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Use of Bupropion in our setting: Learning from our experience Opinion of the experts' groups

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Bupropion is an antidepressant with an action mechanism that includes norepinephrine and dopamine reuptake inhibition. It was first sold in the USA in 1989 as an immediate-release formulation, administered three times a day. Later, in 1996, the sustained-release molecule was introduced and more recently, in 2003, the extended-release formulation was introduced. This is a drug that accumulates broad experience in the clinical setting and for which there are many open studies and controlled trials that support its efficacy and safety. Globally, the trials conclude that its clinical efficacy for the treatment of major depression is equivalent to that of other families of antidepressants, in which tricyclic antidepressants, serotonin reuptake inhibitors (SSRI) or the more recent serotonin and norepinephrine reuptake inhibitors (SNRI), among others, are included. Furthermore, the extended-release preparation has been shown to be effective to treat specific forms of depression, as geriatric depression or resistant forms of major depression. On the other hand, its specific action mechanisms make it a potentially useful drug in the treatment of patients with dual pathology. Finally, another favorable feature comes from its side effects profile, which includes a low likelihood of somnolence, sexual dysfunction and weight gain.

In 2007, Bupropion was sold in our environment as treatment for major depression. Over these three years, growing experience has been accumulating slowly on its use which, in general, complements and supports the data of its use in other media. This supplement has aimed to transfer the experience derived from the clinical use of bupropion by the different professionals, specialized in specific areas of the treatment of depression. This experience has gone from its use as a drug in monotherapy to the treatment of resistant depression, geriatric depression or the patient with

dual pathology. We have also wanted to stress its profile of tolerability and side effects.

We have used the following methodology: meetings were held with professionals who were experts in different fields of the treatment of depression. In these meetings, the literature existing on each one of these specific aspects was reviewed and their correspondence and applicability to the clinical experience per se accumulated by the group were discussed in order to establish an expert's opinion. This opinion attempts to reflect the real experience regarding the use of bupropion in our setting.

The Group of Experts in the Clinical Use of Bupropion (EUCB Group) that has participated in the elaboration of the monograph is made up of the following collaborators:

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