Emotional blunting and depression
Symptom or side effect?

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Emotional blunting, or the inability to experience usual emotions, can be a side effect of many antidepressants. It needs to be distinguished from residual depressive symptoms and, if distressing the patient, may warrant a change of treatment.

When we treat a patient for depression, after ensuring safety, we aim to provide relief from the depressive symptoms, restore functioning, enhance quality of life and develop relapse prevention strategies. However, the principal focus is on symptom reduction; this is understandable as this is our basis for assessing evidence-based treatments for depression. The focus of clinical trials is on how well a particular treatment performs (compared with placebo or an active comparator) in reducing symptoms, using standard symptom rating scales, and the proportion of patients who either respond (a 50% reduction in symptoms) or remit (scoring below a specific cut-off on a rating scale) from their depressive episode. Less attention is paid in clinical trials to functional improvement, and little to quality of life, despite these aspects often being more important to patients. When patients are asked what they want from their treatment, they generally prioritise a return of positive mental health, accompanied by a return of optimism, vigour and self-confidence, ahead of symptom relief. They want to 'feel like their usual self', have a sense of wellbeing, feel in emotional control and be able to participate in, and enjoy, relationships with friends and family.[1]

That patients want more than just symptom relief is all the more understandable when it is found that even when they remit following treatment with antidepressants, some still have residual symptoms: a mix of persisting depressive symptoms and medication side effects, notably sleep disturbance and sexual side effects.[2,3] Studies do not capture all the possible residual symptoms, as only those identified on standard rating scales are usually assessed. There are other subtle symptoms or medication side effects that are not captured on these scales and can have a marked effect on patient wellbeing, quality of life and interpersonal relationships. One such symptom not captured on standard rating scales, which is attracting increasing attention, is emotional numbing or blunting – a symptom that precludes a return to a state of positive mental health.

Being able to experience the full range of normal human emotions is essential for positive mental health; we want to be able to experience pleasure when good things happen as well as sadness when distressing events occur. A key aspect of positive mental health is that we are able to recognise and respond appropriately to emotional stimuli. When individuals are depressed, they have deficits in their responses to emotional stimuli characterised by over-responsiveness to negatively valenced stimuli and a diminished response to positive stimuli.[4,5]

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KEY EMOTIONAL SIDE EFFECTS OF SSRIS AND QUESTIONS TO IDENTIFY THESE*

General effect on all emotions

- Do you feel that your emotions are numbed or dulled compared with before you were depressed?
- Do you feel that day-to-day life just doesn't have the same impact on you as it did before you were depressed?
- Do you feel your emotions lack intensity?

Reduction in positive emotions

- Are you able to fully enjoy the kinds of things you would normally enjoy?
- Do you find that you don't look forward to things with eager anticipation?

Reduction in negative emotions

- Do you find that unpleasant emotions, such as sadness or disappointment, feel toned down?

Emotional detachment

- Do you feel cut off or detached from what is going on around you?
- Do you find you don't worry about what others think about you?
- Do you feel more like a spectator than a participant in what is going on?

Just 'not caring'

- Do you find that you just don't care about things that you would have cared about before?
- Do you find that you don't care about day-to-day responsibilities?
- Do you feel indifferent to things?

Changes in personality

- Do you think that your personality has changed by being less responsive?

* Adapted from Price et al. Br J Psychiatry 2009; 195: 211-217, and Price et al. J Affect Disord 2012; 140: 66-74.[8,9]

SSRIs and emotional blunting

Patients being treated for depression with selective serotonin reuptake inhibitors (SSRIs) occasionally report that, although their depression has lifted and their symptoms have cleared up, they do not feel quite right. They say that they are not able to experience emotions in the way they used to or they feel detached from the world and are unable to gain pleasure or enjoyment from things they enjoyed before they became depressed. We need to tease out whether these symptoms are the consequence of a partial response to treatment (that is, a continuing manifestation of the depression) or whether they are a side effect of the medication. There are early case reports suggesting this emotional blunting is related to treatment with SSRIs; we are all familiar with the sexual side effects associated with the serotonergic drugs, which may also be related to emotional blunting.[6,7] Since these early reports on SSRIs, emotional blunting has also been observed in patients treated with serotonin and noradrenaline reuptake inhibitors (SNRIs), tricyclic antidepressants and mirtazapine.[8]

Manifestations of emotional blunting

Following anecdotal reports of emotional blunting with antidepressant treatment, researchers at the University of Oxford conducted a qualitative study asking patients taking SSRIs about their experiences of emotional blunting.[9] They confirmed that some patients did experience disturbances in their emotional experiences when treated with antidepressants. They identified six key themes encompassing the range of emotional side effects associated with SSRIs (Box).

