

Long term antidepressants prescribing in the Psychiatry Department at Riyadh Military Hospital

Cross-sectional study

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ABSTRACT

الأهداف: معرفة الفترة الزمنية لاستخدام مضادات الاكتئاب من قبل المرضى المراجعين للعيادات النفسية في مستشفى الرياض العسكري.

الطريقة: أُجريت هذه الدراسة المقطعية في قسم العيادات النفسية، مستشفى الرياض العسكري، الرياض، المملكة العربية السعودية خلال الفترة من يوليو 2009م إلى سبتمبر 2010م. لقد قمنا بالبحث العشوائي في ملفات المرضى الذين يخضعون للاستشارة النفسية، والذين صُرف لهم مضادات الاكتئاب لمدة تساوي أو تزيد عن 18 شهراً، والذين بلغت أعمارهم 18 عاماً أو أكثر من ذلك. وبعد ذلك قمنا بالتعرف على النظام العلاجي المتبع بما فيه مضادات الاكتئاب المصروفة ومدتها الزمنية.

النتائج: لقد بلغ عدد ملفات المرضى التي شملتها الدراسة 120 ملف، وأشارت النتائج إلى أن مدة الفترة الزمنية التي صُرفت فيها مضادات الاكتئاب قد تراوحت ما بين سنة واحدة إلى أكثر من 6 سنوات. وصُرفت هذه المضادات بنسبة 20% لمدة 2-3 سنوات، وبنسبة 19.2% لمدة 3-4 سنوات، وبنسبة 18.3% لمدة 4-5 سنوات، وبنسبة 16.7% لمدة تزيد عن 5 سنوات، وبنسبة 12.5% لمدة 1-2 سنوات.

خاتمة: تبين هذه الدراسة أن أكثر من 60% من المرضى قد تناولوا مضادات الاكتئاب لمدة تزيد عن العامين، وهذه المدة قد تكون مبررة في بعض الحالات إلا أن تناولها لمدة طويلة لا يخلو من المحاذير والآثار الجانبية. ويُنصح بأخذ مضادات الاكتئاب لمدة 6-9 أشهر بعد الحلقة الأولى من الاكتئاب.

Objectives: To ascertain the long-time presenting patients on antidepressant at Riyadh Military Hospital.

Method: A cross-sectional study was carried out in the Psychiatric Department, Riyadh Military Hospital, Riyadh, Saudi Arabia from July 2009 to September 2010. Patients' files were randomly searched for

patients who were on antidepressant ≥ 18 months, were aged ≥ 18 years, and undergoing psychiatric consultation. Then the patient pharmacotherapy regimens were extracted, including the antidepressants and duration of antidepressant prescribing.

Result: Of the 120 patients files we searched, the duration of antidepressant prescribing ranged from one to more than 6 years; 20% were prescribed for 2-3 years, 19.2% for 3-4 years, 18.3% for 1-2 years, 16.7% for more than 5 years, and 12.5% for 4-5 years.

Conclusion: In this study, more than 60% of the patients were taking the antidepressant for more than 2 years. While antidepressants are the gold standard therapy for depression, long term prescribing needs to be reasonable. Antidepressant medication generally should be taken for 6-9 months after a first episode of depression.

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Depression is a common public health problem, and a major cause of functional disability.¹ It occurs in persons of all genders, ages, and backgrounds. In the year 2000, depression was ranked as the fourth leading contributor to the global burden of disease

