

Pharmacological Advances in Treatment of Depression

- At Depression CPG Launch

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Overview

- ◉ WHY need to treat?
- ◉ WHEN to Treat ?
- ◉ Which antidepressant to CHOOSE ?
 - ◉ Concomitant chronic physical health problems
- ◉ What to WATCH OUT for ?
- ◉ Use with BENZODIAZEPINES
- ◉ How LONG to treat for ?
 - ◉ Acute phase
 - ◉ Continuation phase
 - ◉ Maintenance phase
- ◉ SWITCHING antidepressants
- ◉ AUGMENTING antidepressants
- ◉ DISCONTINUING antidepressants

WHY need to Treat ?

- Objectives of treatment:
 - Symptomatic remission
 - Restore occupational and psychosocial function
 - Reduce the likelihood of relapse and recurrence

WHEN to Treat ?

- ◉ Depending on Severity of Depression
 - ◉ Moderate to Severe Depression
 - ◉ Sub-threshold Depression for ≥ 2 years
 - ◉ Mild Depression
 - ◉ History of moderate to severe recurrent depression
 - ◉ Persists for $\geq 2-3$ months
- ◉ Mild Depression may improve spontaneously over time OR
respond to support, monitoring and low-intensity psychosocial interventions

Which Antidepressant to CHOOSE ?

	SSRIs	TCAs/MAOIs
<i>Efficacy</i>	Similar	Similar
<i>Line of Treatment</i>	1 st Line	2 nd - 3 rd Line
<i>Risk-Benefit Ratio</i>	Higher	Lower
<i>Tolerability</i>	Better	Poorer
<i>Safety in Overdose</i>	Yes	No
<i>Concurrent CVD</i>	Favourable	Less Favourable

Which Antidepressant to CHOOSE ?

- Alternative 1st-line Antidepressants
 1. Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) e.g. *Venlafexine & Duloxetine*
 2. Noradrenergic and Specific Serotonergic Antidepressants (NaSSA) e.g. *Mirtazapine*
 3. Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) e.g. *Bupropion*
 4. Melatonin Agonists e.g. *Agomelatine*

Which Antidepressant to CHOOSE ?

- ⦿ Considerations in concomitant chronic physical health conditions:-
 - Presence of additional physical health conditions
 - Impact of antidepressant side effects on physical health condition
 - Presence of interacting drugs
- ⦿ Escitalopram and Sertraline are preferred over other agents where presence of other drug interactions, & may protect against further cardiac events

WHAT to WATCH OUT for ?

- ◉ Emergence of suicidal thinking and/ or changes in behaviour during early (first 1-2 months) treatment
- ◉ Especially in children, adolescents and young adults (18 - 24 yo)

Benzodiazepine Use with Antidepressants

○ Indication

- Problematic co-existing anxiety, agitation and/ or insomnia

○ Treatment Duration

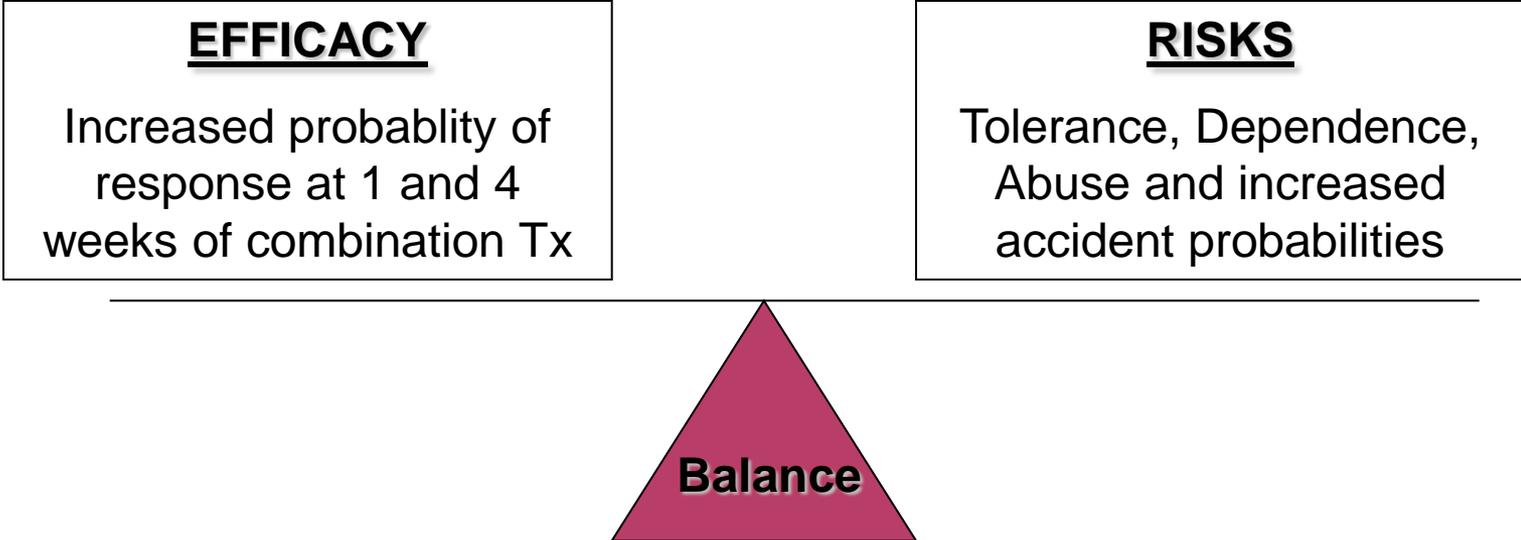
- Initial and SHORT-TERM (2-4 week)

EFFICACY

Increased probability of response at 1 and 4 weeks of combination Tx

RISKS

Tolerance, Dependence, Abuse and increased accident probabilities



Balance

How LONG to treat for ?

1. Acute Phase

- At least 4 - 6 weeks antidepressant trial to assess response

2. Continuation Phase

- 6 - 9 months after remission of depressive symptoms (without psychosis)

3. Maintenance Phase

- Indications for maintenance treatment (Pg 31)
 - 2nd episode: 1 - 2 years
 - > 2 episodes: ≥ 2 years or lifelong
- } Depending on risk factors for recurrence and patient preference

SWITCHING antidepressants

- MONOtherapy is preferred over Augmentation or COMBination treatment
- Can switch WITHIN same class OR to DIFFERENT class of antidepressants
- Recommended switching process *(see Annex VI Pg 64 - 66)*
 - *Depends on Pharmaco-Dynamic & Pharmaco-Kinetics of antidepressants being switch to & from*
- Monitor for drug-drug interactions (e.g. serotonin syndrome) & drug discontinuation reactions after the switch

AUGMENTING antidepressants

○ Indication:

- No response to previous adequate trials of individually prescribed antidepressants

○ Usual Augmenting Agents:

- Lithium
- Thyroxine hormone (levothyroxine or triiodothyronine)

Discontinuing Antidepressants

- For planned discontinuation, gradual dosage tapering over several weeks to minimize side effects of discontinuation
- Discontinuation Symptoms tend to occur more frequently in antidepressants with short half lives

Thank you 😊