Too much or too little antidepressant medication: difficult to change

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Ik heb geen belangenverstrengeling te melden

Peter Lucassen

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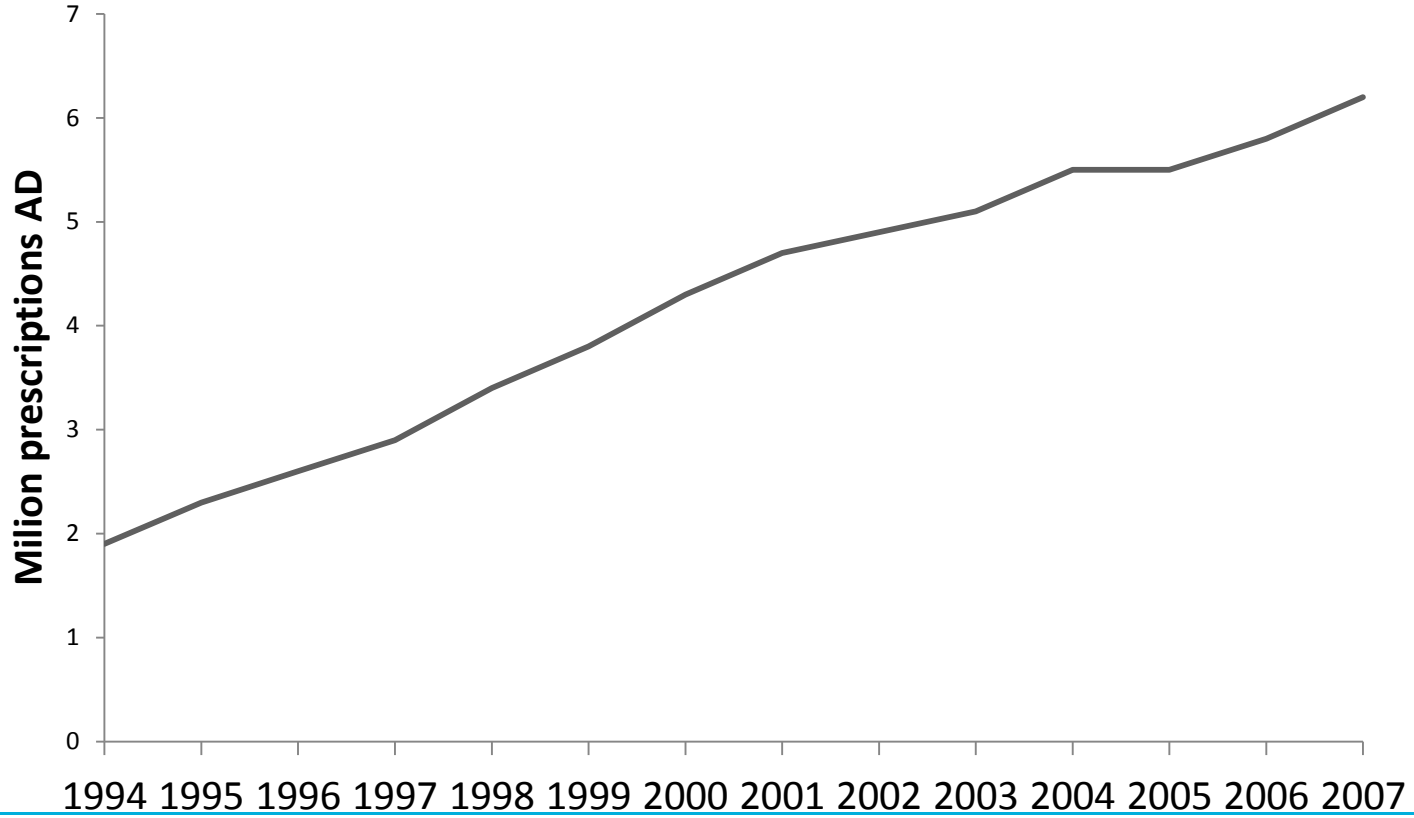
Rise in antidepressant use



Stichting Farmaceutische Kengetallen. [cited 2013 July]; Available from: http://www.sfk.nl.

