St. Johns Wort

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BACKGROUND:
While almost 30 controlled trials of St. John’s wort (Hypericum perforatum) have been published all asserting efficacy for the treatment of depression, methodologic criticism has undermined confidence in their results.

AIM:
To compare the efficacy and safety of St. John’s wort vs. placebo in major depression.

METHODS:
Randomized, double-blind clinical trial in adult outpatients with major depression at 11 academic medical centers in the U.S. A single-blind run in of placebo for one week was used to exclude early placebo responders. Two hundred patients received either St. John’s wort (900-1200 mg/d) or placebo for 8 weeks.

MAIN FINDINGS:
There were no significant differences in any of the outcome measures between the two groups, although depression improved over time in both. More patients reached remission with St. John’s wort, but the rates were very low (14.3% vs. 4.9%, p=.02). St. John’s wort was safe and well-tolerated, with only 1% discontinuing due to adverse effects. Headache was the only complaint more common with St. John’s wort than placebo (41% vs. 25%).
CONCLUSIONS:
In this study, St. John’s wort was ineffective for treatment of major depression.

LIMITATIONS:
The participants had chronic depression (average over 2 years) of at least moderate severity and were recruited from tertiary care clinics. Thus, the results may not be generalizable to patients with less severe depression in community settings.

IMPACT ON INTERNAL MEDICINE:
Many patients ask their physicians about St. John’s wort (and other herbal preparations), and may have already taken it. They should be informed that St. John’s wort may not be effective, and is not a substitute for treatments with demonstrated efficacy for more severe major depression (antidepressants, psychotherapy). While they can be reassured that it is safe taken alone, they should be cautioned regarding the potential of significant adverse drug interactions, which have been reported with warfarin, cyclosporine, theophylline, digoxin, protease inhibitors, anticonvulsants, oral contraceptives, triptans, and SSRIs (See Related References).

RELATED REFERENCES:

This randomized, multi-center double-blind trial compared St. John’s wort with imipramine in 157 patients from primary care and psychiatric practices in Germany. Depression improved in both groups, with no significant differences between treatments, except that St. John’s wort was better tolerated. This study, as well as others, supports an alternative view that St. John’s wort is as effective as antidepressants in mild to moderate depression. However, the lack of
placebo control leaves open the question of St. John's wort effectiveness in more severe depression because of the high placebo response rates in minor depression.