



## Patient Compliance with Antidepressants

### GP Perspective

Dr Watharow is a General Practitioner with an interest in depression. She holds a Masters degree in Psychological Medicine.

"It is important to engage the patient to take medication in the first instance. Explaining to the patient why they need medication can help them understand their treatment objectives and enhance compliance."

"Listening to patients' concerns and negotiating a treatment package can help patients take an active role in their treatment. This increases the chance they will continue medication for an adequate length of time. At least 6 month's treatment with medication beyond the remission of symptoms is necessary to reduce the risk of recurrence."<sup>1</sup>

"Those with more severe depression should be encouraged to continue treatment for the longer term. Maintaining patients on the optimum dose leads to a greater likelihood of remission, which is crucial to recovery."<sup>1</sup>

Dr Watharow concluded, "Educating the community about depression and medication has an important role in enhancing positive outcomes."<sup>1</sup>



### Research evidence

Research shows that long-term treatment with antidepressants may halve the risk of relapse in patients with recurrent depressive disorder,<sup>2</sup> but most depressed patients will discontinue their medication within days of their first prescription.<sup>3</sup>

A review of 31 randomised trials involving more than 4400 participants showed that patients with recurrent depressive disorder benefit from continued treatment with antidepressants to reduce the risk of relapse in depressive disorder.<sup>2</sup>

The average rate of relapse in patients taking placebo was 41%, compared with 18% in those who continued to take antidepressants.<sup>2</sup>

The reduction in risk was found to be independent of whether the patient was considered high risk or low risk for relapse, suggesting greater absolute benefits in those at highest risk.<sup>2</sup>

### Reasons for non-compliance<sup>3</sup>

- Side effects
- Perceived belief of not needing medication
- Feeling better
- Perceived belief that medication is not working
- Running out of medication
- Stigma

### Efficacy of modern antidepressants

The newer antidepressants (including SSRIs and SNRIs) have an improved safety and side effect profile compared with older tricyclic antidepressants.<sup>3</sup>

Side effects from SSRIs and SNRIs are relatively short-lived and are generally well tolerated.<sup>3</sup>

Efexor<sup>®</sup>-XR is generally well tolerated with common side effects, such as nausea and dizziness, typically transient. Clinically significant weight changes are not common and successful prevention of depression recurrence in the long term has been demonstrated.

## Strategies to enhance patient compliance with antidepressants<sup>1</sup>

Dr Wathorow identified ways that may help keep patients on antidepressants beyond the time when they start to feel better.

- Be upfront about possible side effects, emphasising that they are common and usually short lived.
- Offer to monitor the patient closely and listen to any problems.
- Talk about the history of antidepressants – deal with any misconceptions the patient may have, especially ones that relate to the older antidepressants.
- Encourage the patient to contact the surgery, especially during the first 2 weeks of treatment, if there are problems – offer support and reassurance to help them tolerate initial transient side effects.
- Rapid response to patient telephone queries about side effects increases the chances of patient compliance.
- Use the analogy of an imaginary monetary value – often the patient can see that depression is an ‘expensive’ illness when comparing the loss of quality of life with taking antidepressants.
- Work out a total package – particularly in cases of mixed anxiety and depression – look at problem solving, relaxation techniques or cognitive behavioural therapy options. Exercise is an important adjunct, particularly as the patient can ‘grade up’ as they feel better and more motivated.
- Review the patient more frequently if needed.
- Reassure the patient they will not be kept on medication unnecessarily.
- Talk to the partner with the patient’s permission – a supportive and informed partner/family provides an understanding environment at home.
- Use mood diaries and/or one of the depression rating scales or other outcomes tools, such as the Hamilton Rating Scale for Depression, Beck Depression Inventory or Edinburgh post-natal depression inventory – to provide the patient with perspective, and involve them in their progress.

## The use of depression scales

It is helpful to use tools that provide an independent measure of depression. Depression scales can provide the patient with a rationale that explains why they are feeling bad and the rationale for continuing their medication.

### Wyeth depression assessment scales

- Five-criteria visual analogue scale provides a ‘snapshot’ of the patient’s risk for major depression using key symptoms (outlook, decision-making/concentration, sleep, pleasure in life, energy/drive).
- Longitudinal measures (weekly and monthly) show patient progress across the main symptoms.

The scales are based on the DSM-IVR key criteria for major depression, with some adjustment to terminology to enhance communication between GPs and their patients. These changes were made in close consultation with both GPs and psychiatrists.

GPs can request copies of the Depression Assessment Scales from their Wyeth representative.

### Supplementary resources

A study demonstrated that ongoing participation on good quality online support sites for depression helps people recover from the illness, when it is used as a supplement to talk therapy and medication.<sup>4</sup>

The research showed that online discussions had influenced participants to become more active in their depression health care.<sup>4</sup> Discussions about medication on these sites can help reduce stigma and encourage site visitors to discuss medication options with their GP.

Yestolive.com.au was developed by an independent advisory team with representatives from general practice, psychology, psychiatry and the public, who endorse the content and scope of the site.

The site provides information on causes, options for treatment, suggestions for recovery for people living with depression and generalised anxiety, and for their families. Useful tools on the site include access to patient support materials, self-assessment questionnaires and recovery tracking scales.

**Website resources** [www.yestolive.com.au](http://www.yestolive.com.au) [www.depressionNet.com.au](http://www.depressionNet.com.au) [www.beyondblue.com.au](http://www.beyondblue.com.au) [www.sane.org](http://www.sane.org) [www.moodgym.anu.edu.au/](http://www.moodgym.anu.edu.au/)

### References

1. Interview with Dr Annmaree Wathorow.
2. Geddes JR, Carneya SM, Davies C, *et al. Lancet* 2003; 361:653-51.
3. Delgado PL. *J Clin Psychiatry* 2000; 61 (suppl 2).
4. Houston TK, Cooper LA, & Ford DE. *Am J Psych* 2002; 159:2062-2068.

PBS Information: Restricted benefit. Major depressive disorder only.

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