Anxiolytics in the treatment of central serous chorioretinopathy

Dear Editor,

As a continuation of our paper in this journal on psychiatric evaluation of central serous chorioretinopathy (CSCR) patients in Asian Indians,[1] the results show a higher incidence of anxiety and depressive disorders in CSCR individuals. As a corollary to that, we are suggesting treating the subset of patients with Type A personality[2] with anxiolytic (acting on GABA pathway) and anti-depressant (serotonin pathway action) drugs.

The usual medications we use are tab etizolam (0.5 Mg) or tab clonazepam (0.5 Mg) a day in the mild group and adding tab escitalopram (10 mg) or sertaline tablet (25 mg) in the cases which appear depressed on clinical assessment. The duration of treatment is for 1–3 months depending on the stressors [Fig. 1].

The rationale is that in CSCR, anxiety precipitates autonomic vasomotor instability, leading to elevation of circulating cortisol and epinephrine leading to stimulation of glucocorticoid and mineralocorticoid receptors which in turn causes impaired hydro-ionic homeostasis and inflammation in the RPE and Mullers' cells. Consequently, there is choroidal vasodilatation and RPE barrier rupture with fluid accumulation under the retina due to leakage causing CSCR.

The abovementioned drugs break the vicious cycle by reducing the psychic influence on the release of these stress hormones and block the neurotransmitters downstream leading to rapid resolution of the CSCR fluid and improvement in vision.

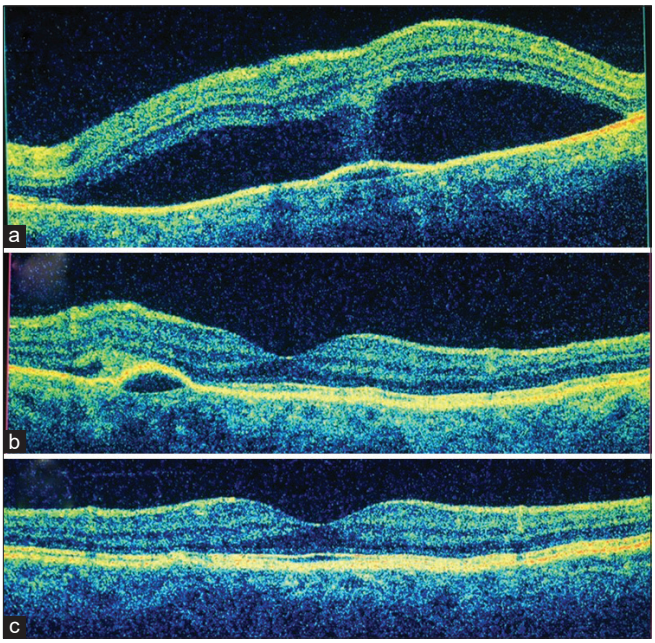

Figure 1: (a) Acute cscr with subretinal fibrin. (b) Rapid resolution of subretinal fluid in 5 weeks post anxiolytics treatment. (c) Healed cscr at 5 years followup

The patients are also counseled regarding lifestyle modification and yoga, pranayama, and meditation.

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Conflicts of interest

There are no conflicts of interest.

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