

Antidepressants in treatment of central serous chorioretinopathy associated with stress

Dear Editor,

I read with keen interest the distinctive review article by Mamtani *et al.*^[1] on psychiatric aspects of ophthalmic disorder—a very eclectic paper with wide ramifications in therapy. A psychosomatic disorder is a disease that is made worse by stress and anxiety.

The authors highlighted psychologic associations in eyes afflicted with central serous chorioretinopathy (CSCR). We published a paper on psychiatric disorders in CSCR patients (a prospective randomized double-blind trial)^[2] having a strong association with mixed anxiety, major depressive disorder, adjustment disorder, and type A personality. Emotional instability, dissociation, and stress lead to the

release of catecholamines and glucocorticoids that affect the choroidal circulatory autoregulation and are responsible for pachychoroid disorder and CSCR.

This subset of CSCR patients was treated with a combination of escitalopram (5–10 mg) and clonazepam (0.5 mg) for a period of 2–3 months^[3] with rapid resolution of the subretinal fluid and flattening of the CSCR with visual improvement [Fig. 1]. These medications treat the underlying psychiatric illness and reduce the stress along with lifestyle modification of yoga, pranayama, and meditation.

Other ocular disorders that have an underlying stressor are iridocyclitis, posterior uveitis, optic neuritis, ophthalmic migraine, and essential blepharospasm.

“Mental health problems do not define who you are; they are something you experience -just like the rain.”

Matt Haig

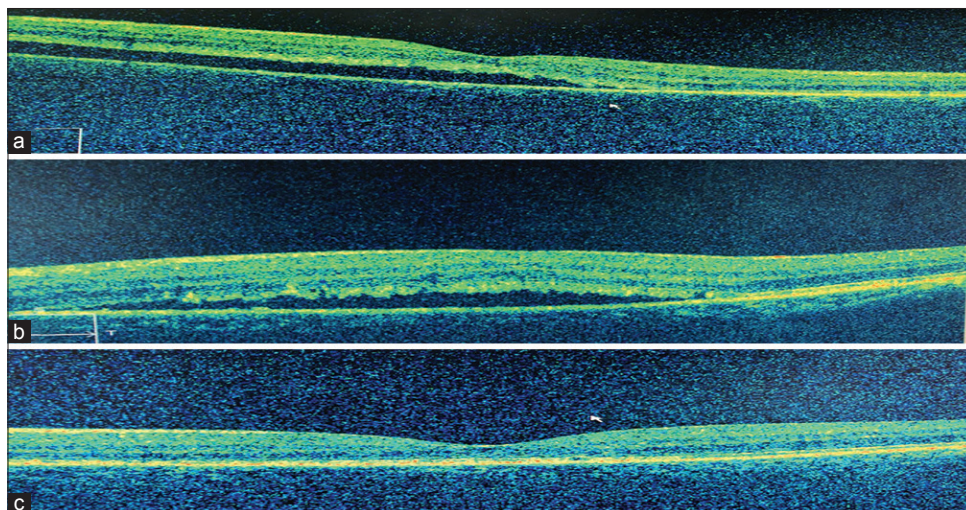


Figure 1: (a) Acute CSCR. (b) Rapid resolution of subretinal fluid at 6 weeks post antidepressant therapy. (c) Healed CSCR at 10 weeks

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Conflicts of interest

There are no conflicts of interest.

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