Neuropharmacogenetics of Major Depression: Has the Time Come to Take both Sexes into Account?

Pothitos M. Pitychoutis, Despina Sanoudou, Christina Dalla and Zeta Papadopoulou-Daifoti
Department of Pharmacology, Medical School, National and Kapodistrian University of Athens, Greece

1. Introduction

According to the World Health Organization (WHO), by 2020 depression is expected to rise to the number two contributor to global burden of disease (WHO, 2005). However according to recent reports, depression comprises the most costly brain disorder in Europe, accounting for 33% of the total cost that corresponds to about 1% of the European gross domestic product (GDP) (Sobocki et al., 2006). Despite the fact that our knowledge regarding the pathophysiology and the neurobiological substrate of depression has grown exponentially over the last decades, there is still a significant percentage of patients who respond poorly or do not tolerate current antidepressant pharmacotherapies (Rush, 2007). Most likely, the latter reflects the fact that the term “depression” encompasses a group of disorders, with each being characterized by a unique endophenotype that deserves tailor-made treatment strategies (Hasler et al., 2004; Antonijevic, 2006).

Major depression is a leading cause of disability among women 15-44 years and twice as many women as men suffer from this debilitating condition annually (Kessler et al., 1994; Young et al., 2009). Paradoxically, research regarding the neurobiological substrate of depressive disorders, as well as response to antidepressant medications has focused almost exclusively on the male sex. However, as noted in a recent review, evidence exist that genetic variations in loci related to central neurotransmitter and neuromodulatory systems, may be implicated in the sex-differentiated manifestation of depressive symptomatology and differential responsiveness to various antidepressant drugs (Pitychoutis et al., 2010a).

The selective serotonin (5-hydroxytryptamine; 5-HT) reuptake inhibitors (SSRIs) comprise the most widely prescribed class of antidepressants worldwide. However, they present with variable therapeutic efficacy, which is often accompanied by numerous side-effects. Most importantly, the protracted period of time (3-4 weeks) in order for these agents to induce a clinically meaningful improvement in depressive symptomatology has been associated with increased drop-out rates. Not surprisingly, only 60-65% of adult depressed patients respond...
to the first course of therapy and among responders less than half either reach remission or become free of symptoms (Rosenzweig-Lipson et al., 2007). Thus, the need for more effective pharmacotherapies to combat depression is an ever-growing concern due to the enormous societal and financial ramifications of these disorders.

The present chapter focuses on current advances in the field of pharmacogenetics of major depression under the prism of sex differences. In order to treat depression, a personalized approach including better-targeted therapies may be needed. Understanding sex differences in response to antidepressant medications is a major step towards this direction.

2. Sex differences in major depression

Major depression occurs more frequently in women than in men. Despite the fact that the aetiology behind this sex difference is still elusive, scientists agree that it possibly reflects a complex genetic, hormonal, biochemical and social interplay. Prior to puberty, no significant differences are detected regarding the precipitation of depressive symptomatology between the male and the female sex (Kuehner, 2003), whereas during the reproductive period women appear to experience major depression at roughly twice the rate of men (Marcus et al., 2005; Grigoriadis & Robinson, 2007; Pitychoutis & Papadopoulou-Daifoti, 2010). Of note, an increasing amount of data suggests that associations between stressful interpersonal events and depression are stronger in women than in men (Oldehinkel & Bouma, 2011).

Interestingly, in depression, a sex-specific symptom pattern may occur. According to some reports men seem to lose more weight while women tend to report more appetite and weight increase, accompanied by hypochondriasis and somatic concerns (Young et al., 1990; Kornstein et al., 2000b). More recently, Marcus et al. (2005) analyzed data from the STAR*D (Sequenced Treatment Alternatives to Relieve Depression) multicenter trial; in this sample women reported an earlier onset of the first major depressive episode, as well as a trend towards a greater length of the current episode. In the same study, alcohol and drug dependence were more common in men. Importantly, even though women reported greater likelihood of having attempted a suicide in the past, men were characterized by greater psychomotor agitation and suicidal ideation (Marcus et al., 2005).

Even though these statistics have been partly attributed to the fact that women are more likely to seek psychiatric assistance in view of a negative affective status and to be over-diagnosed with major depression compared to men (Grigoriadis & Robinson, 2007), nowadays there is enough evidence for sex-differentiated biological pathways in affective disorders. Notably, a variety of serotonergic sexual dimorphisms have been hypothesized to confer increased vulnerability of females to depression. In this context, whole brain 5-HT synthesis and 5-HT2 receptor binding have been reported to be lower in several regions of the female brain (for review see Rubinow et al., 1998).

3. Sex differences in antidepressant response: Insights from the clinic and from animal models of depression

Converging albeit inconclusive evidence support the existence of a sex-differentiated responsiveness to antidepressant drugs (Dalla et al., 2011; Sloan & Kornstein, 2003; Marcus et
al., 2005). Indeed, earlier studies reported that women presented a slower response to tricyclic antidepressants (TCAs) (Prange et al., 1969), while also being less likely to achieve remission (Glassman et al., 1977). In an intriguing study conducted in a sample of 235 male and 400 female depressed outpatients, women were more likely to show a favourable response to the SSRI sertraline than to the TCA imipramine, while the opposite association seemed to hold true for men (Kornstein et al., 2000a). This sex-differentiated interplay was also accompanied by a sex-based adverse effect profile; while depressed men treated with imipramine reported sexual dysfunction, urinary frequency and dyspepsia at a higher percentage, depressed women treated with sertraline complained more frequently about nausea and dizziness (Kornstein et al., 2000a). The STAR*D is the largest study of major depression ever conducted in the US and the largest to address sex differences in prospective treatment using a representative sample of 2,876 treatment-seeking depressed patients (Rush et al., 2004; Young et al., 2009). Using data from this study, Young et al. (2009) reported that women that received the SSRI citalopram for 12-14 weeks presented 33% greater likelihood of remission as compared to male depressed patients (Young et al., 2009). Importantly, this sex difference was attributed to sex-specific biological differences in the serotonergic system (Young et al., 2009). However, it should be noted that other studies have not detected sex-related effects of antidepressants in humans. For instance, Quitkin et al. (2002) found no significant difference in response to the SSRI fluoxetine in a sample of 840 outpatients. In another study, Thiels et al. (2005) did not report a significant difference in response to 6-month treatment with the SSRI sertraline. Therefore, the clinical significance of these findings still remains controversial (Quitkin et al., 2002; Hildebranndt et al., 2003; Thiels et al., 2005).

