B. Happiness pill. *Indian Express Magazine* 1994 (13 Mar); p.2: col 7.