Letter to the Editor concerning “The prevalence of depressive symptoms before and after surgery and its association with disability in patients undergoing lumbar spinal fusion” by M. Wahlman et al. (2014) Eur Spine J 23:129–134

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We read with great interest the recent article by Wahlman et al. [1] in which the authors examined the prevalence of depressive symptoms before and after surgery and its association with disability in patients undergoing lumbar spinal fusion. They concluded that one-third of their patients with chronic back pain undergoing spinal fusion had depressive symptoms pre-operatively and the prevalence of depressive symptoms decreased after surgery, so there is no need to exclude depressive patients from operation, but screening measures and appropriate treatment practices throughout both pre-operative and post-operative periods are encouraged. To add to the clear discussion provided by the authors, we wish to emphasize an important factor that should be taken into consideration when evaluating the prevalence of depression and/or anxiety symptoms.

Antidepressants are highly effective and widely used drugs in the treatment of both anxiety and depression. Various studies and treatment guidelines have proposed different lengths of time for assessing the response to antidepressant treatment or full recovery. The Texas Medication Algorithm specifies a period of 6 weeks, while the American Psychiatric Association specifies a period of

≥4 weeks [2, 3]. Thus, an unknown history of antidepressant use within the 2-month period of time previous to the study may have had an unnoticed effect on the study results.

In our opinion, future studies assessing the prevalence of anxiety and/or depression symptoms in a specific population should consider the history of antidepressant use at least 2 months before the study began.

Conflict of interest None.

References

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