

Impact of pharmacist-led interventions on antidepressant adherence in patients with major depressive disorder

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Background

Adherence to antidepressant medications when initiating treatment for major depressive disorder (MDD) is often poor and early discontinuation rates are high. About one-third of patients discontinue antidepressant medications within 30 days and more than 40% stop treatment within 90 days. The therapeutic effect of antidepressants is seen approximately after 2 to 4 weeks of initiating therapy. Early discontinuation leads to high relapse rate and poor treatment outcomes. Since MDD is a chronic condition and is managed in outpatient settings, community pharmacists frequently encounter and interact with patients with MDD, which puts them in a unique position to play an instrumental role in increasing adherence in patients initiating antidepressant medications. This literature evaluation sought to investigate the impact of pharmacist-led interventions on adherence in these patients.

Objective

To evaluate whether pharmacist-led interventions demonstrated an impact on increasing antidepressant adherence in patients with MDD in a community setting.

Methods

A literature search was conducted through Medline and PubMed to gather publications from inception to April 1, 2015 using the following terms: antidepressants, antidepressive agents, persistence, compliance, adherence, pharmacist, and intervention. The inclusion criteria for studies included those in which participants were 18 years of age or above, receipt of prescription for an antidepressant (a selective serotonin reuptake inhibitor, a serotonin-norepinephrine reuptake inhibitor, or a tricyclic antidepressant) for the first time, and treatment in a community setting. A diagnosis of MDD was made according to the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. The exclusion criterion was receipt of an antidepressant for a diagnosis other than MDD, such as for anxiety disorders. 4 studies met the inclusion criteria and were included in the analysis.

Results

The intervention in most studies included participant receipt of pharmacist counseling. During the initial encounter, pharmacist counseled the participants extensively on the antidepressant medication and MDD. During the follow-up encounters, the pharmacist conducted a short review of some points covered in the first encounter and assessed participant progress, such as improvement in mood, appearance of side-effects, adherence to the medication regimen, etc. For studies with a randomized control trial design, there was no statistically significant difference in adherence between the group that received pharmacist intervention and the group that did not. One study with a prospective field study design demonstrated that pharmacist intervention was predictive of adherence for participants taking an antidepressant for the first time (24% of 100 participants reported stopping the antidepressant within 2 to 3 months). A limitation of the studies included in this evaluation was that since the participants were being prescribed an antidepressant for the first time, there was no baseline adherence data to compare and show that the true impact of the

pharmacist intervention on adherence. Another limitation was that the studies varied widely in terms of how adherence was measured; with some studies relying on patient reported adherence while others depended on pharmacy fill records.