Sex differences in response to antidepressant pharmacotherapy have been largely attributed to the sex-differentiated pharmacokinetic disposition of psychotropic agents. Studies in humans and in laboratory animals have shown that females are characterized by increased levels of hepatic cytochrome P450 (CYP) 3A. Thus, it has been suggested that over-expression of CYP3A, may modulate the effectiveness of drugs in women (Paine et al., 2005; Waxman & Holloway, 2009). Moreover, the estrogen-altering oral contraceptives and hormonal replacement therapies may ultimately influence the pharmacokinetic disposition of antidepressants (Yonkers et al., 1992; Hildebranndt et al., 2003). Despite the fact that available pharmacokinetic evidence indicates that women should perhaps receive lower doses of antidepressants as compared to men, current guidelines do not suggest that men and women should be dosed in a sex-based manner (Kokras et al., 2011).

The clinical finding of a sex-differentiated antidepressant response has also been validated in preclinical research (Dalla et al., 2010; 2011). For instance, in a most recent study we reported that male rats may benefit to a greater extent when treated chronically with the TCA clomipramine (Pitychoutis et al. 2011). We further revealed that individual differences in response to novelty may predict differential responsiveness to clomipramine treatment and are associated with qualitative and quantitative sex-related behavioral and neurochemical alterations (Pitychoutis et al. 2011). Further, clomipramine treatment may induce sex-differentiated effects on cellular immunoreactivity in the chronic mild stress (CMS) model of depression, with female rats presenting a relatively immunosuppressed phenotype as compared to males (Pitychoutis et al., 2009; Pitychoutis et al., 2010b). Moreover, 2 weeks of clomipramine treatment in the Flinders Sensitive Line (FSL) rats, a
putative genetic model of depression, induced sex-related effects on behavioral despair, as assessed in the forced swim test (FST), that were accompanied by sexually dimorphic serotonergic alterations in several limbic brain regions (Kokras et al., 2009).

4. Sex differences in the pharmacogenetics of antidepressants

Pharmacogenetics investigates how genes influence responsiveness to drugs, both in terms of efficacy and adverse effects. The ultimate goal of this scientific field is to provide “tailor-made” pharmacotherapies based on the genetic constitution of the individual. Importantly, genetic prediction of antidepressant response has the potential to facilitate an informed choice of agent and a patient-tailored dose in order for response rates to be significantly improved and adverse effects to be alleviated.

Recent pharmacogenetic research on the impact of sex on antidepressant treatment has focused mostly on SSRIs, because these drugs represent the first-choice of pharmacological intervention for the treatment of major depression worldwide. Given that not all patients respond sufficiently to the initial treatment with an SSRI, non-response has been associated with individual differences in pharmacodynamic processes and in this context has been partly attributed to the polymorphic nature of certain genes related to the metabolism of monoamines, to the serotonergic and other neurobiological systems (Steimer et al., 2001). Multiple genes influencing central monoaminergic neurotransmission have served as targets of vast pharmacogenetic screening. Among these are the rate-limiting enzyme of 5-HT biosynthesis, tryptophan hydroxylase 1 & 2 (TPH1 & TPH2), inactivation enzymes monoamine oxidases A & B (MAO-A; MAO-B) and catechol-O-methyl-transferase (COMT), as well as 5-HT’s protein-targets, such as the 5-HT$_{1A}$ receptor (Drago et al., 2009). In humans, there are two distinct TPH genes located on chromosomes 11 and 12, coding for two different homologous enzymes, with TPH2 being the predominant isoform in the CNS (Walthr & Bader, 2003).

Therefore, sedulous research on whether/which DNA polymorphisms are somehow involved in SSRI responsiveness and if these vary between the two sexes, is of great importance for improving the clinical care of depressed patients.

4.1 Genes related to the metabolism of monoamines

Three monoamine-related genes have been associated to date with a sex-dependent antidepressant response (Table 1). The MAO-A gene is located on the X chromosome in humans, is expressed on the outer mitochondrial membrane where it catabolizes the intraneuronal deamination of dopamine (DA), norepinephrine (NA), and 5-HT. A prominent variable number tandem repeat (VNTR) polymorphism consists of a 30 base pair repeated sequence present in 2, 3, 3.5, 4, or 5 repeats (R) at 1.2 kb upstream of the MAO-A gene and affects its enzymatic activity. Specifically, the 3.5R and 4R alleles transcribe 2–10 times more efficiently as compared to 2, 3, or 5R alleles (Muller et al., 2002; Drago et al., 2009). This polymorphism has been associated with the response rates of depressed women to the SSRI fluoxetine in a Chinese patient cohort. According to this study, women carriers of the shorter 3R-allele (low-transcribers of the MAO-A gene) responded better to 4-week fluoxetine treatment as compared to the longer 4R-allele carriers (high-transcribers of the MAO-A gene) (Yu et al., 2005). Notably, no such association was observed among the male population included in this study. Similar findings were observed in a cohort of Caucasian depressed
patients, who were treated with various antidepressant drugs (Domschke et al., 2008b). Again, the longer MAO-A alleles were associated with a greater risk of slower and less efficient response in a sex-specific context (i.e. in female patients only). Noteworthy, other studies have failed to detect any effect of this variant on pharmacoresponse in major depression (Cusin et al., 2002; Muller et al., 2002; Peters et al., 2004). A second MAO-A polymorphism (T941G) has been reported to affect treatment response to mirtazapine in a sex-specific manner. Mirtazapine-treated depressed women homozygous for the T-allele showed a faster and better response compared to patients carrying the TG or GG genotype, while in men no association was observed (Tadic et al., 2007a). Another study provided evidence regarding the implication of the functional A644G SNP within intron 13 of the MAO-B gene, in the outcome of treatment with paroxetine only in women with major depression (Tadic et al., 2007b). The aforementioned associations may not be unrelated to the fact that the genes encoding MAO-A and MAO-B are located on the short arm of the X chromosome (Yu et al., 2005).

