Antidepressant prescribing: a structured approach

Patients need to be better informed by their GPs of the pros and cons of antidepressant medication, write Bryan McElroy and Ken Holmes

PRESCRIPTIONS FOR ANTIDEPRESSANT DRUGS have increased substantially worldwide in recent years. A study examining trends in prescriptions for mental disorders in England from 1998 to 2010 showed that antidepressant prescriptions increased by 10% per year on average.[1]

In everyday practice, a structured approach is necessary to ensure we as GPs are prescribing safely and effectively while patients are being fully informed about the pros and cons of commencing antidepressant therapy. Indeed, as clinicians we have an ethical duty to our patients to educate them fully so that they are in a position to give fully informed consent in this important therapeutic intervention.

GP protocol when prescribing antidepressants

This article describes a project to develop a prescribing protocol for antidepressants. Current guidelines from the ICGP[2] and NICE[3] recommend that GPs provide information about taking antidepressants, including:

- The gradual development of the full antidepressant effect
- The importance of taking medication as prescribed and the need to continue treatment after remission
- Potential side-effects
- The risk and nature of discontinuation symptoms with cessation of antidepressant.

However, anecdotally in practice I have encountered many cases where patients describe a lack of information about side-effects or withdrawal effects given by physicians when commencing antidepressant therapy.

Uncertainty surrounds the mechanism of action of how antidepressant therapy produces beneficial effects. Meta-analyses of published and unpublished data show no statistically significant difference for SSRI use over placebo for mild to moderate depression and only slight differences in severe depression.[4] This suggests that a large proportion of the mechanism of action of antidepressants is due to the placebo effect rather than due to correcting a specific 'chemical imbalance' as was initially hypothesised.[5] Furthermore, recent research has emerged suggesting an important role of inflammation in the aetiology and treatment of depression.[6]

As clinicians we have an ethical duty to respect our patient's autonomy to make their own decisions.[7] Our current medical ethics guidance outlines: "As part of the informed consent process, patients must receive sufficient information, in a way that they can understand, to enable them to exercise their right to make informed decisions about their care." This refers to the disclosure of all significant risks or substantial risks of grave adverse consequences.

It says we must not withhold from a patient any information necessary for decision making unless disclosure would cause the patient serious harm. In this context 'serious harm' does not mean the patient would become upset or decide to refuse treatment.

In the context of antidepressant prescribing, we have a tendency to avoid talking honestly and comprehensively when it comes to informing patients fully about the pros and cons of drug therapy. Therefore I think this is an area that needs more attention in primary care.

By improving our quality in practice when prescribing antidepressant medication by devising protocols and providing adequate patient information leaflets we can deliver safer, more effective healthcare. This can lead to greater consistency across doctors in a practice or across services. Our patients can be better informed and have greater choice in the decision-making process.

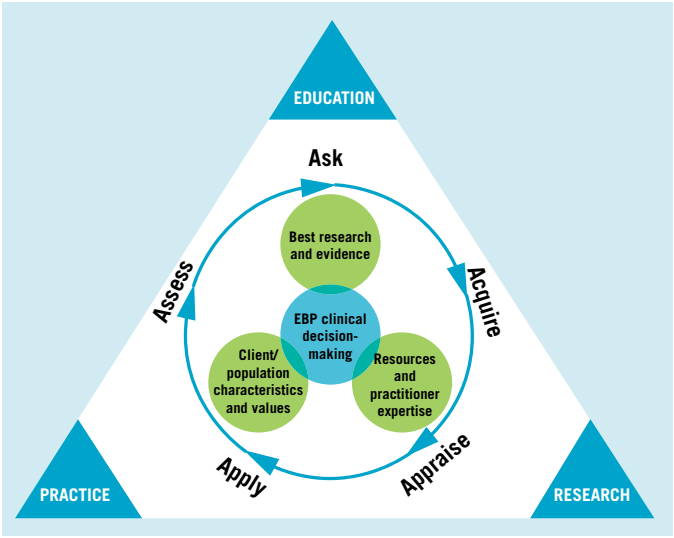
System in general practice prior to initiative

Many factors exist in general practice which can result in poor quality prescribing of antidepressants.

Mental health issues are often longer and more complex consults compared to more straightforward medical issues.

Figure 1. Example of antidepressant checklist for GP software

Figure 2: The pyramid of evidence-based medicine



Fully informing patients is time-consuming to perform, therefore time management is a significant challenge for GPs in this context.

Other barriers to effective and safe prescribing may include:

- Doctors may have apprehensions toward fully informing patients regarding potential side-effects as they may believe it will put them off taking antidepressants
- Patients may have pre-existing health beliefs toward antidepressant medication, therefore exploration of these beliefs and coming to a consensus decision can represent another clinical challenge
- Doctors may have different prescribing habits which have developed over the years and despite current recommendations, continue to prescribe in their own way.

Journalist Niamh Drohan highlighted discrepancies between current best practice and current practice in an article in the *Irish Examiner* in April 2013.[8] She visited seven GP practices posing as a student suffering from stress and anxiety problems. She was prescribed antidepressant medication in each case and stated: "In all cases, adequate information regarding possible side-effects associated with taking antidepressants was not provided to me. I was also not informed that if I stopped the medication abruptly I could face a withdrawal-like reaction."

Quality in practice tool design

The aims of this practice initiative were to develop a template for the computer software programme Health One: an antidepressant prescribing protocol; a reminder to give PIL for antidepressant prescribing and to facilitate the use of a consent form with a 'tick the box' option, which could be scanned into a patient file.

A checklist template for GPs to help ensure that each step of the prescribing process is complete was designed. This checklist could also be used to generate a patient information leaflet or a consent form. It may help facilitate audit of prescribing practice *(see Figure 1)*.

Looking forward: where does this fit in?

This is a topical, emotive and highly relevant area of day-to-day general practice. I find it useful to keep the framework of the pyramid of best evidence-based practice (*see Figure 2)* in mind when we are reflecting on what we do. When it comes to prescribing antidepressant therapy, heterogeneity exists in all three angles of the pyramid. Practitioner expertise and confidence in directing patients to alternatives other than drug-based treatment varies considerably.

The formation of a critical psychiatry network in the UK exemplifies the diversity of viewpoints in this field.[9] Patients' own views towards starting psychotropic medication for a mental health difficulty can vary from 'I don't want no happy pills' to 'I need something doctor'. Furthermore, best practice based on evidence from large studies changes over time and is open to interpretation.

In my opinion this is not a straightforward area of our practice. We all want to guide our patients toward what is best for their physical, emotional and psychological wellbeing. I hope that the checklist provided can be used as a day to day 'aide memoire' and can allow us to improve our quality in practice in this important area of practice.

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