

Assessment of the Effectiveness of Pharmacotherapy Follow-up in Patients Treated for Depression

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and Ana Regina Noto, PhD

ABSTRACT

BACKGROUND: Several studies have established the effectiveness of pharmaceutical care (PC) in patients with heart failure, diabetes, hypertension, and dyslipidemia. However, there are few studies using standardized methods, e.g., randomized controlled trials, to assess the effectiveness of pharmacotherapy follow-up (PF) in patients with depression.

OBJECTIVE: To assess the effectiveness of PC via PF according to the Dider Method in female patients diagnosed with depression.

METHODS: Sixty-eight patients were selected and randomly allocated to groups, stratified by age, type of medication, severity of depression, and presence of recurrence and/or relapse. Patients in the intervention group (IG) received clinical pharmacy intervention at monthly visits over a 3-month follow-up period. The control group (CG) also received monthly visits from the pharmacist, but PF intervention was not performed.

RESULTS: A comparison of the effects of usual treatment (CG) and PC (IG) on depressive symptoms showed a statistically significant difference between groups, with a median reduction in Beck Depression Inventory score (Δ) of 2.5 points in the CG and 13.5 points in the IG. Similarly, statistically significant results were observed for anxiety symptoms, with a median reduction in Beck Anxiety Inventory score (Δ) of 3.5 points in the CG and 13.0 points in the IG. The patients who underwent PF showed a high level of satisfaction with the service.

CONCLUSION: The PF is well accepted and effective in treating depressed patients, as indicated by the reduction of the depressive and anxious symptoms.

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What is already known about this subject

- The disabling burden of neuropsychiatric conditions is almost the same for males and females, but the major contributing causes are different. While depression is the leading cause for both males and females, the burden of depression is 50% higher for females than males. Females also have a higher burden from anxiety disorders, migraine, and Alzheimer's and other dementias. In contrast, the male burden for alcohol and drug use disorders is nearly 7 times higher than that for females and accounts for almost one third of the male neuropsychiatric burden (WHO, 2004).
- Since the concept of pharmaceutical care was introduced in the United States about 20 years ago, this initiative has become a dominant form of practice for thousands of pharmacists around the world (Berenguer et al., 2004). Currently, pharmaceutical care is understood to be the pharmacist's provision of medication-

related treatment to patients and the responsibility to monitor their pharmacotherapy to help them obtain the maximum benefit from the pharmacological treatments. Indeed, an awareness of the problem resulting from the use of medicines exists, and numerous studies reflect that drug use control is necessary since there is an important relationship between morbidity/mortality and pharmacotherapy (Berenguer et al., 2004).

- Guidelines for the treatment of depression recommend weekly interviews with the doctor in the first 4 to 6 weeks of treatment because they improve the patients' outcome and promote better compliance to treatment (Schulberg et al., 1998; APA, 2010). During this period, there is a need to monitor the response to antidepressants, side effects, adherence, and suicide risk (Schulberg et al., 1998; Fleck et al., 2009; APA, 2010). However, it is known that, in practice, Brazilian patients who use the public health system are not monitored as recommended in the guidelines (Neves, 2011). Thus, the pharmacist would be the suitable professional to monitor patients through pharmaceutical care, working with the doctor.
- It has been observed that the use of pharmacists in the mental health system is in its early stages, and few studies have been developed outside the United States with the objective of demonstrating the importance of the pharmacist on the mental health team (Razali et al., 1995; Shaw, 2000; Prats and Cebrian, 2002; Castello, 2002; Cereser et al., 2009). There are few randomized controlled trials, 3 of them were developed in the United States (Finley et al., 2003; Capeccia et al., 2004; Adler et al., 2004) and 2 in the Netherlands (Brook et al., 2003; Brook et al., 2005), which do not specify the method used in pharmaceutical care.

What this study adds

- Pharmacotherapeutic follow-up (PF) by the Dider Method has been used in several countries (Spain, Brazil, Colombia, Bogotá, and Portugal) to monitor the pharmacological treatment of various diseases (Chenello et al., 2011; Fontana et al., 2003; Cereser et al., 2009; Amariles et al., 2004; Muñoz et al., 2006; Alonso et al., 2012). However, to date, this methodology had not been evaluated to monitor the treatment of patients with depression. Despite many papers on the effectiveness of a collaborative model where the pharmacist works with other health professionals in treating depressed patients, there is variability in follow-up methods used, which tends to hinder the comparison between the results obtained (Finley et al., 2003).