| GENE  | GENETIC VARIATION | DRUG                  | RESULT                                                                 | REFERENCE          |
|-------|-------------------|-----------------------|------------------------------------------------------------------------|--------------------|
| MAO-A | 30 bp VNTR (promoter) | fluoxetine           | Women with the "shorter" 3R/3R genotype responded better to fluoxetine treatment as compared to those with the "longer" 4R allele | Yu et al., 2005    |
| MAO-A | 30 bp VNTR (promoter) | mirtazapine, citalopram/escitalopram, venlafaxine and combinations | In women, the "longer" alleles were associated with slower and less efficient response to antidepressant treatment | Domschke et al., 2008b |
| MAO-A | T941G (synonymous; Arg297) | mirtazapine or paroxetine | Women homozygous for the T-allele presented faster and better response to antidepressant treatment as compared to TG/GG-patients | Tadić et al., 2007a |
| MAO-B | A644G (intron 13) | mirtazapine or paroxetine | Women homozygous for the A-allele showed a clinically meaningful faster and more pronounced response to treatment with paroxetine | Tadić et al., 2007b |
| COMT  | G472A (Val158Met) | fluoxetine | In men, the Val/Val genotype was associated with poorer response to antidepressant treatment | Tsai et al., 2009 |

Table 1. Sex differences in genetic variants implicated in the metabolism of monoamines.
Depressive symptomatology can be alleviated by SSRI treatment, partly due to the enhancement of the serotonergic tone that in turn enhances dopamine outflow in the reward system of the brain (Naranjo et al., 2001). Given that the COMT enzyme degrades DA, it represents a promising candidate for pharmacogenetics screening. A functional SNP (G472A) that causes a substitution of Valine to Methionine in codon 158 (Val158Met) of the COMT gene results in a three- to four-fold decrement of the enzymatic activity of the membrane-bound isoform (Lachman et al., 1996). Notably, a recent study by Tsai and colleagues (2009) conducted in Chinese depressed patients treated with fluoxetine revealed a sex-dependent association of the COMT Val/Val genotype with poorer antidepressant response, but only in male patients (Tsai et al., 2009).

### 4.2 Genes specific to serotonergic neurotransmission

A battery of pharmacogenetic studies have focused on genetic variations of the 5-HT transporter (SLC6A4; 5-HTT) gene that is located on chromosome 17 in humans (Table 2; Drago et al., 2009). Perhaps the most interesting is the functional polymorphism on the promoter of the 5-HTT gene, known as 5-HTT gene-linked polymorphic region (5-HTTLPR) that consists of 16 imperfect 22 base pair repeats. The polymorphic nature of this site regards the relative presence/absence of two of the repeats. Thus, their absence produces a shorter allele (S), whereas their presence produces a 44 base-pair longer allele (L). According to this “bi-allelic scheme”, carriers of the L-allele are characterized by an enhanced expression rate of the 5-HTT, with the opposite holding true for the carriers of the S-allele. Most importantly, it has been hypothesized that L-allele carriers may benefit to a greater extent from antidepressant treatment. This notion has been attributed to a generalized responsiveness of the serotonergic system owing to the enhanced expression/activity of 5-HTT (Serretti et al., 2007). Notably, the 5-HT1A receptor transcription rate is modulated by a variation (C1019G) in the upstream regulatory region of this gene. Indeed, the C-allele appears to be associated with the down-regulation of 5-HT1A receptor that may explain the better response rates to chronic antidepressant treatment (Parsey et al., 2006; Drago et al., 2009).

A recent study by Smits et al. (2008) screened the 5-HTTLPR polymorphism of the 5-HTT gene for associations with non-responsiveness to SSRI treatment (Smits et al., 2008). According to these results, the response of male patients of a Caucasian cohort to SSRI treatment was independent of the studied polymorphisms in the 5-HTT locus, whereas in women the 5-HTLPR S-allele was associated with a less favorable response to treatment. These findings replicated in part an earlier study showing that paroxetine efficacy in patients with panic disorder was lower in women with the SS genotype compared to women carrying the L-allele (Perna et al., 2005). Another study lent further support and extended the aforementioned associations; in depressed patients 4-week treatment with either SSRIs or non-SSRI drugs, the S-allele was associated with lower antidepressant efficacy in depressed women but not in men, with this result being significant for both types of medication (Gressier et al., 2009). Importantly, in a follow-up study the same group reported that depressed women with the SS genotype responded poorly to antidepressant treatment as compared to women with LL/LS genotype, whereas no significant difference was detected in men (Gressier et al. 2011). Moreover, in the same study, the S-allele was associated with elevated concentrations of thyroid stimulating hormone (TSH) levels in depressed women, thus underlining the important interaction among sex, thyroid function and the serotonergic system (Gressier et al. 2011).
A study by Yu et al. (2006) further supported the impact of sex in the prediction of the effectiveness of SSRI treatment (Yu et al., 2006). These authors reported that the C/C genotype of the C1019G polymorphism of the 5-HT$_{1A}$ receptor gene may be considered a sex-specific factor for the prediction of a beneficial outcome with fluoxetine treatment, only in female patients of a Chinese cohort.

| GENE    | GENETIC VARIATION | DRUG               | RESULT                                                                 | REFERENCE               |
|---------|-------------------|--------------------|------------------------------------------------------------------------|-------------------------|
| 5-HTT   | 5-HTTLPR (promoter) | SSRIs; paroxetine  | Women with the S-allele showed a less favourable response to SSRI treatment | Smits et al., 2008      |
| 5-HTT   | 5-HTTLPR (promoter) | SSRIs and non-SSRIs | The SS genotype was associated with lower antidepressant efficacy with both SSRI and non-SSRI drugs in depressed women but not in men | Gressier et al., 2009   |
| 5-HT1A  | C1019G (promoter)  | fluoxetine         | Women with the C/C genotype showed a better response than G-allele carriers | Yu et al., 2006         |

Table 2. Sex differences in genetic variants that are specific to the serotonergic system.

4.3 Genes related to other neurobiological systems

Genetic variants associated with other neurobiological systems have also been implicated in patients’ response to antidepressant agents (Table 3). For instance, the angiotensin I converting enzyme (ACE) gene is expressed in the brain where it degrades several neuropeptides, such as substance P (Skidgel & Erdos, 1987). The latter, has been strongly implicated in the neurobiology of major depression, while antagonists for this neuropeptide have been reported to significantly improve depressive symptoms (Kramer et al., 1998; Nutt, 1998). Research on an insertion/deletion (I/D) polymorphism, represented by the presence/absence of a 287 base pair region within the ACE gene has indicated that the D-allele was associated with faster onset of antidepressant therapy (i.e. SSRIs, TCAs etc), but only in female depressed patients (Baghai et al., 2004).

