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		
Female	42	60%
Male	28	40%
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	19	27%
Subcontinent		
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.

❖ Primary outcome:

- ❖ Median time(IQR) = 50.5 (96.5) days
- ❖ 44.3% (n=31) of the sample has at least one change strategy of their IAD occurred Less than 4 weeks.

❖ Secondary outcomes:

- ❖ The percentages of each change category are shown in Figure 1
- ❖ Agents used for augmentation are shown by pharmacological class and by percentage of each agent used in Fig.2& 3
- ❖ Number of patients who received counseling was 44(63%) vs 26 (37%) did not receive counseling.

Figure 1: Change to pharmacotherapy strategy after suboptimal response

Figure 2: Pharmacological agents used for augmentation (pharmacological class)

Figure 3: Pharmacological agents used for augmentation (Medications)