Antidepressant Case Study

Effective use of antidepressants

Case scenario

Edward celebrated his sixtieth birthday 6 months ago. Over the past month he feels he has ‘gone downhill’ again. He feels ‘low’. He reports being tired on waking and feels lethargic for much of the day though this seems to lift in the late afternoon. Edward finds it easy to get to sleep but wakes often during the night, and after about 3 am is unable to get back to sleep. When at work he struggles to concentrate and make decisions. His manager is concerned by the marked change in Edward’s performance. His wife asked him recently why he has been unusually irritable and expressed concern that he no longer participates in their regular social tennis games, which he previously enjoyed. Edward denies any suicidal ideation or intent.

Past medical history:
- Hypertension for 20 years (well controlled)
- Type 2 diabetes for 5 years (well controlled)
- Osteoarthritis in right hip for 3 years
- Episodic constipation
- Urinary retention due to mild benign prostatic hypertrophy
- Recurrent migraines (occurring approximately monthly)
- Depression (first episode 10 years ago successfully treated with dothiepin (Dothep, Prothiaden) for 12 months; second episode after diabetes diagnosis 5 years ago — stopped taking fluoxetine (Auscap, Erocap, Fluohexal, Fluoxebell, Lovan, Prozac, Zactin) after 3 weeks due to adverse effects).

Current medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sumatriptan (Imigran, Suvalan)</td>
<td>50-100mg</td>
<td>Immediately after migraine onset</td>
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<tr>
<td>Metformin (Diabex, Diaformin, Formet, Glucohexal, Glucomet, Glucophage)</td>
<td>850mg</td>
<td>Three times daily with meals</td>
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<tr>
<td>Perindopril + indapamide 1.25mg (Coversyl Plus)</td>
<td>4mg/1.25mg</td>
<td>In the morning</td>
</tr>
<tr>
<td>Zolpidem (Stilnox)</td>
<td>5mg</td>
<td>At night when required</td>
</tr>
<tr>
<td>Normacol Plus</td>
<td>1-2 heaped teaspoons</td>
<td>Twice daily with meals when required</td>
</tr>
<tr>
<td>Paracetamol (Panamax)</td>
<td>500-1000mg</td>
<td>2 tablets 4-6 hourly as required</td>
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<tr>
<td>Paracetamol/dextropropoxyphene (Capadex, Digesic)</td>
<td>325mg/32.5mg</td>
<td>1 tablet 4-6 hourly as required</td>
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</tbody>
</table>

Allergies and adverse drug reactions:
No known drug allergies.
Edward discontinued therapy with fluoxetine due to sedation and sexual dysfunction.

Of significance in his social and family history:
Edward is happily married. He reports good relationships with his wife and daughter. While his son has been through a drug rehabilitation program and is ‘clean’, their relationship is fragile. Edward reports migraines often occur after a difficult interaction with his son. He doesn’t smoke and enjoys a glass of red wine with his evening meal.

On recent examination:
Height: 1.9 m  Weight: 89 kg  BMI: 24.7 kg/m²
Blood pressure 140/80 mmHg.

Most recent laboratory results:
Pathology (including TSH) was ordered the same day to exclude organic disease and found to be normal.
Effective use of antidepressants
Evaluation form for Pharmacists

Section One: Review
Please complete the questions below to reflect the knowledge gained from the case scenario discussion:

1. Are the statements below true or false?

Guidelines recommend first line treatment with antidepressants in all grades and severities of depression. True False
Cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) are as effective as antidepressants in reducing symptoms and improving functioning in moderate depression. True False
Antidepressants should continue for at least 6 months following symptom remission.

2. Please indicate (☑) your agreement / disagreement with the following statements:

I am more likely to consider non-drug treatments in patients with mild to moderate depression. Strongly Agree Agree Disagree Strongly disagree
I feel more confident in my ability to discuss with patients what they can expect from antidepressants. Strongly Agree Agree Disagree Strongly disagree
I am more likely to ensure my patients have regular follow-up appointments. Strongly Agree Agree Disagree Strongly disagree

3. List 5 non-drug treatment options for mild depression:

da) ___________________________________________
b) ___________________________________________
c) ___________________________________________
d) ___________________________________________
e) ___________________________________________

4. Which psychological therapies have the most evidence for efficacy in the treatment of depression?

a) ___________________________________________
b) ___________________________________________

5. List 4 points you will include when advising patients about antidepressant drug therapy:

a) ___________________________________________
b) ___________________________________________
c) ___________________________________________
d) ___________________________________________

6. List at least 2 ways you will change your practice with respect to the management of patients with depression:

a) ___________________________________________
b) ___________________________________________