Preclinical research in animal models implicates the endocannabinoid system both in the pathogenesis of major depression and anxiety, as well as in the mediation of antidepressant response (Martin et al., 2002). In a study conducted in a Caucasian cohort of depressed patients receiving various antidepressant medications, the G-allele of a synonymous polymorphism (G1359A) of the cannabinoid receptor CB1 (CNR1) gene was shown to confer
a greater risk for resistance to antidepressant treatment, especially in depressed women with high comorbid anxiety (Domschke et al., 2008a).

Galanin (GAL) is a 30-aminoacid estrogen-inducible neuropeptide that derives from preprogalanin (PPGAL) (Evans & Shine, 1991). GAL is highly expressed in brain regions involved in the regulation of anxiety and depression (Kuteeva et al., 2008). In a recent study Unschuld et al. (2010) reported a female-specific association of symptom severity in premenopausal depressed women with the rare allele of the PPGAL SNP rs948854. In particular, premenopausal depressed women carriers of the G-allele of rs948854, presented more severe vegetative but not cognitive depressive symptomatology at discharge and worse response to antidepressant medication (Unschuld et al. 2010). According to the authors, these results may be related to the existence of several estrogen-response elements (ERE) in the promoter region of the PPGAL gene that have been held responsible for the estrogenic regulation of GAL expression (Unschuld et al. 2010; Kaplan et al., 1988; Howard et al., 1997).

| GENE | GENETIC VARIATION | DRUG | RESULT | REFERENCE |
|------|-------------------|------|--------|-----------|
| CNRI | G1359A (synonymous; Thr453) | mirtazapine, citalopram/escitalopram, venlafaxine and combinations | In women the G-allele was associated with resistance to antidepressant treatment | Domschke et al., 2008a |
| ACE | 287 bp Insertion/deletion (I/D) polymorphism (intron 16) | TCAs, or SSRIs or dual-acting antidepressants | In women the D-allele predicted faster onset of different antidepressant therapies | Baghai et al., 2004 |
| PPGAL | rs948854 (promoter) | SSRIs, TCAs or mirtazapine | In women the G-allele was associated with worse response to antidepressant treatment | Unschuld et al., 2010 |

Table 3. Sex differences in genetic variants that are associated with other neurobiological systems.

4.4 Pharmacokinetics genes

Sex differences in antidepressant response have largely been attributed to sex-differentiated pharmacokinetic disposition of psychotropic agents. This notion is supported by the fact that hormonal fluctuations during the menstrual cycle may affect the pharmacokinetics of psychotropic medications (Hildebrandt et al., 2003). Importantly, cytochrome P450 (CYP)-
3A4, CYP2D6, CYP2C19 and CYP1A2 are important for the metabolism of antidepressant drugs (Staddon et al., 2002). Genetic polymorphisms in these CYP genes may account for inter-individual pharmacokinetic disposition of psychotropic medications. However, it is still not known whether these actually have the same effect in both sexes (Kokras et al., 2011). Although sex differences in the pharmacokinetics of antidepressants have been shown to affect response, the clinical relevance of this sex-differentiated response remains to be elucidated (Meibohm et al., 2002; Kokras et al., 2011).

Notably, sex differences in human CYP-catalyzed drug metabolism are well-documented; for instance CYP3A4, the predominant CYP catalyst of oxidative metabolism in human liver, is expressed at a higher protein and mRNA levels in women versus men (Waxman & Holloway, 2009). Moreover, sex-differentiated genetic markers of CYP3A4 activity and expression have recently been reported in human liver microsomes (Schirmer et al., 2007). Of note, it is still not clear if sex influences CYP2C19 and CYP2D6 activity in a clinically meaningful way in humans (Scandlyn et al., 2008; Borobia et al., 2009). A recent study reported that both the CYP2D6 genotype and sex influenced the disposition of mirtazapine in a Spanish cohort of healthy volunteers; however, a sex x genotype interaction was not detected (Borobia et al., 2009). In support of the aforementioned findings, CYP2C19 and CYP2D6 polymorphisms were also shown to affect the disposition of citalopram similarly in men and women (Fudio et al. 2010).

5. Epimyth and future challenges

The studies reported herein tentatively indicate that variants in genes pertaining to a multitude of central processes may affect antidepressant response in a sex-dependent fashion. Among these are genes modulating the brain’s monoaminergic systems (e.g. 5-HTT, 5-HT1A receptor and MAO-A) or even genes related to other fundamental neuromodulatory processes (e.g. ACE and GAL). These differences may stem from the complex crosstalk between sex hormones and genes modulating the monoaminergic systems by modifying gene expression or even epigenetic processes (Petronis, 2001; Damberg, 2005).

It is widely accepted that there is a substantial inter-individual variation in response to antidepressant drugs. Research on the pharmacogenetics of antidepressants aims to identify genetic variants implicated in antidepressant response, in order to both serve as predictor of the outcome and to decipher their complex mechanism of action. However, as noted in recent reviews on this subject-matter, despite the initial enthusiasm, the lack of consistent findings regarding genes regulating pharmacokinetic and pharmacodynamic processes has been frustrating (Keers & Aitchison, 2011). Notably, it is believed that the few pharmacogenetic associations that have been replicated explain only a small fraction of individual differences in response to antidepressant pharmacotherapies (Uher et al., 2010). Still, when novel genetic targets were screened the results appeared to be modest and point to the notion that the genetic control of responsiveness to antidepressants is determined by multiple genetic loci (Keers & Aitchison, 2011).

To this direction, genome-wide association studies (GWAS) have revealed novel genetic variants and regulatory intergenic sequences that may be very important to the mechanism of action of antidepressant drugs. In the Genome-Based Therapeutic Drugs for Depression (GENDEP) project, previously unexpected genes related to neurogenetic and immune
processes implicated in the pathophysiology of depression, appeared to serve as potent predictors of antidepressant response in patients treated for 12 weeks with escitalopram (SSRI; N=394) or nortriptyline (TCA; N=312) (Uher et al., 2010). Pharmacogenomic analyses revealed a significant association between the uronyl 2-sulphotransferase (UST) gene and response to nortriptyline. On the other hand, response to escitalopram was predicted by a marker in the gene encoding interleukin-11 (IL-11), with this being further supported by a less robust association in the IL-6 gene (Uher et al., 2010). In another GWAS study, Garriock et al. (2010) used the STAR*D sample in order to determine which DNA variations influenced response to citalopram treatment and also implicated novel genes in the mechanism of action of SSRIs (Garriock et al., 2010). Despite the significance of these studies in the field, the role of sex was not determined.

