

SAND abstract No. 136 from the BEACH program 2008–09

Subject: Depressive disorders in general practice patients

Organisation supporting this study: AstraZeneca Pty Ltd (Australia)

Issues: Prevalence of diagnosed depressive disorders in general practice patients; the specific type of depressive disorders; medications recorded for the management of depressive disorders; whether a selective serotonin reuptake inhibitor (SSRI) or a serotonin-norepinephrine reuptake inhibitor (SNRI) was being used and its effectiveness.

Sample: 2,977 patients from 101 GPs; data collection period: 23/09/2008 – 27/10/2008.

Method: Detailed in the paper entitled 'SAND Method 2008–09' available at: <www.fmrc.org.au/publications/SAND_abstracts.htm>. In this study effectiveness of medication was ranked from 1 (no effect) to 5 (resolution of symptoms).

Summary of results

There was a significantly smaller proportion of patients aged 1–44 years (35.9% compared with 44.7%), and a significantly larger proportion of 45–64 year old patients (31.9%, 95% CI: 29.4–34.4 compared with 28.1%, 95% CI: 27.5–28.6) compared with total 2007–08 BEACH encounters. The sex distribution of patients at encounters was similar to that of all patients at 2007–08 BEACH encounters.

Of the 2,977 respondents, 507 (17.0%, 95% CI: 14.8–19.3) currently had a diagnosed depressive disorder. Of these patients, age was known for 505 and sex for 503. Patients aged 45–64 years had the highest prevalence of depressive disorder (22.6%, 95% CI: 19.5–25.7), followed by patients aged 25–44 years (20.1%, 95% CI: 15.9–24.3). Prevalence decreased significantly among those aged 65–74 years (13.3%, 95% CI: 9.3–17.2). Among patients aged 75 and over, 16.0% (95% CI: 11.5–20.5) had a depressive disorder. There was no difference among males (14.3% 95% CI: 11.8–16.8) and females (19.2% 95% CI: 16.3–22.1).

Type of depressive disorder was known for 493 patients of whom 34.1% had a generalised depressive disorder, 23.1% had major depressive disorder, 34.5% had mixed anxiety/depressive disorder, 6.9% had bipolar disorder and 5.9% had another type of depressive disorder.

Of the 489 respondents for whom medication details were recorded, 105 patients (21.5%) were not taking any medication for their depressive disorder, 323 (66.1%) were taking one medication, 38 (7.8%) were taking two, 16 patients were taking three, and 7 patients were taking four. A total of 475 medications were being taken, the most common being sertraline (19.2% of medications), venlafaxine (11.8%) and escitalopram oxalate (9.1%)

Of the 489 respondents for whom medication details were recorded, 48.3% ($n = 236$) were taking an SSRI, 17.8% ($n = 87$) were on an SNRI, and 166 patients (34.0%) were taking neither of the two drug types.

Of 212 respondents on an SSRI, Rank 4 was recorded for 43.4% and Rank 5 was recorded for another 25.0%. Of 65 respondents taking an SNRI, Rank 4 was recorded for 46.2% and Rank 5 for 16.9%.

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PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **ANTIPSYCHOTIC MEDICATION**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Please answer the following questions for **ALL** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

Antipsychotic medication

Please advise whether this patient is **currently** taking an **antipsychotic medication**.

If **'No'** please **end questions here** for this patient.

Medication management

Please write the **name and form** of the **current antipsychotic medication(s)** taken by this patient. Please indicate the regimen (i.e. **strength, dose and frequency**) of the medication(s) and circle an option to advise whether the medication was **initiated** by a GP or a specialist.

If the patient's current antipsychotic medication is not the medication or regimen **originally** prescribed please provide **details** of the **most recent previous medication, or previous regimen**.

Side-effects of current medication

Please advise whether the patient has ever **experienced** any **side-effects** on their **current antipsychotic medication(s)**.

Please indicate the **severity of the side effect** in terms of harm to the patient (in your clinical opinion).

Mild - a reaction of limited duration not requiring further treatment; minimum impact on daily activities.

Moderate - a reaction of longer duration or which requires further treatment; limits daily activities.

Severe - a reaction of any duration which results in hospitalisation and/or long term limitation of daily activities.

Indication for antipsychotic medication

If the patient is currently taking an antipsychotic medication please advise the **condition(s)** for which it was prescribed.

Change in medication

If the patient's **antipsychotic medication or regimen** was **changed** since originally prescribed, please use the tick boxes to advise the **reasons for the most recent change**.

If the medication or regimen was changed because of **side-effects** or **other reasons** please **specify** these in the spaces provided.

Management of side-effects

Where the patient has **experienced side-effects** on their **current antipsychotic medication(s)** please use the tick boxes to indicate **how you will or did manage the patient**.

<p>Is this patient currently taking an antipsychotic medication?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → End questions</p>	<p>Prescribed for:</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Schizoaffective dis.</p> <p><input type="checkbox"/> Bipolar disorder</p> <p><input type="checkbox"/> Dementia</p> <p><input type="checkbox"/> Other psychoses</p> <p><input type="checkbox"/> Other _____</p> <p>(please specify)</p>	<p>Current antipsychotic medication is/are:</p> <table border="0"> <tr> <td>Name & Form</td> <td>Strength</td> <td>Dose</td> <td>Freq</td> <td>Initiated by</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP / Specialist</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP / Specialist</td> </tr> <tr> <td colspan="5" style="text-align: center;">(please circle)</td> </tr> </table> <p>Most recent previous antipsychotic medication was:</p> <table border="0"> <tr> <td>Name & Form</td> <td>Strength</td> <td>Dose</td> <td>Freq</td> <td>Initiated by</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP / Specialist</td> </tr> </table>	Name & Form	Strength	Dose	Freq	Initiated by	_____	_____	_____	_____	GP / Specialist	_____	_____	_____	_____	GP / Specialist	(please circle)					Name & Form	Strength	Dose	Freq	Initiated by	_____	_____	_____	_____	GP / Specialist	<p>If med/regimen has changed, what was the reason(s):</p> <p><input type="checkbox"/> Lack of efficacy</p> <p><input type="checkbox"/> Side effects... <i>please specify</i></p> <p>_____</p> <p><input type="checkbox"/> Suboptimal dosage</p> <p><input type="checkbox"/> Other _____</p> <p>(please specify)</p> <p><input type="checkbox"/> Don't know</p>	<p>Any side-effects on current medication:</p> <p><input type="checkbox"/> Extrapyramidal side-effects...Mild / Mod / Severe</p> <p><input type="checkbox"/> Weight gain.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Raised prolactin.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Increased cholesterol.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Too much sedation.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Other.....Mild / Mod / Severe</p> <p>(please specify)</p> <p><input type="checkbox"/> No (please specify)</p>	<p>Severity (please circle)</p> <p>If side-effect on current med how will/did you manage this?</p> <p><input type="checkbox"/> Change in dosage</p> <p><input type="checkbox"/> Referral to psychiatrist</p> <p><input type="checkbox"/> Treatment of side effects</p> <p><input type="checkbox"/> Monitor patient only</p> <p><input type="checkbox"/> Cease medication</p> <p><input type="checkbox"/> Other: _____</p> <p>(please specify)</p>
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