Auditing the duration of initial anti-depressant treatment before any change strategy for major depressive disorder: Retrospective chart review.

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Introduction:
❖ The CANMAT guidelines identify two phases of Major depressive disorder (MDD) treatment: an acute phase (getting to symptomatic remission), and a maintenance phase (preventing relapse and recurrence).
❖ CANMAT recommends increasing the antidepressant dose for non-improvers at 2 to 4 weeks if the medication is well-tolerated.
❖ If poor response to initial Antidepressant (IAD) after 4 weeks, clinicians may opt to step 2 in treatment algorithm such as switching, augmentation, combination strategies,…etc.
❖ There is substantial evidence from our practice that many patients receive inadequate duration of treatment trial (less than 4 weeks before going to step 2 in treatment). The clinician should then consider treatment issues that may affect the response.

Objectives:
❖ Primary objective: To evaluate the duration of IAD taken as monotherapy (duration of step 1 before any change) in patients whose treatment was changed because of suboptimal response.
❖ Secondary objective: To evaluate the frequency of each change strategy, classified as:
  - Switch – discontinuation IAD & and administration of another AD
  - Augmentation – Addition of another drug (which is not AD) to IAD
  - Switch from IAD to another AD with the addition of another drug, which is not an AD (combination of switch and augmentation)
  - Combined administration of IAD with another AD
  - Discontinue pharmacotherapy; start psychotherapy
  - Switch to Electro-convulsive therapy ECT
  - To describe if patient has received Counselling session by a clinical pharmacist.

Results:
❖ Sample size: 70 patients
❖ Demographics:
  - Gender: Male 28 (40%), Female 42 (60%)
  - Age: 18-30 13 (19%), 31-40 31 (44%), 41-50 15 (21%), 51-60 5 (7%), above 60 6 (9%)
  - Ethnicity: Arabic: Non-Qatari 29 (41%), Arabic: Qatari 15 (21%), Asian: Indian Subcontinent 19 (27%), Asian: South East 5 (7%), Others 2 (2%)

Conclusion:
❖ Changing treatment in less than 4 weeks time was observed in 44% of the sample, which represents rather poor compliance to the international guidelines. A higher sample size is required to avoid variability and increase reliability of the results.
❖ The main change in pharmacological management after suboptimal response was switching (47%) followed by augmentation (27%).
❖ Our future plan is to present the results in CME series of lectures focusing on MDD to highlight the gap between the current practice and the international guidelines. Project sponsor will share the results with policy makers to develop facility guidelines for MDD treatment.