Overall, despite the promising advances in this field, pharmacogenetics-driven, personalized antidepressant pharmacotherapies are still far from being introduced into the clinical practice (Drago et al., 2009). Although it is still early for firm conclusions, the currently available evidence seems to suggest that an intriguing genetic x sex interplay may be associated with the differential responsiveness that the two sexes exhibit upon antidepressant treatment. Therefore, a profound analysis of the role of sex in the pharmacogenetics of depression is considered imperative in order for the clinical significance of this interaction to be determined.

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7. References

Antonijevic, I.A. (2006). Depressive disorders - is it time to endorse different pathophysiologies? Psychoneuroendocrinology, Vol.31, No.1, pp. 1-15, ISSN 0306-4530

Baghai, T.C., Schule, C., Zill, P., Deiml, T., Eser, D., Zwanzger, P., Ella, R., Rupprecht, R. & Bondy, B. (2004). The angiotensin I converting enzyme insertion/deletion polymorphism influences therapeutic outcome in major depressed women, but not in men. Neurosci Lett, Vol.363, No.1, pp. 38-42, ISSN 0304-3940

Borobia, A.M., Novalbos, J., Guerra-Lopez, P., Lopez-Rodriguez, R., Tabares, B., Rodriguez, V., Abad-Santos, F. & Carcas, A.J. (2009). Influence of sex and CYP2D6 genotype on mirtazapine disposition, evaluated in Spanish healthy volunteers. Pharmacol Res, Vol.59, No.6, pp. 393-398, ISSN 1096-1186

Cusin, C., Serretti, A., Zanardi, R., Lattuada, E., Rossini, D., Lilli, R., Lorenzi, C. & Smeraldi, E. (2002). Influence of monoamine oxidase A and serotonin receptor 2A polymorphisms in SSRI antidepressant activity. Int J Neuropsychopharmacol, Vol.5, No.1, pp. 27-35, ISSN 1461-1457

Dalla, C., Pitychoutis, P.M., Kokras, N. & Papadopoulou-Daifoti, Z. (2010). Sex Differences in Animal Models of Depression and Antidepressant Response. Basic & Clinical Pharmacology & Toxicology, Vol.106, No.3, pp. 226-233, ISSN 1742-7835

Dalla, C., Pitychoutis, P.M., Kokras, N., Papadopoulou-Daifoti, Z., (2011) Sex differences in response to stress and expression of depressive-like behaviours in the rat. Curr Top Behav Neurosci. Vol.8 pp. 97-118, DOI: 10.1007/7854_2010_94
Neuropharmacogenetics of Major Depression: Has the Time Come to Take both Sexes into Account?

Damberg, M. (2005). Transcription factor AP-2 and monoaminergic functions in the central nervous system. *J Neural Transm*, Vol.112, No.10, pp. 1281-1296, ISSN 0300-9564

Domschke, K., Dannlowski, U., Ohrmann, P., Lawford, B., Bauer, J., Kugel, H., Heindel, W., Young, R., Morris, P., Arolt, V., Deckert, J., Suslow, T. & Baune, B.T. (2008a). Cannabinoid receptor 1 (CNR1) gene: impact on antidepressant treatment response and emotion processing in major depression. *Eur Neuropsychopharmacol*, Vol.18, No.10, pp. 751-759, ISSN 0924-977X

Domschke, K., Hohoff, C., Mortensen, L.S., Roehrs, T., Deckert, J., Arolt, V. & Baune, B.T. (2008b). Monoamine oxidase A variant influences antidepressant treatment response in female patients with Major Depression. *Prog Neuropsychopharmacol Biol Psychiatry*, Vol.32, No.1, pp. 224-228, ISSN 0278-5846

Drago, A., De Ronchi, D. & Serretti, A. (2009). Pharmacogenetics of antidepressant response: an update. *Hum Genomics*, Vol.3, No.3, pp. 257-274, ISSN 1479-7364

Evans, H.F. & Shine, J. (1991). Human galanin: molecular cloning reveals a unique structure. *Endocrinology*, Vol.129, No.3, pp. 1682-1684, ISSN 0013-7227

Fudio, S., Borobia, A.M., Pinana, E., Ramirez, E., Tabares, B., Guerra, P., Carcas, A. & Frias, J. (2010) Evaluation of the influence of sex and CYP2C19 and CYP2D6 polymorphisms in the disposition of citalopram. *Eur J Pharmacol*, Vol.626, No.2-3, pp. 200-204, ISSN 1879-0712

Garriock, H.A., Kraft, J.B., Shyn, S.I., Peters, E.J., Yokoyama, J.S., Jenkins, G.D., Reinalda, M.S., Slager, S.L., McGrath, P.J. & Hamilton, S.P. (2010). A Genomewide Association Study of Citalopram Response in Major Depressive Disorder. *Biological Psychiatry*, Vol.67, No.2, pp. 133-138, ISSN 0006-3223

Glassman, A.H., Perel, J.M., Shostak, M., Kantor, S.J. & Fleiss, J.L. (1977). Clinical implications of imipramine plasma levels for depressive illness. *Arch Gen Psychiatry*, Vol.34, No.2, pp. 197-204, ISSN 0003-990X

Gressier, F., Bouaziz, E., Verstuyft, C., Hardy, P., Becquemont, L. & Corruble, E. (2009). 5-HTTLPR modulates antidepressant efficacy in depressed women. *Psychiatr Genet*, Vol.19, No.4, pp. 195-200, ISSN 1473-5873

Gressier, F., Trabado, S., Verstuyft, C., Bouaziz, E., Hardy, P., Feve, B., Becquemont, L. & Corruble, E. Thyroid-stimulating hormone, 5-HTTLPR genotype, and antidepressant response in depressed women. *Psychiatr Genet*, Vol.21, No.5, pp. 253-256, ISSN 1473-5873

Grigoriadis, S. & Robinson, G.E. (2007). Gender issues in depression. *Ann Clin Psychiatry*, Vol.19, No.4, pp. 247-255, ISSN 1547-3325

Hasler, G., Drevets, W.C., Manji, H.K. & Charney, D.S. (2004). Discovering endophenotypes for major depression. *Neuropsychopharmacology*, Vol.29, No.10, pp. 1765-1781, ISSN 0893-133X

Hildebrandt, M.G., Steyerberg, E.W., Stage, K.B., Passchier, J. & Kragh-Soerensen, P. (2003). Are gender differences important for the clinical effects of antidepressants? *Am J Psychiatry*, Vol.160, No.9, pp. 1643-1650, ISSN 0002-953X