DALYs (disability adjusted life years) by the World Health organization.² Today, depression in the age category 15-44 years is the second cause of DALYs for both genders. By the year 2020 depression will reach second place of ranking of DALYs for all ages.² Major depressive disorder is a mood disorder in which the individual experiences one or more major depressive episodes without a history of manic, mixed, or hypomanic episodes. It is defined by the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition Text revision (DSM-IV-TR).³ The treatment goals of a depression episode are to reduce or eliminate symptoms of depression, encourage compliance with the treatment regimen, minimize side effects, promote a return to a pre-morbid level of functioning, and prevent another episode of depression.⁴ The major indication for antidepressant drugs is to treat depression, but a number of other uses have been approved by the Food and Drug Administration (FDA) including panic disorder, generalized anxiety disorder, post-traumatic stress disorder, and obsessive compulsive disorder.⁵ Most depressive episodes remit completely, either spontaneously (particularly for mild cases in the community) or with treatment.⁶ Antidepressant medications generally should be taken for a minimum of 6-9 months after a first episode of depression. The 2008 American College of Physician's guideline recommends continued treatment for 4-9 months after a satisfactory response for the patient with a first episode of depression, and longer for the patient with 2 or more episodes.⁷ Antidepressants have different adverse effects and interactions. An FDA warning applied to all antidepressants is the risk of increased suicidality in patients under the age 24.^{8,9} Therefore, long term prescribing needs to have good reasons. A study from the UK found that the mean duration of prescribing antidepressants at primary care for different indications ranged from 4.8 to 7.7 years.¹⁰ Long term prescribing has different reasons such as resistant depression, difficulty of stopping antidepressant because of unpleasant discontinuation symptoms, or prescriber does not suggest discontinuation of the antidepressant.¹⁰ With all of the controversy surrounding depression and antidepressants, there are no data on the prevalence of antidepressant prescribing and the extent of continuation of prescribing in individual patients at our hospital. This study was designed to evaluate and assess antidepressant prescribing in the Psychiatric Clinic at the Riyadh Military Hospital. The objective of this study was to find out how long the patients are taking antidepressant medications for.

Methods. This cross-sectional study was carried out in the Psychiatric Department, Riyadh Military

Hospital (RMH), Riyadh, Saudi Arabia from July 2009 to September 2010.

Data Source. After obtaining the approval from the Riyadh Military Hospital Research and Ethics Committee, and according to the Declaration of Helsinki, our database was searched to extract all records corresponding to patients followed in the psychiatric department for depression episodes from 2007 and earlier. Then the files were searched for antidepressant medication. For this study, the antidepressant was defined as any drug appearing in the RMH formulary under the antidepressant category, which includes: Amitriptyline, Clomipramine, Imipramine, Maprotiline, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Mirtazapine, Venlafaxine, and Moclobemide.

Sample size. The number of patients visiting the psychiatric clinic in 2009 was 9670 patients, we randomly searched 261 patients files and 120 patients meet the inclusion criteria as follows: Patient on antidepressants for ≥ 18 months, age ≥ 18 years, and undergoing psychiatric consultation. Exclusion criteria included cancer patients, renal failure patients, hepatic failure patients, and patients with dementia.

Data collection. Patients' files were searched for those who met the inclusion criteria. The patient demographics (name, ID, age, marital status, area of residency), diagnosis, and pharmacotherapy regimens were extracted, including the antidepressant and duration of antidepressant prescribing. Patient compliance, response to antidepressants, and development of any side effect were evaluated. Whether the patient undergoes other treatment than pharmacotherapy strategies, discontinuation plan, reasons for long term prescribing, and total duration of antidepressant prescribing was recorded.

Data analysis. The Statistical Package for Social Sciences (SPSS Inc., Chicago, IL, USA) software computer version 16 was used to analyze the data. Results were presented as a descriptive analysis in frequency table with their percentage.

Results. A total of 261 patients files were searched, and 141 were excluded. Of the 120 patients we searched who were being followed in the psychiatric clinic, 57.5% were female (n=69), and 42.5% were male (n=51). The mean age was 42 years, and 46% of the patients were between 35-50 years old. The total duration of antidepressant prescribing ranged from one to more than 6 years; 20% (n=24) of them were prescribed for 2-3 years, 19.2% (n=23) for 3-4 years, 18.3% (n=22) for 1-2 years, 16.7% (n=20) for more than 6 years, and 12.5% (n=15) for 4-5 years (Table 1). Seventy-four (61.7%) patients were started on a selective serotonin

Table 1 - Duration of antidepressants prescribing at the Riyadh Military Hospital, Riyadh.