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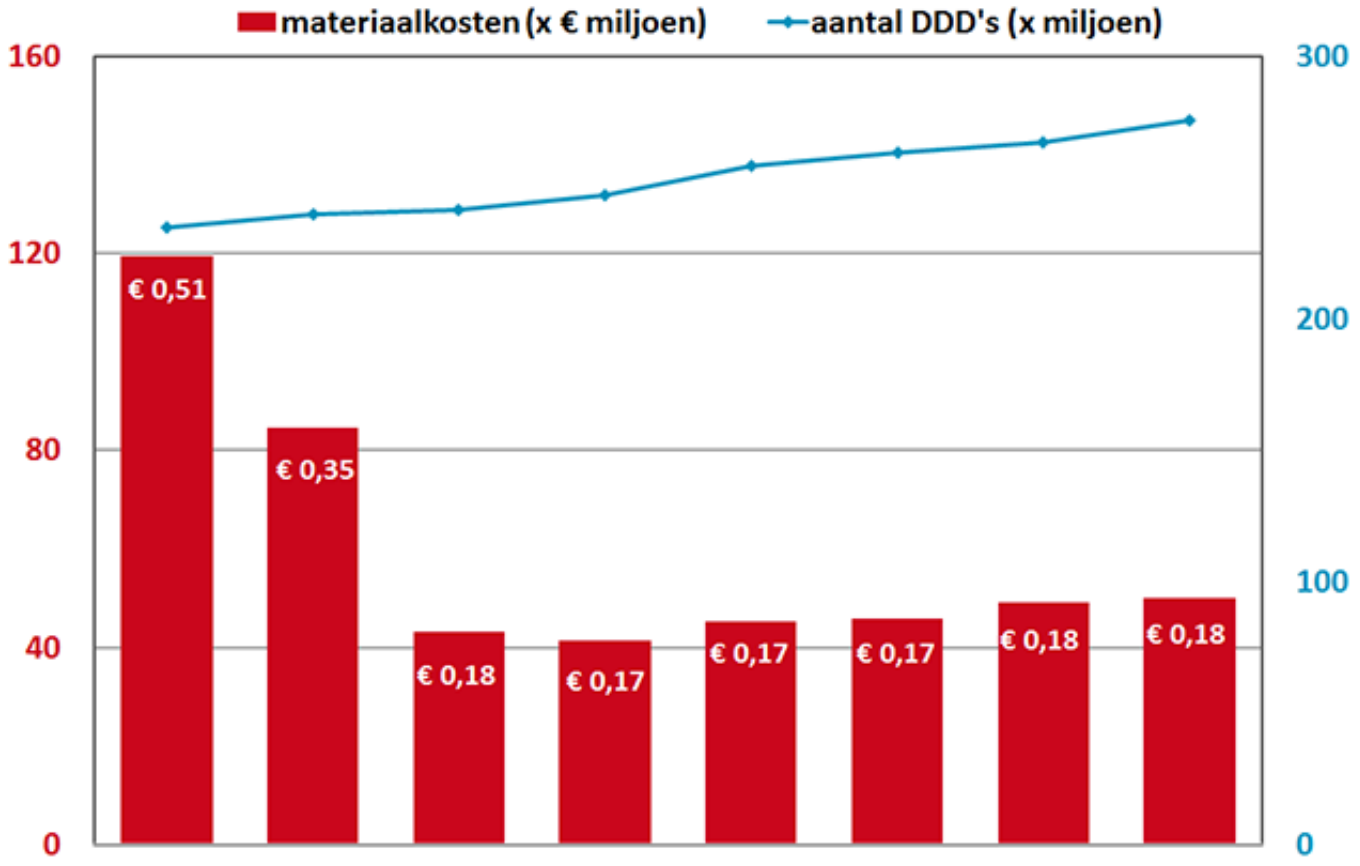

Ontwikkeling antidepressiva 2007 - 2014

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Long-term use: too much or too little?