Howard, G., Peng, L. & Hyde, J.F. (1997). An estrogen receptor binding site within the human galanin gene. *Endocrinology*, Vol.138, No.11, pp. 4649-4656, ISSN 0013-7227

Kaplan, L.M., Gabriel, S.M., Koenig, J.I., Sunday, M.E., Spindel, E.R., Martin, J.B. & Chin, W.W. (1988). Galanin is an estrogen-inducible, secretory product of the rat anterior pituitary. *Proc Natl Acad Sci U S A*, Vol.85, No.19, pp. 7408-7412, ISSN 0027-8424
Keers, R. & Aitchison, K.J. (2011). Pharmacogenetics of antidepressant response. *Expert Review of Neurotherapeutics*, Vol.11, No.1, pp. 101-125, ISSN 1473-7175

Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., Wittchen, H.U. & Kendler, K.S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the National Comorbidity Survey. *Arch Gen Psychiatry*, Vol.51, No.1, pp. 8-19, ISSN 0003-990X

Kokras, N., Antoniou, K., Dalla, C., Bekris, S., Xagoraris, M., Ovestreet, D.H. & Papadopoulou-Daifoti, Z. (2009). Sex-related differential response to clomipramine treatment in a rat model of depression. *J Psychopharmacol*, Vol.23, No.8, pp. 945-956, ISSN 1461-7285

Kokras, N., Dalla, C. & Papadopoulou-Daifoti, Z. (2011). Sex differences in pharmacokinetics of antidepressants. *Expert Opinion on Drug Metabolism & Toxicology*, Vol.7, No.2, pp. 213-226, ISSN 1742-5255

Kornstein, S.G., Schatzberg, A.F., Thase, M.E., Yonkers, K.A., McCullough, J.P., Keitner, G.I., Gelenberg, A.J., Davis, S.M., Harrison, W.M. & Keller, M.B. (2000a). Gender differences in treatment response to sertraline versus imipramine in chronic depression. *Am J Psychiatry*, Vol.157, No.9, pp. 1445-1452, ISSN 0002-953X

Kornstein, S.G., Schatzberg, A.F., Thase, M.E., Yonkers, K.A., McCullough, J.P., Keitner, G.I., Gelenberg, A.J., Ryan, C.E., Hess, A.L., Harrison, W., Davis, S.M. & Keller, M.B. (2000b). Gender differences in chronic major and double depression. *J Affect Disord*, Vol.60, No.1, pp. 1-11, ISSN 0165-0327

Kramer, M.S., Cutler, N., Feighner, J., Shrivastava, R., Carman, J., Sramek, J.J., Reines, S.A., Liu, G., Snavely, D., Wyatt-Knowles, E., Hale, J.J., Mills, S.G., MacCoss, M., Swain, C.J., Harrison, T., Hill, R.G., Hefti, F., Scolnick, E.M., Cascieri, M.A., Chicchi, G.G., Sadowski, S., Williams, A.R., Hewson, L., Smith, D., Carlson, E.J., Hargreaves, R.J. & Rupniak, N.M. (1998). Distinct mechanism for antidepressant activity by blockade of central substance P receptors. *Science*, Vol.281, No.5383, pp. 1640-1645, ISSN 0036-8075

Kuehner, C. (2003). Gender differences in unipolar depression: an update of epidemiological findings and possible explanations. *Acta Psychiatr Scand*, Vol.108, No.3, pp. 163-174, ISSN 0001-690X

Kuteeva, E., Hokfelt, T., Wardi, T. & Ogren, S.O. (2008). Galanin, galanin receptor subtypes and depression-like behaviour. *Cell Mol Life Sci*, Vol.65, No.12, pp. 1854-1863, ISSN 1420-682X

Lachman, H.M., Papilos, D.F., Saito, T., Yu, Y.M., Szumlanski, C.L. & Weinshilboun, R.M. (1996). Human catechol-O-methyltransferase pharmacogenetics: description of a functional polymorphism and its potential application to neuropsychiatric disorders. *Pharmacogenetics*, Vol.6, No.3, pp. 243-250, ISSN 0960-314X

Marcus, S.M., Young, E.A., Kerber, K.B., Kornstein, S., Farabaugh, A.H., Mitchell, J., Wisniewski, S.R., Balasubramani, G.K., Trivedi, M.H. & Rush, A.J. (2005). Gender differences in depression: findings from the STAR*D study. *J Affect Disord*, Vol.87, No.2-3, pp. 141-150, ISSN 0165-0327

