



## **Use of SSRI antidepressants shown to double the rate of bone loss in menopausal women**

Numerous studies have demonstrated an increase risk of bone loss and fracture with the use of selective serotonin reuptake inhibitors (SSRI's) (1-9), including several large studies published in Archives of Internal Medicine (1-4). These studies found that the use of selective serotonin reuptake inhibitors (SSRI) antidepressants but not tricyclic antidepressants (TCAs) are associated with double the bone loss and fracture, which confirms similar findings found in smaller and animal studies. The relationship was found to be true after adjusting for multiple potential confounding factors including age, race, health status, physical activity, smoking status, body mass index, depression, and use of calcium or vitamin D supplements, estrogen, thiazide, or bisphosphonates. While SSRI's such as Prozac, Zoloft, Lexapro and Celexa have there place in the treatment of depression, their effects on bone need to be considered and monitored.

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3. Use of Antidepressants and Rates of Hip Bone Loss in Older Women: The Study of Osteoporotic Fractures. Arch Intern Med. 2007;167(12):1240-1245.
4. Effect of Selective Serotonin Reuptake Inhibitors on the Risk of Fracture. Arch Intern Med. 2007;167:188-194.
5. Use of selective serotonin reuptake inhibitors or tricyclic antidepressants and risk of hip fractures in elderly people. Lancet. 1998;351:1303-1307.
6. Exposure to tricyclic and selective serotonin reuptake inhibitor antidepressants and the risk of hip fracture. Am J Epidemiol. 2003;158:77-84.
7. Association between SSRI use and hip fractures and the effect of residual confounding bias in claims database studies. J Clin Psychopharmacol. 2004;24:632-638.
8. Anxiolytics, sedatives, antidepressants, neuroleptics and the risk of fracture. Osteoporos Int. 2006;17:807-816.
9. Outpatient medications and hip fractures in the US: a national veterans study. Drugs Aging. 2005;22:877-885.