Long-term antidepressant use can be inappropriate

- Over-treatment: too much, too long
- Under-treatment: too little

Aim: To assess the effectiveness of a patient-and-psychiatric-diagnosis tailored recommendation to maintain or cease treatment.

Methods (1)

Cluster randomized clinical trial, 2 arms: Over-treatment vs Under-treatment

Inclusion: **≥ 9 months AD use**

Exclusion:

a) Current treatment in a psychiatric in- or outpatient clinic;
b) History of recurrent depression (≥3 episodes) and/or a recurrent psychiatric disorder with at least two relapses after antidepressant discontinuation;
c) History of psychosis, bipolar disorder, or obsessive compulsive disorder;
d) Current diagnosis of substance use disorder (excluding tobacco);
e) Non-psychiatric indication for long-term antidepressant usage, e.g. neuropathic pain;
f) Hearing impairment and/or insufficient understanding of the Dutch language.

Methods (2)

Psychiatric assessment

CIDI by telephone

Treatment recommendation

Discontinuation / Subsequent treatment steps

1 year follow up

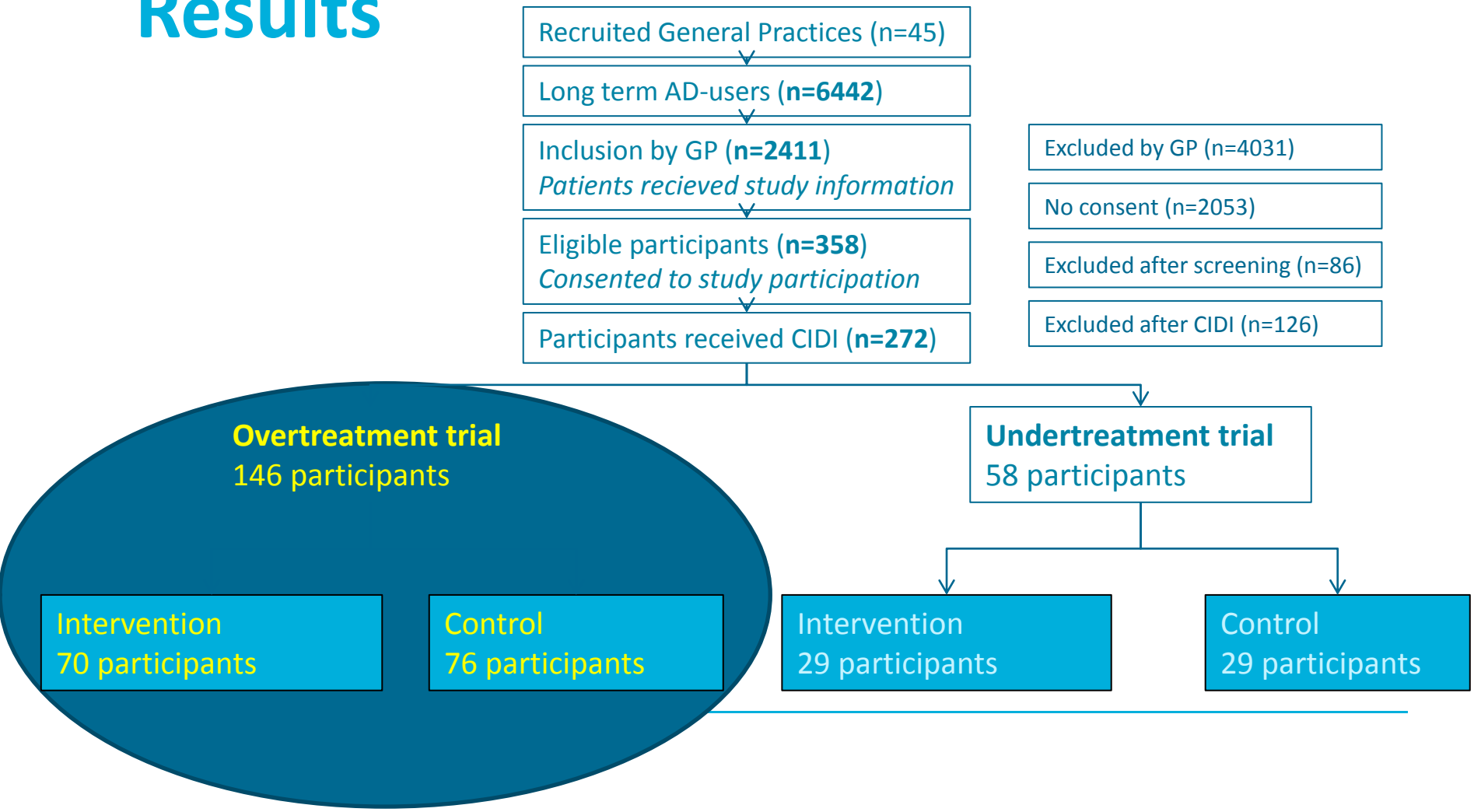
Self-report questionnaires every 3 months