Martin, M., Ledent, C., Parmentier, M., Maldonado, R. & Valverde, O. (2002). Involvement of CB1 cannabinoid receptors in emotional behaviour. *Psychopharmacology (Berl)*, Vol.159, No.4, pp. 379-387, ISSN 0033-3158
Meibohm, B., Beierle, I. & Derendorf, H. (2002). How important are gender differences in pharmacokinetics? Clin Pharmacokinet, Vol.41, No.5, pp. 329-342, ISSN 0312-5963
Muller, D.J., Schulze, T.G., Macciardi, F., Ohlraun, S., Gross, M.M., Scherk, H., Neidt, H., Syagailo, Y.V., Grassle, M., Nothen, M.M., Maier, W., Lesch, K.P. & Rietschel, M. (2002). Moclobemide response in depressed patients: association study with a functional polymorphism in the monoamine oxidase A promoter. Pharmacopsychiatry, Vol.35, No.4, pp. 157-158, ISSN 0176-3679
Naranjo, C.A., Tremblay, L.K. & Busto, U.E. (2001). The role of the brain reward system in depression. Prog Neuropsychopharmacol Biol Psychiatry, Vol.25, No.4, pp. 781-823, ISSN 0278-5846
Nutt, D. (1998). Substance-P antagonists: a new treatment for depression? Lancet, Vol.352, No.9141, pp. 1644-1646, ISSN 0140-6736
Oldehinkel, A.J. & Bouma, E.M. (2011). Sensitivity to the depressogenic effect of stress and HPA-axis reactivity in adolescence: A review of gender differences. Neurosci Biobehav Rev, Vol.35, No.8, pp. 1757-1770, ISSN 1873-7528
Paine, M.F., Ludington, S.S., Chen, M.L., Stewart, P.W., Huang, S.M. & Watkins, P.B. (2005). Do men and women differ in proximal small intestinal CYP3A or P-glycoprotein expression? Drug Metab Dispos, Vol.33, No.3, pp. 426-433, ISSN 0090-9556
Parsey, R.V., Olvet, D.M., Oquendo, M.A., Huang, Y.Y., Ogden, R.T. & Mann, J.J. (2006). Higher 5-HT1A receptor binding potential during a major depressive episode predicts poor treatment response: preliminary data from a naturalistic study. Neuropsychopharmacology, Vol.31, No.8, pp. 1745-1749, ISSN 0893-133X
Perns, G., Favaron, E., Di Bella, D., Bussi, R. & Bellodi, L. (2005). Antipanic efficacy of paroxetine and polymorphism within the promoter of the serotonin transporter gene. Neuropsychopharmacology, Vol.30, No.12, pp. 2230-2235, ISSN 0893-133X
Peters, E.J., Slager, S.L., McGrath, P.J., Knowles, J.A. & Hamilton, S.P. (2004). Investigation of serotonin-related genes in antidepressant response. Mol Psychiatry, Vol.9, No.9, pp. 879-889, ISSN 1359-4184
Petronis, A. (2001). Human morbid genetics revisited: relevance of epigenetics. Trends Genet, Vol.17, No.3, pp. 142-146, ISSN 0168-9525
Pitychoutis, P.M., Griva, E., Ioannou, K., Tsitsilonis, O.E. & Papadopoulou-Daifoti, Z. (2009). Chronic antidepressant treatment exerts sexually dimorphic immunomodulatory effects in an experimental model of major depression: do females lack an advantage? International Journal of Neuropsychopharmacology, Vol.12, No.9, pp. 1157-1163, ISSN 1461-1457
Pitychoutis, P.M., Pallis, E.G., Mikail, H.G. & Papadopoulou-Daifoti, Z. (2011) Individual differences in novelty-seeking predict differential responses to chronic antidepressant treatment through sex- and phenotype-dependent neurochemical signatures. Behav Brain Res, Vol.223, pp. 154-168 ISSN 1872-7549
Pitychoutis, P.M. & Papadopoulou-Daifoti, Z. (2010). Of depression and immunity: does sex matter? International Journal of Neuropsychopharmacology, Vol.13, No.5, pp. 675-689, ISSN 1461-1457
Pitychoutis, P.M., Zisaki, A., Dalla, C. & Papadopoulou-Daifoti, Z. (2010a). Pharmacogenetic Insights into Depression and Antidepressant Response: Does Sex Matter? Current Pharmaceutical Design, Vol.16, No.20, pp. 2214-2223, ISSN 1381-6128
Pitychoutis, P.M., Tsitsilonis, O.E. & Papadopoulou-Dai foti, Z. (2010b). Antidepressant pharmacotherapy: focus on sex differences in neuroimmunopharmacological crossroads. *Future Neurology*, Vol.5, No.4, pp. 581-596, ISSN

Prange, A.J., Jr., Wilson, I.C., Rabon, A.M. & Lipton, M.A. (1969). Enhancement of imipramine antidepressant activity by thyroid hormone. *Am J Psychiatry*, Vol.126, No.4, pp. 457-469, ISSN 0002-953X

Quitkin, F.M., Stewart, J.W., McGrath, P.J., Taylor, B.P., Tisminetzky, M.S., Petkova, E., Chen, Y., Ma, G. & Klein, D.F. (2002). Are there differences between women's and men's antidepressant responses? *The American journal of psychiatry*, Vol.159, No.11, pp. 1848-1854, ISSN 0002-953X

Rosenzweig-Lipson, S., Beyer, C.E., Hughes, Z.A., Khawaja, X., Rajarao, S.J., Malberg, J.E., Rahman, Z., Ring, R.H. & Schechter, L.E. (2007). Differentiating antidepressants of the future: efficacy and safety. *Pharmacol Ther*, Vol.113, No.1, pp. 134-153, ISSN 0163-7258

Rubinow, D.R., Schmidt, P.J. & Roca, C.A. (1998). Estrogen-serotonin interactions: implications for affective regulation. *Biol Psychiatry*, Vol.44, No.9, pp. 839-850, ISSN 0006-3223

Rush, A.J. (2007). STAR*D: what have we learned? *Am J Psychiatry*, Vol.164, No.2, pp. 201-204, ISSN 0002-953X

Rush, A.J., Fava, M., Wisniewski, S.R., Lavori, P.W., Trivedi, M.H., Sackeim, H.A., Thase, M.E., Nierenberg, A.A., Quitkin, F.M., Kashner, T.M., Kupfer, D.J., Rosenbaum, J.F., Alpert, J., Stewart, J.W., McGrath, P.J., Biggs, M.M., Shores-Wilson, K., Lebowitz, B.D., Ritz, L. & Niederehe, G. (2004). Sequenced treatment alternatives to relieve depression (STAR*D): rationale and design. *Control Clin Trials*, Vol.25, No.1, pp. 119-142, ISSN 0197-2456

Scandlyn, M.J., Stuart, E.C. & Rosengren, R.J. (2008). Sex-specific differences in CYP450 isoforms in humans. *Expert Opin Drug Metab Toxicol*, Vol.4, No.4, pp. 413-424, ISSN 1742-5255

Schirmer, M., Rosenberger, A., Klein, K., Kulle, B., Toliat, M.R., Nurnberg, P., Zanger, U.M. & Wojnowski, L. (2007). Sex-dependent genetic markers of CYP3A4 expression and activity in human liver microsomes. *Pharmacogenomics*, Vol.8, No.5, pp. 443-453, ISSN 1744-8042

Serretti, A., Kato, M., De Ronchi, D. & Kinoshita, T. (2007). Meta-analysis of serotonin transporter gene promoter polymorphism (5-HTTLPR) association with selective serotonin reuptake inhibitor efficacy in depressed patients. *Mol Psychiatry*, Vol.12, No.3, pp. 247-257, ISSN 1359-4184

Skidgel, R.A. & Erdos, E.G. (1987). The broad substrate specificity of human angiotensin I converting enzyme. *Clin Exp Hypertens A*, Vol.9, No.2-3, pp. 243-259, ISSN 0730-0077

Sloan, D.M. & Kornstein, S.G. (2003). Gender differences in depression and response to antidepressant treatment. *Psychiatr Clin North Am*, Vol.26, No.3, pp. 581-594, ISSN 0193-953X