First was a general effect on all emotions characterised by patients feeling dulled, numbed or flattened and unable to experience emotions in the way they did previously. Patients reported a reduction in both positive and negative emotions. With a reduction in positive emotions they described feeling dampened or toned down, being unable to get a lift or a 'high' or joy from positive experiences and reduced enjoyment of social situations, hobbies and interests. With the reduction in negative emotions they had reduced emotional pain or distress, anger, irritability, worry and anxiety, but they also had a reduced ability to experience normal sadness.

Another important theme was that of emotional detachment. This was characterised by feelings of disconnection from other people, of being a spectator, or a sense of being in limbo. Additionally, they were not able to experience their usual level of sympathy and empathy with other people.

With the overall feeling of emotional numbing, patients reported just not caring; they cared less about themselves and other people and had a sense of general indifference about what was going on around them.

Finally, patients often spoke about having a changed personality, like being a shell of their former selves. The change in personality could also include positive aspects such as worrying less and being less irritable.

Prevalence

Not all patients, of course, reported experiencing these symptoms. Using a questionnaire developed to identify and measure the emotional side effects of antidepressant drugs, the University of Oxford researchers found that among around 200 patients taking an SSRI, SNRI or tricyclic antidepressant, 26% experienced no emotional side effects during the previous week and 16% reported insignificant side effects, whereas more than 50% of patients reported mild, moderate or severe emotional side effects of medication.[8] This self-report questionnaire (Oxford Questionnaire on the Emotional Side-Effects of Antidepressants; OQuESA) has four underlying dimensions: not caring, emotional detachment, reduction in positive emotions and a general reduction in emotions.

Consequences of emotional blunting

There are both positive and negative aspects of emotional blunting as a result of antidepressant medication.[10] The negative or unhelpful aspects were found to include masking or hiding problems so that the patients were unable to work through these problems. Not caring is unhelpful when patients must deal with everyday responsibilities and are indifferent to them. Detachment was found to add to interpersonal difficulties, as patients were not responsive to other people, negatively affecting the quality of their interpersonal relationships and family life.

By contrast, emotional blunting can be helpful when it restricts negative or distressing emotions. This can be of great benefit to patients who would usually over-react to negative events with worsening mood, anger, aggression or worry. The blunting can be helpful in allowing the individual to step back from emotionally charged situations and to appraise them in a more realistic manner.

Neurobiology of emotional blunting

The neurobiological basis of emotional blunting lies in the action of serotonergic drugs on emotion recognition.[11] When patients are depressed, they have an exaggerated emotional response to negatively valenced emotions and a somewhat reduced response to positively valenced emotions. This is clearly demonstrated in the cognitive style of depressed patients; they focus more on negative events, the negative aspects of themselves and their perceived, and sometimes actual, failures, and pay less attention to positive events and achievements. Serotonergic drugs reduce emotional responsiveness, particularly the emotional responses to negatively valenced events, tending to blunt these, but in doing this they also tend to reduce emotional responsiveness overall.[12]

Additional support for a relation between emotional blunting and the serotonergic action of antidepressants comes from findings that emotional blunting is less prominent among non-serotoninergic antidepressants such as agomelatine, whose primary mode of action is on melatoninergic receptors.[13-15]

Clinical implications

First, when treating patients for depression, in addition to assessing their progress by asking whether their depression symptoms are reduced, it is important to assess the positive aspects of mental health. This involves asking whether they are able to gain pleasure and enjoyment from their usual activities and whether they are able to experience their emotions in the way they normally do.

If patients do report emotional blunting then further enquiry is necessary to determine whether this is because their depression has not completely remitted, or whether it is a side effect of the medication. Some suggested questions for identifying emotional blunting are listed in the Box. Key residual depressive symptoms include persistent low mood, low self-esteem, fatigue and poor concentration. Sometimes when patients report their difficulty in enjoying activities or not being able to experience positive emotions, we see this as a failure of the depression to lift and increase the antidepressant dose, which in the case of serotonergic antidepressants may tend to worsen the problem.

Secondly, if patients do experience emotional blunting then it is important to assess its impact on their life. For some patients, emotional blunting may be an advantage as it reduces their psychic pain, and they will be less volatile or over-reactive. However, for other patients emotional blunting is a distressing side effect that interferes with their interpersonal relationships and reduces their quality of life, especially their positive mental health. In such situations, it may be necessary to change their medication to one that does not have an emotional blunting effect, such as a different SSRI (as some patients may have blunting with one SSRI but not others) or a nonserotonergic antidepressant.

