

Depression and anxiety disorders among gastroenterologic outpatients

Sir,

Studies have shown that subjects with depression have altered secretion of ghrelin, a well-characterized, appetite-stimulating hormone produced in gastrointestinal system. Although blood ghrelin response is diminished after meal in untreated subjects with depression, it increases after appropriate antidepressive treatment.^[1,2] Moreover, gastrointestinal hormones, including leptin and ghrelin, also have systemic effects, and their metabolism is altered in certain gastrointestinal system disorders.^[3]

Therefore, through even this single view, successful treatment of patients with depression seems to be required to increase long-term wellbeing. Recently, Alosaimi *et al.* reported that depression and anxiety were quite common in gastroenterologic outpatients, especially in those who had a chronic course of multiple gastrointestinal complaints.^[4] Like some other previous reports, this study once more suggested the necessity of collaborations between gastroenterologists and psychiatrists. Otherwise, the clinicians will continue with acid-blocking agents and others that are now recognized for significant side effects when taken for long periods.^[5] On the other hand, in the routine, psychiatrists are prone to guide treatment response to antidepressants using mainly behavioral changes. Therefore, patient-based contact with a psychiatrist may improve management of gastrointestinal symptoms in the outpatient setting. Moreover, in future, gastroenterologists might add depression medications to their own practice to increase patient comfort and reduce the time of acid blocker use.

However, we are also yet unsure whether selective serotonin reuptake inhibitors that are used widely to treat depression is safe for the gastrointestinal system,^[6] or older but still used H2-receptor antagonists can cause central nervous system symptoms (mental confusion, headache, and depression).^[7]

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