Smits, K.M., Smits, L.J., Peeters, F.P., Schouten, J.S., Janssen, R.G., Smeets, H.J., van Os, J. & Prins, M.H. (2008). The influence of 5-HTTLPR and Stin2 polymorphisms in the serotonin transporter gene on treatment effect of selective serotonin reuptake
inhibitors in depressive patients. *Psychiatr Genet, Vol.18, No.4, pp. 184-190, ISSN 1473-5873*

Sobocki, P., Jonsson, B., Angst, J. & Rehnberg, C. (2006). Cost of depression in Europe. *Journal of Mental Health Policy and Economics, Vol.9, No.2, pp. 87-98, ISSN 1091-4358*

Staddon, S., Arranz, M.J., Mancama, D., Mata, I. & Kerwin, R.W. (2002). Clinical applications of pharmacogenetics in psychiatry. *Psychopharmacology (Berl), Vol.162, No.1, pp. 18-23, ISSN 0033-3158*

Steimer, W., Muller, B., Leucht, S. & Kissling, W. (2001). Pharmacogenetics: a new diagnostic tool in the management of antidepressive drug therapy. *Clin Chim Acta, Vol.308, No.1-2, pp. 33-41, ISSN 0009-8981*

Tadic, A., Muller, M.J., Rujescu, D., Kohnen, R., Stassen, H.H., Dahmen, N. & Szegedi, A. (2007a). The MAOA T941G polymorphism and short-term treatment response to mirtazapine and paroxetine in major depression. *Am J Med Genet B Neuropsychiatr Genet, Vol.144B, No.3, pp. 325-331, ISSN 1552-4841*

Tadic, A., Rujescu, D., Muller, M.J., Kohnen, R., Stassen, H.H., Dahmen, N. & Szegedi, A. (2007b). A monoamine oxidase B gene variant and short-term antidepressant treatment response. *Prog Neuropsychopharmacol Biol Psychiatry, Vol.31, No.7, pp. 1370-1377, ISSN 0278-5846*

Thiels, C., Linden, M., Grieger, F. & Leonard, J. (2005). Gender differences in routine treatment of depressed outpatients with the selective serotonin reuptake inhibitor sertraline. *Int Clin Psychopharmacol, Vol.20, No.1, pp. 1-7, ISSN 0268-1315*

Tsai, S.J., Gau, Y.T., Hong, C.J., Liou, Y.J., Yu, Y.W. & Chen, T.J. (2009). Sexually dimorphic effect of catechol-O-methyltransferase val158met polymorphism on clinical response to fluoxetine in major depressive patients. *J Affect Disord, Vol.113, No.1-2, pp. 183-187, ISSN 0165-0327*

Uher, R., Perroud, N., Ng, M.Y.M., Hauser, J., Henigsberg, N., Maier, W., Mors, O., Placentino, A., Rietschel, M., Souery, D., Zagar, T., Czerski, P.M., Jerman, B., Larsen, E.R., Schulze, T.G., Zobel, A., Cohen-Woods, S., Pirlo, K., Butler, A.W., Muglia, P., Barnes, M.R., Lathrop, M., Farmer, A., Breen, G., Aitchison, K.J., Craig, I., Lewis, C.M. & McGuffin, P. (2010). Genome-Wide Pharmacogenetics of Antidepressant Response in the GENDEP Project. *American Journal of Psychiatry, Vol.167, No.5, pp. 555-564, ISSN 0002-953X*

Unschuld, P.G., Ising, M., Roeske, D., Erhardt, A., Specht, M., Kloiber, S., Uhr, M., Muller-Myhsok, B., Holsboer, F. & Binder, E.B. Gender-specific association of galanin polymorphisms with HPA-axis dysregulation, symptom severity, and antidepressant treatment response. *Neuropsychopharmacology, Vol.35, No.7, pp. 1583-1592, ISSN 1740-634X*

Walther, D.J. & Bader, M. (2003). A unique central tryptophan hydroxylase isoform. *Biochem Pharmacol, Vol.66, No.9, pp. 1673-1680, ISSN 0006-2952*

Waxman, D.J. & Holloway, M.G. (2009). Sex differences in the expression of hepatic drug metabolizing enzymes. *Mol Pharmacol, Vol.76, No.2, pp. 215-228, ISSN 1521-0111*

WHO (2005). Gender and women’s mental health (http://www.who.int/mental_health/prevention/genderwomen/en/)

Yonkers, K.A., Kando, J.C., Cole, J.O. & Blumenthal, S. (1992). Gender differences in pharmacokinetics and pharmacodynamics of psychotropic medication. *Am J Psychiatry, Vol.149, No.5, pp. 587-595, ISSN 0002-953X*
Young, M.A., Scheftner, W.A., Fawcett, J. & Klerman, G.L. (1990). Gender differences in the clinical features of unipolar major depressive disorder. *J Nerv Ment Dis*, Vol.178, No.3, pp. 200-203, ISSN 0022-3018

Young, E.A., Kornstein, S.G., Marcus, S.M., Harvey, A.T., Warden, D., Wisniewski, S.R., Balasubramani, G.K., Fava, M., Trivedi, M.H. & John Rush, A. (2009). Sex differences in response to citalopram: a STAR*D report. *J Psychiatr Res*, Vol.43, No.5, pp. 503-511, ISSN 0022-3956

Yu, Y.W., Tsai, S.J., Hong, C.J., Chen, T.J., Chen, M.C. & Yang, C.W. (2005). Association study of a monoamine oxidase a gene promoter polymorphism with major depressive disorder and antidepressant response. *Neuropsychopharmacology*, Vol.30, No.9, pp. 1719-1723, ISSN 0893-133X

Yu, Y.W., Tsai, S.J., Liou, Y.J., Hong, C.J. & Chen, T.J. (2006). Association study of two serotonin 1A receptor gene polymorphisms and fluoxetine treatment response in Chinese major depressive disorders. *Eur Neuropsychopharmacol*, Vol.16, No.7, pp. 498-503, ISSN 0924-977X
The rapidly evolving field of Pharmacogenetics aims at identifying the genetic factors implicated in the inter-individual variation of drug response. These factors could enable patient sub-classification based on their treatment needs, thus expediting drug development and promoting personalized, safer and more effective treatments. This book presents Pharmacogenetic examples from a broad spectrum of different drugs, for different diseases, which are representative of different stages of evaluation or application. It has been designed so as to serve both the unfamiliar reader through explanations of basic Pharmacogenetic concepts, the clinician with presentation of the latest developments and international guidelines, and the research scientist with examples of Pharmacogenetic applications, discussions on the limitations and an outlook on the new scientific trends in this field.

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