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Editorial

Over-prescription of antidepressants in current clinical practice: Facts and challenges

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Depression and anxiety disorders are common psychiatric disorders frequently encountered in clinical practice. Antidepressants are the commonly prescribed pharmaco-therapeutic agents for depression and anxiety disorders. Antidepressants, when prescribed for the management of depression or anxiety disorders are taken for a long-term. Bauer et al (2008), in their landmark FINDER (Factors Influencing Depression Endpoints Research) study in 12 European countries found that selective serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants followed by serotonin nor epinephrine reuptake inhibitors (SNRIs) and tricyclic antidepressants respectively [1]. Patients, who were initiated with tricyclic antidepressants for their illness, were frequently maintained below their therapeutic doses, where as those initiated on SSRIs, were usually maintained in adequate doses for long term [2]. Prescription of SSRIs had increased by 45% during the year 2000 to 2005 [3]. Excessive prescription of SSRIs, gives rise to the explosive utilization of antidepressants [4].

Moore et al (2009), conducted a study to explore the possible reasons of increasing antidepressant prescription in United Kingdom and found that prescription of antidepressants had doubled in a period of eleven years (from 1993 to 2004) [3]. The NICE guideline is commonly followed in many European countries. Despite of its clear instructions to use antidepressants in moderate to severe cases of depression, the use of antidepressants could not be limited in those patients where their indications could not be justified [5, 6]. The trend of over-prescription of antidepressants is not limited to UK only, rather it is observed in many Western countries and Australia in the recent years [7 - 12]. Munoz-Arroyo et al (2006), attempted to explore the possible reasons that may explain the increased prescription of antidepressants in Scotland by evaluating the incidence & prevalence of depression, help seeking behavior of population and rate of diagnosis of depression; but they did not find any convincing reason behind the over-prescription of antidepressants [12]. Hollinghurst et al (2005), had considered the possibility of – availability of safer antidepressants, increased awareness of depression & anxiety disorders among general population as well as general practitioners and increasing scope of antidepressants beyond depression, for this increased use [13]. In many European countries, most antidepressants are prescribed by general practitioners [4, 14, 15]. Despite of availability of specialist psychiatric services, patients were not referred to psychiatrists by the general practitioners in many European countries, which possibly one of the major reason of over-prescription of antidepressants or any other psychotropic medications [16 – 18]. There is no statistical data regarding the referral pattern in developing or undeveloped countries, but considering the scarcity of specialty services, poor mental health awareness,

stigma and other contextual factors, the problem seems to be more grievous in these countries. Petty et al (2006), in their study found high rate as well as long term prescription of antidepressants at primary care level [19]. It was also found that patients with no documented diagnosis receive antidepressants in their prescription [19]. Morrison et al (2009), found that - age, gender, pattern of practice and many ethnicity related characteristics influence the antidepressant prescription practice [15].

The increased prescription of antidepressants is attributing to increased health care expenditure [3, 12]. A recent population based study evaluated the changing pattern of antidepressant use in pediatric population (below 19 years age) over the time span of 24 years (i.e between1983 to 2007) and found that the antidepressant prescribing rate in pediatric population had increased by nearly three times over this period [20]. Mojtabai & Olfson (2010), in their survey found the increasing trend of poly-pharmacy in psychiatry over the last decade; antidepressants being no exception to this trend [21]. Another important issue being misdiagnosis of the normal emotional experiences of sadness and anxiety (sadness and anxiety related to grief or psychosocial stressor or medical illness) as depression or anxiety disorder at the primary care level, which also lead to unnecessary prescription of antidepressants [22]. Due to broadening of the diagnostic criteria (over-inclusiveness of DSM-5), depression is more likely to be diagnosed than before and antidepressants will be more frequently prescribed [22, 23].

Sometimes the long term use of antidepressants is due to some patient related factors like – using the medication beyond the prescribed period, self medication and missing the follow up visits for long time with continuation of prescribed antidepressant medication. The monitoring and review of patients receiving antidepressants in long term seems inadequate [4, 14]; hence needs to be focused more in current clinical practice.

Stigma associated with mental illness and lack of mental health awareness may have an indirect contribution to antidepressant over-prescribing. Most patients with mental illness consult a general practitioner because of inadequate mental health awareness or fear of stigma for psychiatric consultation. Lack of psychiatric care facility is also a major reason in developing and undeveloped countries due to which patients with mental illness consult general practitioners.

To combat the over-prescription of antidepressants, the target should be –

- To monitor the prescriptions regularly
- Referral of patients to specialist care
- Increasing the mental health awareness among the clients and care providers
- De-stigmatization
- Making the practitioners aware about the management guidelines
- Availing specialist care in resource poor settings
- Avoiding poly-pharmacy

Antidepressants are not nutritional supplements. They have definite indications. They also pose several side effects and potential risks of drug-drug interactions; and hence need to be used only when there is a definite indication. Response to a particular antidepressant for a particular indication in a particular individual depends on many inter-influencing factors (age, gender, genetic configuration, body mass index; etc). Hence, isolated experiences need not be generalized to regular practice.

Robust evidences exist regarding the over-prescription of antidepressants, which not only points finger towards the decent clinical practice but also attribute to increased health care burden. Hence this issue needs to be perceived seriously and dealt with cautiously.

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