

ALTERATION OF THE TASTE FOR SWEETS IN PATIENTS TAKING TRICYCLIC ANTI-DEPRESSIVES

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This is a short communication on an interesting observation made by us during our review of the depressive patients attending the private clinic run by one of us. To our knowledge, this phenomenon has not yet been documented.

We were struck by occasional reports, made voluntarily by some patients that they had recently experienced a remarkable change in their taste for sweets. The patients themselves were surprised to find that they never had any special liking for sweets in the past, but after the beginning of treatment they had developed an excessive preference for sweets. This observation led us to make a deeper probe.

Those unipolar primary depressives who fulfilled three criteria, namely (i) age range between 29-60 years (ii) under treatment for at least three months and (iii) taking 150 mg of Amitriptyline daily in divided dosage for the same length of time were taken up for assessment. A total of 30 cases (12 males and 18 females) were assessed. The outcome of treatment was evaluated clinically.

Out of the 30 cases in the sample, 9 cases did not improve and none of them showed

any change in their taste for sweets. Of the 21 improved cases 9 cases showed increased preference for sweets. This relationship between increased preference for sweets and outcome of treatment is just below statistically significant level ($X^2 = 3.658$, $P > .05$). But it can hardly be ignored that 42% of the improved cases (9 out of 21) and none of the not improved cases showed increased preference for sweets. They had no abnormality in G.T.T. and no ulcer in their mouths due to vitamin deficiency or any other cause. The "taste changers" did not differ significantly by age and sex. The improved cases showed two characteristics which merit special mention. Weight gain was observed in all the 21 improved cases and in none of the not improved cases. Increased appetite was noted in 19 of the 21 improved cases and none of the 9 not improved cases reported any increase in appetite (see Table).

To summarize, 42% of those depressives who improved with tricyclic antidepressant (Amitriptyline) showed increased preference for sweets was significantly associated with (a) improvement of appetite and (b) increase in body weight.

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We make this communication with the modest hope that it may stimulate other clinicians to look for its presence in their patients and that some psychopharmacological or other

explanations may be found in the long run.

Some hard data are given in the following table.

Table
Showing relationship between (a) change of taste (b) change of weight and (c) change of appetite

Outcome of Disease	Taste changed	Taste not changed	Weight gained	Weight not gained	Appetite increased	Appetite not increased
Improved (N = 21)	9 (42.9)	12 (57.1)	21 (100)	0 -	19 (90.5)	2 (9.5)
Not Improved (N = 9)	0 -	9 (100)	0 -	9 (100)	0 -	9 (100)
Total (N = 30)	9 (30)	21 (70)	21 (70)	9 (30)	19 (63.3)	11 (36.7)

Figures in parentheses are percentages (calculated horizontally)