Thirdly, when SSRIs are withdrawn from patients after a significant period of remission, the patients may experience a re-emergence of their normal emotional responsiveness. For example, they will talk about becoming tearful watching a sad movie or 'choking up' when certain negative things happen. In such instances, it is important again to assess whether this is a return of normal emotional experiences (responsiveness can be exaggerated after a lengthy period of emotional blunting) and not to assume that the emotionality represents a depressive relapse requiring reintroduction of an antidepressant.

Finally, if patients do have emotional blunting and find it distressing then the need for an antidepressant to treat the depression should be re-evaluated, and the possibility of using focused psychological strategies should be considered. If an antidepressant is considered necessary then it is worthwhile finding a medication that does not cause emotional blunting. There is some evidence that patients may have differential responses to different SSRIs. Alternatively, they could be changed to an antidepressant that does not affect the serotonin system, such as agomelatine.

Conclusions

Emotional blunting can be a side effect of serotonergic antidepressants and can have a profound impact on patients' quality of life. It needs to be carefully distinguished from persisting or residual symptoms of depression, so that appropriate management can be implemented. MT

References

A list of references is included in the website version (www.medicinetoday.com.au) and the iPad app version of this article.

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References

1. Zimmerman M, McGlinchey JB, Posternak MA, Friedman M, Attiullah N, Boerescu D. How should remission from depression be defined? The depressed patient's perspective. Am J Psychiatry 2006; 163: 148-150.
2. Iovieno N, van Nieuwenhuizen A, Clain A, Baer L, Nierenberg AA. Residual symptoms after remission of major depressive disorder with fluoxetine and risk of relapse. Depress Anxiety 2011; 28: 137-144.
3. Nierenberg AA, Husain MM, Trivedi MH, et al. Residual symptoms after remission of major depressive disorder with citalopram and risk of relapse: a STAR*D report. Psychol Med 2010; 40: 41-50.
4. Roiser JP, Elliott R, Sahakian BJ. Cognitive mechanisms of treatment in depression. Neuropsychopharmacology 2012; 37: 117-136.
5. Bourke C, Douglas K, Porter R. Processing of facial emotion expression in major depression: a review. Aust N Z J Psychiatry 2010; 44: 681-696.
6. Hoehn-Saric R, Lipsey JR, McLeod DR. Apathy and indifference in patients on fluvoxamine and fluoxetine. J Clin Psychopharmacol 1990; 10: 343-345.
7. Opbroek A, Delgado PL, Laukes C, et al. Emotional blunting associated with SSRI-induced sexual dysfunction. Do SSRIs inhibit emotional responses? Int J Neuropsychopharmacol 2002; 5: 147-151.
8. Price J, Cole V, Doll H, Goodwin GM. The Oxford Questionnaire on the Emotional Side-effects of Antidepressants (OQuESA): development, validity, reliability and sensitivity to change. J Affect Disord 2012; 140: 66-74.
9. Price J, Cole V, Goodwin GM. Emotional side-effects of selective serotonin reuptake inhibitors: qualitative study. Br J Psychiatry 2009; 195: 211-217.
10. Price J, Goodwin G. Emotional blunting or reduced reactivity following remission of major depression. Medicographia 2009; 31: 152-156.
11. Harmer CJ. Serotonin and emotional processing: does it help explain antidepressant drug action? Neuropharmacology 2008; 55: 1023-1028.
12. McCabe C, Mishor Z, Cowen PJ, Harmer CJ. Diminished neural processing of aversive and rewarding stimuli during selective serotonin reuptake inhibitor treatment. Biol Psychiatry 2010; 67: 439-445.
13. Corruble E, de Bodinat C, Belaidi C, Goodwin GM, agomelatine study group. Efficacy of agomelatine and escitalopram on depression, subjective sleep and emotional experiences in patients with major depressive disorder: a 24-wk randomized, controlled, double-blind trial. Int J Neuropsychopharmacol 2013; 16: 2219-2234.
14. Martinotti G, Sepede G, Gambi F, et al. Agomelatine versus venlafaxine XR in the treatment of anhedonia in major depressive disorder: a pilot study. J Clin Psychopharmacol 2012; 32: 487-491.
15. Boyce P, Hopwood M. Manipulating melatonin in managing mood. Acta Psychiatr Scand Suppl 2013; 128: 16-23.