Pharmacotherapy Of Depression

**Katarzyna Stachowicz, Anna Tabęcka-
Łonczyńska, Magdalena Sowa-Kucma**

Pharmacotherapy Of Depression:

Pharmacotherapy of Depression Domenic A. Ciraulo, Richard Irwin Shader, 2004-04-28 For many years we have taught clinical psychopharmacology to residents in psychiatry neurology and medicine as well as to medical students nurses psychologists counselors and social workers We have also maintained active clinical practices and research programs It is our hope that these experiences have produced a book that will serve as a resource in antidepressant therapy for clinicians from many different disciplines The purpose of Pharmacotherapy of Depression is to provide a comprehensive overview of antidepressant therapy for clinicians The contents have evolved from our years of seminars lectures and case discussions with our trainees and from our continuing medical education programs We have tried to provide sufficient depth in reviews of the research literature to support clinical recommendations without burdening the reader with information that has little relevance to the clinical use of antidepressants We are indebted to the outstanding clinician scientists who have contributed to this volume and to our students who have guided us in its development We hope that the reader will find that the final product represents a solid foundation for clinicians who are or will be prescribing antidepressants It comes very close to replicating the formal didactics that our trainees experience Although in practice we supplement this with intensive supervision of patient management we hope that Pharmacotherapy of Depression will stand alone as a guide to the use of medications for the treatment of depressive illness

Pharmacotherapy for Depression and Treatment-resistant Depression George I. Papakostas, Maurizio Fava, 2010

- 1 Major depressive disorder and treatment resistant depression
- 1 Major depressive disorder
- 2 Treatment resistant depression TRD
- 3 Demographic and clinical risk factors for resistant depression
- 2 Monoaminergic based strategies
- Single acting agents
- 2 1 Monoamine precursors for depression
- 2 2 Selective serotonin reuptake inhibitors SSRIs
- 2 3 Serotonin receptor antagonists and agonists
- 2 4 Serotonin reuptake enhancers
- 2 5 symbol 2 adrenergic receptor agonists and antagonists
- 2 6 Norepinephrine reuptake inhibitors NRIs
- 2 7 Selective symbol adrenergic receptor agonists
- 2 8 Dopamine selective agents
- 3 Monoaminergic based strategies
- Dual acting agents
- 3 1 Tricyclic antidepressants TCAs
- 3 2 Serotonin norepinephrine reuptake inhibitors SNRIs
- 3 3 5HT₂ and symbol 2 adrenergic receptor antagonists
- 3 4 Norepinephrine dopamine reuptake inhibitors
- 4 Monoaminergic based strategies
- Triple acting agents
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- 4 2 Serotonin norepinephrine dopamine reuptake inhibitors
- 4 3 Catechol O methyltransferase COMT inhibitors
- 5 Polypharmacy from the onset of treatment
- 5 1 Adjunctive treatment with monoaminergic agents
- 5 2 Adjunctive treatment with neuroendocrine agents
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- 6 Polypharmacy strategies for treatment resistant depression
- 6 1 Adjunctive treatment with monoaminergic agents
- 6 2 Adjunctive treatment with neuroendocrine agents
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- 7 Monotherapy strategies for resistant depression
- 7 1 Increasing the dose of antidepressants
- 7 2 Switching antidepressants due to lack of efficacy
- 8 Non pharmacologic approaches for resistant depression
- 8 1 Device based therapies
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- 8 3 Exercise
- 8 4 Yoga and meditation
- 9 Pharmacotherapy of

