Differential impact of SSRIs on platelet response to clopidogrel: a randomized, double-blind, crossover trial.

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The current presentation has no conflict Of interest
Introduction

• Selective serotonin reuptake inhibitors (SSRI) are antidepressant agents that are widely used

• SSRI block serotonin reuptake by platelets, causing platelet serotonin depletion and potentially impaired platelet function
Studies have shown that use of SSRI in combination with aspirin is associated with an increased risk of bleeding.
Introduction

• little information is known about the interaction of SSRIs and clopidogrel

• Clopidogrel is a pro-drug undergoing active metabolism in the liver by CYP2C19

• Fluvoxamine is an SSRI and inhibitor of CYP2C19
• Citalopram is an SSRI without known effect on liver metabolism
Introduction

Pharmacokinetic effect:
Inhibit CYP2C19 and reduce response to clopidogrel

fluvoxamine

Pharmacodynamic effect:
Inhibit platelet function and potentially augment response to clopidogrel

citalopram & fluvoxamine
Aim

To assess the effect of two different SSRIs on platelet aggregation and on the laboratory response to clopidogrel
Methods

- Randomized, double-blind, crossover study comparing the antiplatelet effects of clopidogrel with and without fluvoxamine and citalopram in 15 healthy volunteers

- Clopidogrel responsiveness was assessed by Light Transmittance Aggregometry (LTA) with 10μmol/L ADP and by vasodilator-stimulated phospho-protein (VASP) phosphorylation, a measure of P2Y12 receptor reactivity.
Study design:
Results

Fluvoxamine and citalopram had modest effect on platelet reactivity at baseline
Results

Laboratory response to clopidogrel was significantly better in the presence of citalopram compared to fluvoxamine in both methods:

LTA: 23.4%±3 vs. 32.3%±4.2
VASP: 35.9%±4.2 vs. 52.7±5.1
Conclusions & Practical Implications:

- Fluvoxamine attenuate the laboratory response to clopidogrel, probably through inhibition of the CYP2C19, while citalopram does not affect this response.

- Since SSRIs are commonly used in patients after coronary syndromes and interventions, clinicians should be aware of these drug interactions and guide the selection of the appropriate antidepressant agent according to its pharmacological properties and the cardiovascular risk.