



Understanding
and Following Your
Treatment Plan for
Depression

A Guide for Pharmacists

Dialogues

Time to Talk™

The information offered in the *Understanding and Following Your Treatment Plan for Depression* take-one leaflets is intended to remind patients suffering from depression to:

- ***Follow their treatment plan***
- ***Know all pertinent antidepressant medicine information***
- ***Take their medication only as prescribed***
- ***Record and report medication usage and any significant changes they experience***
- ***Schedule frequent doctor appointments and keep them***
- ***Have open communication with their doctor, mental health professional, caregiver, and pharmacist***

This service item is also intended to provide information that may help you when consulting with patients.

It may also help you open a dialogue with them by prompting patients to ask some questions.

This guide provides information that both supports the points offered on the take-one leaflets and gives you something to consider when you have an opportunity for dialogue with patients suffering from depression.

Patients receiving medication therapy for depression in the ambulatory setting are at particular risk of discontinuation of treatment before they can receive the full benefits of therapy. Clinical studies continue to show that pharmacists can play a critical role in monitoring antidepressant therapy throughout the course of a patient's treatment, especially for those patients starting treatment for the first time.¹

In a prospective study of 100 patients taking antidepressants (59 of whom were first-time antidepressant users) across 23 community pharmacies, 83% of patients reported missing doses, adding doses, or stopping their treatment during the study period.¹

Although health care professionals typically schedule follow-up visits, pharmacists are in a unique position to help educate patients about issues such as proper use of medication, adverse effects, and efficacy *before* discontinuation and nonadherence issues arise.¹

Patients who are suffering from depression and the friend or family member who may be serving as their caregiver need and want your help. Hopefully, this guide will help you help them.



Do you know what your antidepressant medicine is, when and how much to take, and what the possible side effects are?

If the doctor didn't go over all of this or you forgot what was said, ask your pharmacist to explain it. You should also ask if there are any medicines you should not take at the same time. Your antidepressant medicine is very important and must be used only as prescribed.

Do you understand why your prescription may be for only a couple of weeks?

When getting antidepressant medicine for the first time, the prescription may be for only 2 to 3 weeks. This is so the doctor can see how well it is working and if the dosage is right for you.

**Maybe they forgot.
Maybe they were never told.**

No matter the reason, patients need to know — and be reminded — about their medication as much as possible. If you are their regular pharmacist, check their medication records to make sure they are not using another medicine that could interact with the antidepressant prescribed. You should consider reviewing all the information with them, especially what their dosage should be, when to take the medication, what not to take at the same time, what the side effects may be, and what to do if they experience an unwanted reaction. They also need to be reminded to immediately call their physician if they experience any severe side effects or a dramatic change in how they feel.

Most likely, the physician discussed the concept of a drug trial period with the patient.

The physician would have explained that he or she wants to see how the patient responds to the medication. At this point, emphasize to the patient how important it is for them to pay close attention to how they feel and to report any dramatic changes to their physician immediately. With many antidepressants, the risk of suicidal behavior is increased in the first month after starting treatment, especially during the first 1 to 9 days.² There is also a good chance that the physician didn't discuss the fact that smaller prescriptions may increase their cost. To handle this, try to emphasize that the initial "trial and error" period is temporary and intended to help protect them.

Have you told your doctor and pharmacist about any other medicines you are currently taking?

You should inform your doctor and pharmacist about all medicines you are taking and plan to take. This even includes any prescription or over-the-counter (nonprescription) remedies and natural herbal products. Sometimes other products can interfere with how well your antidepressant medicine works or cause a side effect.

If they are regular customers of yours, you probably have their medication records.

Of course, you may not have a record of any prescriptions they may have filled at another pharmacy. It is important to know if they have filled other prescriptions, and the best way is simply to ask them. Plus, you'll need to ask about any OTC medicines or herbal remedies they may be using. As you know, sometimes these products can interact — even interfere — with the antidepressant medication prescribed. If you discover any medication use problems, make sure you go over them with the patient and call their physician about what you found.

Don't assume the doctor has checked for this potential problem. The chance of some of these things "falling through the cracks" is very real. You can make sure patients receive all the pertinent information about their antidepressant medication and reinforce the need to follow their regimen.

If you discover any medication use problems, make sure you go over them with the patient and call their physician about what you found.



Do you understand that it is important to take your antidepressant medication as your doctor prescribed?

It is important to take your medicine as prescribed by your physician so he or she knows how well the medicine is working. Try making a daily dosage chart that you can check off each day, and take it with you when you next see your doctor. You might want to get a daily pill container to help you remember to take your medicine. Do not take any extra doses of your antidepressant medicine unless instructed by your doctor. Failing to take your antidepressant medicine as prescribed by your doctor may reduce the chance of your medicine working and may cause you to accidentally overdose.

Typically, patients don't pay attention to how they are using their medications.

They need to be reminded to keep a record of what they've taken and when they took it and to take the information to their physician at their next appointment. If you have an example of a simple dosage chart that you could show them, it may serve as a reminder of how important it is to keep track of when they take their medication and *to take the proper dosage*. If a daily pill container would be helpful, it should hold a one-week supply. This helps make sure they are taking a safe amount of the medicine and they aren't stockpiling. Remember, stockpiling old or unused antidepressants is common and creates a potentially dangerous situation.