relapse recurrence prevention and treatment 9 1 Antidepressant continuation and maintenance therapy studies 9 2 Special topics in the pharmacotherapy of relapse prevention 9 3 Treatment of depressive relapse recurrence 10 Pharmacologic strategies to enhance antidepressant tolerability 10 1 Adjunctive therapy 10 2 Switching antidepressants due to intolerance 11 Agents operating on non monoaminergic neurotransmitter systems 11 1 GABA ergic treatments 11 2 Glycine and glutamate based treatments 11 3 Agents with combined GABA ergic and glutamatergic activity 11 4 Other anticonvulsants 11 5 Neurokinin receptor antagonists 11 6 Nicotinic receptor based treatments 11 7 Cannabinoids and endocannabinoids 11 8 Opioidergic therapies 11 9 Other neurotransmitter systems 12 Neuroendocrine based agents 12 1 Hypothalamic pituitary gonadal axis HPG 12 2 Hypothalamic pituitary adrenal axis HPA 12 3 Hypothalamic pituitary thyroid axis HPT 12 4 Melatonin and melatonergic agents 12 5 Other hormones 13 Metabolic based and other agents 13 1 Metabolic based agents 13 2 Agents with unknown mechanism of action 14 Biological predictors moderators and mediators of efficacy 14 1 Definition and significance of mediators of outcome 14 2 Genetic markers 14 3 Neurophysiology 14 4 Molecular biology

Depression John F. Cryan, B. E. Leonard, 2010-01-01 What's new in antidepressant research Despite the availability of antidepressants for over 40 years a substantial proportion of depressed patients do not respond adequately to treatment Failure to respond effectively to treatment contributes to physical ill health and psychiatric morbidity often resulting in premature death of the depressed patient The purpose of this volume is to consider the possible reasons for the limitations of the currently available antidepressants to examine the advances in our understanding of the psychopathology of depression and how such knowledge may assist in the discovery of new methods of treatment Leading international experts in this field discuss the possible underlying reasons for depression and limitations of current antidepressants Opportunities for novel therapeutic approaches to dysfunctional circadian rhythms and mood disorders as well as current status and future perspectives for optimizing antidepressant management of depression are reviewed This publication illustrates the breadth of the latest research and is valuable reading for psychiatrists neuroscientists and pharmacologists

Pharmacotherapy of Depression American College of Neuropsychopharmacology, 1966

The pharmacotherapy of depression - searching for new mechanisms and drug interactions. Basic and clinical research. Katarzyna Stachowicz, Anna Tabęcka-Łonczynska, Magdalena Sowa-Kucma, 2023-01-02

The Massachusetts General Hospital Guide to Depression Benjamin G. Shapero, David Mischoulon, Cristina Cusin, 2018-10-17 Major Depressive Disorder MDD is one of the most prevalent psychiatric disorders with a lifetime prevalence rate of roughly 20% MDD is a leading cause of disability and premature death worldwide leads to greater impairment in work functioning than other chronic medical conditions and has an estimated annual cost of 210 billion in the US The proposed text is designed for mental health professionals and will present state of the art treatment options that are used in the Depression Clinical and Research Program DCRP at the Massachusetts General Hospital The text provides different treatment options so that providers can think outside the box of