CIDI after 1 yr, blinded reviewer

Primary outcome

Successful AD discontinuation / remission

Results



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Results Overtreatment

Acceptance of recommendation

48% (n=34) rejected the recommendation to discontinue
Half as a shared decision (GP and Patient)

Antidepressant discontinuation

17 (24%) discontinued their antidepressant
Spontaneous discontinuation: 15 (20%)

Successful antidepressant discontinuation

Intervention: 4 (6%, 95%CI 2-14)
Control: 6 (8%, 95%CI 4-16)

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Summary

Difficult to change inappropriate long-term antidepressant use

Great apprehension to change from both patient and GP

Overtreatment appears more prevalent than undertreatment

Our intervention appeared insufficient to motivate change

Strengths and Limitations

First RCT to reduce inappropriate long-term antidepressant use

Overtreatment trial: power 85%

Undertreatment trial: insufficient participants, underpowered

Recruitement success: perceived self-interest vs perceived patient-interest

Pragmatic intervention: resistance to recommendation

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Conclusion

Inappropriate long-term antidepressant use is difficult to change

Patients and GPs are reluctant to discontinue antidepressants

Why don't they
STOP?!

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Qualitative study

Individual interviews, audiotaped, purposive sampling

With **16** participants (intervention group, **26** invited)

Intended to comply **7**, actually discontinued **3**, refused to discontinue **6**

Barriers

- Belief that antidepressants supply a deficient substance
- Belief that depression is a chronic condition
- Fear for recurrence or relapse
- Fear for disturbing the balance they have achieved
- Fear for deterioration of the relationship with the partner
- Earlier experiences with discontinuation

Facilitators

- Mentioning the limited duration of the treatment at the start of the treatment
- Confidence of FP and patient that discontinuation will succeed
- Fear for addiction

DON'T SAY:

A SUBSTANCE IS LACKING

DON'T SAY:

DEPRESSION IS CHRONIC

BE CONFIDENT ABOUT:

