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## New and Emerging Treatment Strategies for MDD: Addressing Emotional Blunting and Other Adverse Events

### Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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### Dr. Vanacore:

Welcome to this presentation. I am Denise Vanacore, a Board-Certified Nurse Practitioner in Psychiatric Mental Health and Family Practice. I am the Associate Dean and Professor of Nursing and Eastern University. With me today is Cate Sheahan, a Board-Certified Nurse Practitioner in Psych Mental Health and Family Practice, as well. Welcome, Cate.

### Ms. Sheahan:

Thank you for that introduction, Denise.

### Dr. Vanacore:

It is a pleasure today to talk to you about new and emerging treatment strategies for major depressive disorder, pharmacologic therapeutic strategies that mitigate adverse events such as emotional blunting. In this short video, we're going to define emotional blunting and discuss treatment strategies that avoid or attenuate emotional blunting. Cate, let me first begin by asking, how do we define emotional blunting?

### Ms. Sheahan:

Emotional blunting is the inability to feel positive or negative emotions, feelings of detachment, or reduced emotional responsiveness. It affects many areas of daily life and the overall quality of life. When major depression treatment begins, often with SSRIs or SNRIs, patients will state they feel better with less depression. However, it's not uncommon for patients to add, 'I just don't feel anything anymore.' The percentage of people experiencing emotional blunting ranges from 33 to 75%, depending on which antidepressant is being prescribed. This is where the measurement-based care and tools like Frequency, Intensity, and Burden of Side Effects Survey, or the FIBSER, really stands out as a useful tool for identifying side effect trends over time.

Denise, would you be able to describe some of the symptoms of emotional blunting?

### Dr. Vanacore:

So Cate, thanks for bringing up the importance of the symptoms that patients may feel when emotionally blunted. So they often report the inability to feel happy or sad, fatigue and mental fog, the inability to concentrate, forgetfulness, and really difficulty making life decisions, difficulty maintaining the relationship, a lack of empathy for themselves or even others, indifference towards themselves, feeling disconnected, feeling numb, and sometimes even attempts at self-harm behavior happen.

Cate, what do you think about some of the symptoms that I just discussed?

### Ms. Sheahan:

Well, this is what makes it so tricky in treatment of depression, is the emotional blunting due to the major depression itself? Or is it a side effect of treatment? One of the ways we assess for emotional blunting is a good history taking over time. Is the patient fully participating in life? Is the patient able to express and access their emotions? Is the patient isolating themselves? Are they just going through the motions in a situation like an outsider? Are they unable to express strong or negative emotions? Like laughing out loud or being angry in situations that would normally elicit strong emotions? Do they feel anything? Does the patient overreact or doesn't react at all? Do they have low physical or emotional energy? No interest in relationships? Or are they forgetful or even clumsy?

Denise, what changes to treatment can be considered when we have a patient who does express symptoms of emotional blunting?

**Dr. Vanacore:**

Well, that's a good question, Cate. So when making treatment decisions about how to treat emotional blunting, it's important to determine how much of it is treatment related, along with the degree of depressive symptom relief they've had. It is important to remember that side effects are one of the primary reasons that patients stop treatment. If there is little improvement in depressive symptoms, combined with the significant side effects such as emotional blunting, then switching to an alternative monotherapy is usually best.

For emotional blunting, sexual dysfunction, and cognitive slowing, vortioxetine, a serotonin modulator, is a good monotherapy alternative for SSRIs or SNRIs. Duloxetine is also a good alternative to mono therapy in these cases as well. If the patient reports relief with mild side effects, then augmenting might be the next step. Bupropion is effective as augmenting to an approach to an SSRI or SNRI for emotional blunting, and of course, looking at sexual function and cognitive slowing.

So Cate, what other non-pharmacologic strategies can be implemented?

**Ms. Sheahan:**

I'm glad you asked. It's crucial that patients understand and utilize the full complement of treatments including non-pharmacological. Self-care is essential. For example, finding time to stimulate one's memories with positive memories. Engage in activities that were once enjoyable, even if you're forcing yourself a little bit in the beginning. Engage with a therapist to unwind some of those thinking patterns. Journaling can be very effective. And very important, get outside; walking outside for even 5 minutes can be helpful.

Denise, do you have any additional thoughts?

**Dr. Vanacore:**

Actually, Cate, no, I do not. But I thank you for all your insights regarding the pharmacologic therapeutic strategies that mitigate adverse events such as emotional blunting. In this presentation, we have defined emotional blunting, discussed the assessment, and provided some pharmacologic therapeutic strategies that mitigate adverse events such as emotional blunting. And we thank you for your participation in this activity.

**Ms. Sheahan:**

My pleasure.

**Announcer:**

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