To make sure patients are using their medicines correctly, it is important to go over the medication again — what it does, the dosage, when it should be taken, and so on. You may want to reinforce to patients that they should take their antidepressant medicine as prescribed by their doctor and that they should not take any extra doses unless instructed by their doctor. This is also a good time to remind them to schedule their next doctor appointment, since often they don't on their own. Perhaps telling them that their doctor needs to know how the medication is working will help convince them of the importance of follow-up visits to their physician.

One of the concerns with depression patients is the stockpiling of unused medications.

Virtually everyone keeps a supply of old medicines they haven't used. However, if they are antidepressants, this is a very serious problem. Because patients with depression are always at greater risk for hurting themselves or attempting suicide, it is extremely important that they don't have access to these "extras," particularly during higher-risk periods. You may want to ask patients to bring in all the various medicines they have in their medicine chest for review.

Most people understand they shouldn't mix medications. However, a majority of people still do. This is especially true of patients with depression. Reminding them that some drugs can interact and cause severe side effects is always a good idea. Don't forget to mention that some foods can also interact with certain medications.

Do you understand that it is important to report any changes in how you are feeling to your doctor or therapist?

Have you noticed any big changes — good or bad — in your outlook or attitude? You may find it helpful to write them down and to tell your doctor or therapist at your next appointment. Call them if the changes are dramatic, especially if you are having wide mood swings, like being emotionally high one day and very low the next.

Too often, patients with depression don't report any significant changes in how they feel when starting their antidepressant medication.

The initial “trial and error” period is intended to help the doctor evaluate whether the current medication is correct and whether the dosage is appropriate. Whenever possible, you should remind patients to call their doctor or schedule an appointment if they are experiencing a significant change, regardless of whether it is during a higher-risk period or not.

Of course, this is easy to say, but not so easy to do. Since one of the most common symptoms of depression is the inability to concentrate or focus, the chance of patients consistently keeping track of any changes is small. But, by helping them get

organized with a simple form, you may be able to help. Below is an example of an easy-to-use chart that they could copy and use.

Weekly Progress Report

For each question below, draw a circle around the number that best describes your situation. Changes should be recorded on the scales from **1** (no change) to **10** (significant change).

How do I rate my energy level?

1 2 3 4 5 6 7 8 9 10

How do I rate the pleasure I feel from life?

1 2 3 4 5 6 7 8 9 10

How do I rate the quality/amount of sleep I'm getting?

1 2 3 4 5 6 7 8 9 10

How do I rate my decision-making abilities?

1 2 3 4 5 6 7 8 9 10

How do I rate my general outlook on life?

1 2 3 4 5 6 7 8 9 10

How do I rate my eating habits, such as eating at regular times?

1 2 3 4 5 6 7 8 9 10

Please note: This observational scale is not a formal diagnostic tool. Proper diagnosis of patient progress should be left to a health care professional. If the patient exhibits markedly different behavior, please consult the patient's health care provider.

Do you understand that it is important to make the changes in your daily life that your doctor suggested?

Your doctor may have suggested you try a few things to help reduce some of the problems your depression causes. For example, they may have given you some ideas about diet, exercise, or how to sleep better.

Encourage them to start making positive changes in their lifestyle.

A major part of the treatment plan for patients in the midst of depression is to get them to start making some changes in their lifestyles, a little at a time, and to record and report progress to their physician or therapist. Here are a couple of things that you may be able to encourage them to do when you see them.

- **Be positive.** Depressed people often judge their own strengths and weaknesses too harshly. When you see them, remind them of their skills and abilities. Sometimes a minute of support can create hours of hope!

- **Encourage them** to follow any recommendations that their physician may have given them regarding diet, exercise, and how to sleep better. While they may not want to initially, if they eventually do, that's a significant, positive change and real progress.

Remember, while you can't really know exactly how they feel, simply being accessible when they come into your pharmacy or when they have questions can help make a difference.



Have you scheduled your next doctor appointment yet?

Having regular doctor appointments is very important. It will help your doctor make any changes you may need in your treatment as you progress. And in between appointments, make sure to call them to report any significant changes you experience. You shouldn't expect immediate results from your treatment plan — it will take some time to work. But by following it and staying in close contact with your doctor or therapist, you may help increase your chances of achieving your treatment goals.

Remind them to set and keep their appointments.

Anytime patients bring you a prescription or have one called in that is associated with their depression, it is very important to remind them to set and keep their appointments with their doctor or therapist. Self-harm and the risk of suicide are common problems for people with depression. In fact, roughly 50% of suicides are associated with a major depressive episode. Too often, they tend not to keep their appointments, and this can lead to a number of problems that could have been avoided if their doctor had known about them.³ Of course, you may be the most accessible medical resource they have. When you take time to listen to any questions they have, you are providing a valuable resource.

In conclusion, as a trusted member of their health care team, you are in a unique position to help your patients with depression to stay on course and reach their treatment goals.



References: **1.** Bultman DC, Svarstad BL. Effects of pharmacist monitoring on patient satisfaction with antidepressant medication therapy. *J Am Pharm Assoc.* 2002;42:36-43. **2.** Jick H, Kaye JA, Jick SS. Antidepressants and the risk of suicidal behaviors. *JAMA.* 2004;292:338-343. **3.** Lagomasino IT, Stern TA. Approach to the suicidal patient. In: Stern TA, Herman JB, Slavin PL, eds. *MGH Guide to Psychiatry in Primary Care.* New York, NY: McGraw-Hill; 1998:15.

The contents of this brochure are for informational purposes only. Such contents are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a physician or other qualified health care provider with any questions you may have regarding a medical condition. Do not disregard medical advice or delay in seeking it because of something you have read in this brochure.

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