SUCCESS OF STOPPING

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BEDANKT VOOR UW AANDACHT

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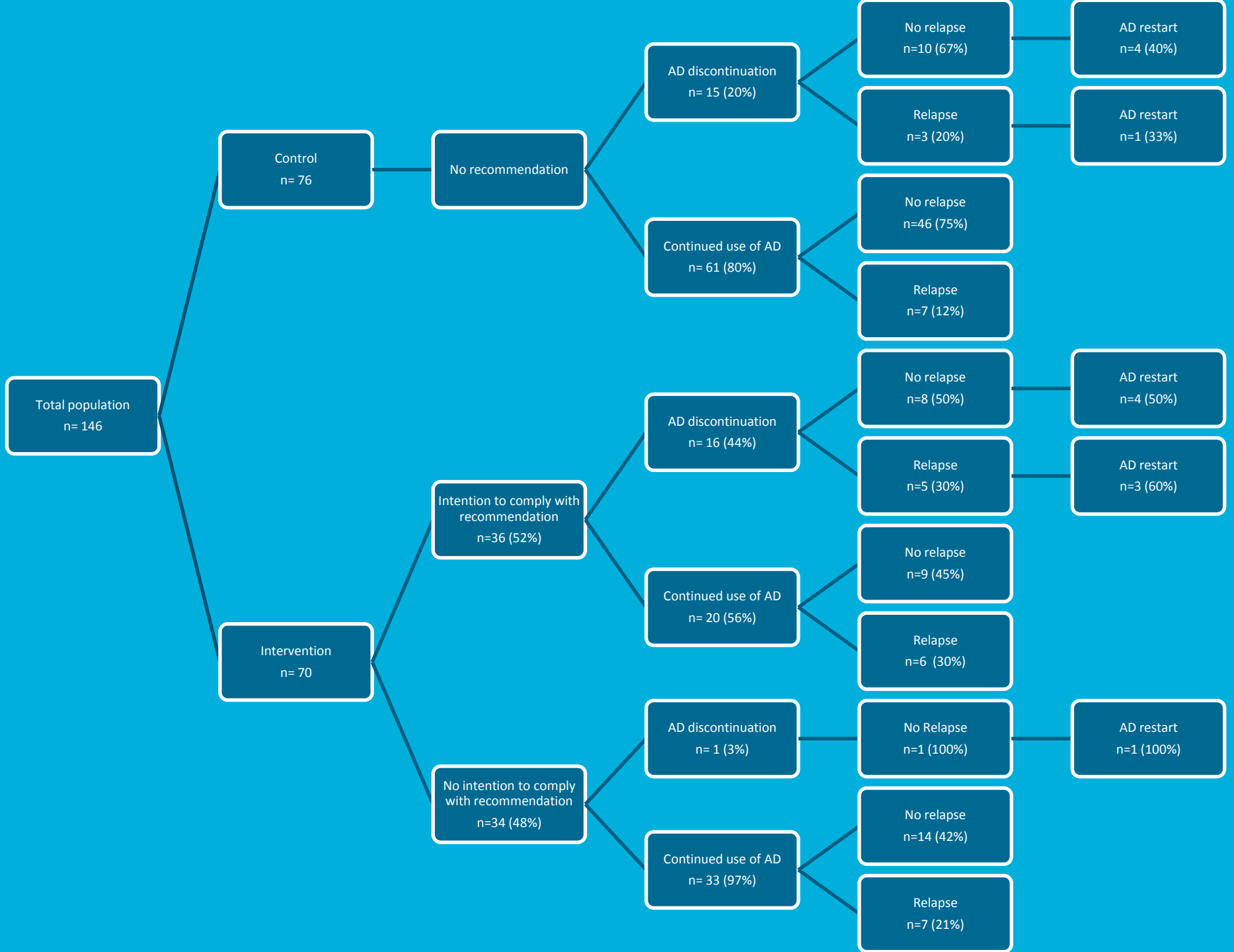
Total population
n= 146
Control
n= 76
No recommendation
AD discontinuation
n= 15 (20%)
No relapse
n=10 (67%)
AD restart
n=4 (40%)
Relapse
n=3 (20%)
AD restart
n=1 (33%)
Continued use of AD
n= 61 (80%)
No relapse
n=46 (75%)
Relapse
n=7 (12%)
Intervention
n= 70
Intention to comply with recommendation
n=36 (52%)
AD discontinuation
n= 16 (44%)
No relapse
n=8 (50%)
AD restart
n=4 (50%)
Relapse
n=5 (30%)
AD restart
n=3 (60%)
Continued use of AD
n= 20 (56%)
No relapse
n=9 (45%)
Relapse
n=6 (30%)
No intention to comply with recommendation
n=34 (48%)
AD discontinuation
n= 1 (3%)
No Relapse
n=1 (100%)
AD restart
n=1 (100%)
Continued use of AD
n= 33 (97%)
No relapse
n=14 (42%)
Relapse
n=7 (21%)