Duration	Frequency	(%)
less than a year	1	(0.8)
1-2 years	22	(18.3)
2-3 years	24	(20.0)
3-4 years	23	(19.2)
4-5 years	15	(12.5)
5-6 years	10	(8.3)
More than 6 Years	20	(16.7)
Unknown	5	(4.2)
Total	120	(100)

Table 2 - Psychiatric diagnosis of patients taking antidepressants at the Riyadh Military Hospital, Riyadh.

Diagnosis	Frequency	(%)
Major depression disorder	101	(84.2)
Anxiety disorder	2	(1.7)
Major depression disorder and anxiety disorder	10	(8.3)
Unknown	7	(5.8)
Total	120	(100)

reuptake inhibitor (SSRI) in their first regimen, 14.2% (n=17) were started on a noradrenergic specific serotonergic agent NaSSA (Mirtazapine), and 11.7% (n=14) on tricyclic antidepressants (TCA). Patients adhered to medication in 60.8% (n=73) of the cases, and 38.3% (n=46) did not. Patients showed a good response in 45.8% (n=55) of the cases, a moderate response in 25% (n=30), and a mild response in 18.3% (n=22). Side effects developed in 51.7% (n=62) of patients. The main reasons for long term prescribing were: 25% (n=30) for the response, 14.2% (n=17) for the relapse. Doctors suggested discontinuation of the antidepressants in 19.2% (n=23) of the patients. The majority of the indications were for MDD (Table 2).

Discussion. The prevalence of depression is apparently increasing, parallel to this increase, the number of patients taking antidepressants will also increase. It is estimated that by 2015 the number of patients visiting the Psychiatric Clinic at RMH will reach 12,000. First of all, the diagnosis of depression needs to be evaluated and differentiated from understandable intense sadness that has significant clinical, scientific, and ethical implications.¹¹ Then, when the patient is diagnosed with depression and treated with antidepressants, close supervision is required to assess patient improvement, adherence, side effects of the medication, and a possible discontinuation plan when reaching a remission state. Without this, patients may continue antidepressants

for years. In our study, more than 60% of the patients were taking the antidepressants for more than 2 years. While antidepressants are the gold standard therapy for depression, long term prescribing may be for different reasons, such as poor response to antidepressants, and this questions the efficacy of available antidepressants. A failure to respond to treatment has been observed in different classes of antidepressants, even after a 6-8 weeks course of treatment and the placebo effect in MDD clinical trials is also very high.^{12,13} Another issue is the resistance to treatment, which is a huge challenge for the clinicians and their patients. Determination of treatment resistance may be influenced by different factors, some related to the treatment itself such as: effective dose, duration, compliance, and tolerability, and others are use of different antidepressant classes, prolonged use of antidepressants, sociocultural variables such as beliefs about depression, and evidence-based treatment.^{14,15}

The role of the physician is to help the patient to stop antidepressants after achieving a remission state, and encourage them to discontinue the treatment. In our study, only 19.2% of the physicians suggested discontinuation, and only 58% documented tapering of the dose. Also, the effect of psychotherapy treatment should not be dismissed. A meta-analysis involving 900 patients shows that a combination of pharmacotherapy and psychotherapy was more effective than psychotherapy alone in moderate chronic depression.¹⁴

In conclusion, long term antidepressant prescribing were present in patients following with psychiatrist. Long-term treatment exposes the patient to different sides effects and a higher rate of treatment resistance. So, effective and time limited treatment is essential. One limitation of this study was the fact that the sample size was not calculated, and we randomly choose the sample size. Further studies should focus in the reasons for long term prescribing antidepressant.

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