conventional interventions The introductory sections discuss general themes about diagnosing and treating depression The major body of the book however consists of chapters organized under the topics of new medication new psychotherapy alternative treatments and consideration of specific populations and how to modify interventions to best treat these patients Each chapter begins with a case vignette to illustrate key characteristics of the disorder process or treatment and reviews the history research support and new advances of these topics In addition the chapters include a description of how to apply this topic in treatment and frequently asked questions and answers This book will be a unique contribution to the field Existing guides focus on individual treatments of Depression or include brief descriptions of interventions as a whole The DCRP has consistently been a forerunner of clinical treatments for depression and often treats challenging cases of this disorder This book will provide a practical and useful resource with wide applicability *Depression* Nestor Galvez-Jimenez, 2009-09-18 This updated and revised Second Edition provides a state of the science review and clinical collection of research on treating depression with multiple therapies The text is an essential guide for those who prescribe psychotropics or perform psychotherapy including psychiatrists residents psychologists and psychopharmacologists Containing res Pharmacotherapy for Mood, Anxiety, and Cognitive Disorders Uriel Halbreich, Stuart A. Montgomery, 2008-11-01 Our limited knowledge of the pathophysiology underlying mood disorders contrasts sharply with the efficacy of the treatment modalities developed over the past decades There has been an explosion of new antidepressant and anxiolytic medications as well as mood stabilizers and compounds that aim to improve cognition Although treatment success is still not optimal pharmacotherapy for mood disorders and cognitive disorders is effective and is improving Pharmacotherapy for Mood Anxiety and Cognitive Disorders takes a critical look at the medications available for treating mood anxiety and cognitive disorders their relevance to pathobiology and underlying mechanisms and their limitations Its 90 distinguished contributors many of them pioneers in the development of treatment modalities provide background and rationale in understanding the underlying mechanisms of frontline treatments for these disorders This book reviews Effective new alternatives in mood stabilizers and antidepressant interventions Advances in the study of the pathobiology of anxiety disorders as well as available treatment choices including anxiolytic medications Several treatment approaches to dementia and other age related cognitive impairments Gender differences in the treatment of depression and anxiety and the different responses to pharmacotherapy New treatments for social phobia and pharmacological strategies for cognitive disorders Providing both a broad overview and detailed reviews of pharmacotherapy this resource is essential reading for any practitioner who wants to understand the rationale and background for the drugs he or she prescribes and to assess medications that are currently under development It is a great reference and ancillary text for students and residents during their clinical years **Progress in the Pharmacotherapy of Depression** , 1980 Pharmacotherapy of Bipolar Disorders Jean-Michel Aubry, Francois Ferrero, Nicolas Schaad, 2007-05-21 Comprehensively concisely and up to date this text reviews

in detail all aspects of the diagnosis and pharmacological treatment of bipolar disorders one of the most topical issues in psychiatry In this manual rather than presenting treatment algorithms the authors have chosen to present a synopsis of the literature and knowledge based on daily clinical practice At the end of each chapter the important concepts and recommendations are summarized for the reader as a reminder of the key points The French version of this book published in 2004 received a prize in the category Specialized Medicine at the 3rd international festival of the medical books Amiens France Since this first French edition the text has now been revised and more than 500 new references have been added in order to be updated with the rapidly growing literature in the field Pharmacotherapy of Bipolar Disorders is an invaluable resource for all psychologists psychiatrists interns and residents in psychiatry It is of interest also for general practitioners clinicians nurses and any others who are involved with the management of patients with bipolar disorder

Treatment of Depression Myrna M. Weissman, American Psychopathological Association. Meeting, 2001 The dramatic advances and controversies of the past 25 years in understanding the epidemiology and treatment both pharmacotherapy and psychotherapy and the health care and delivery issues surrounding major depression are presented in this collection Divided into four parts this fascinating volume comprises the contributions of internationally renowned experts from the United States Switzerland and the United Kingdom Part I The Past and the Future provides an historical and political review of the development and testing of antidepressants including the controversial role of the pharmaceutical companies in legitimizing depression as a medical illness as a means of creating markets for their products Also described is depression in the twenty first century based on studies of the World Health Organization and the World Bank and the inherent conflict in treating depression under managed health care guidelines i e depression because it tends to recur over a person s lifetime mandates more medical care whereas managed care because it is structured for profit mandates less medical care Part II Basic Understanding illuminates the role of genetics and basic and clinical biological sciences for developing new treatments as well as the contributions of the neurosciences toward developing new drugs and of psychobiology toward understanding relapse in maintenance treatment Part III Treatment describes the broad range of treatments now available in the United States and the United Kingdom for both adults and children 25 years ago depression was not believed to exist in children advances in the physical treatment of depression problems inherent in testing new drugs the serendipity factor and the institutional changes necessary to accelerate the process of discovering effective psychotropic drugs and clinical practice guidelines and how they affect managed care Part IV Psychotherapy and Evolving Health Care focuses on the changes required to ensure that psychotherapy remains a reimbursable treatment within managed care covering the training and use of effective time limited treatments The epilogue highlights the paradox of over and underuse of psychotherapy for depression noting that very few of the more than 200 identified therapies have ever been tested and calling for new testing of psychotherapy in comparison or combination with pharmacotherapy At once wide ranging and concise this volume offers

updates on the both medications and the psychotherapies used to treat depression worldwide As such it will appeal to a broad audience of psychiatrists psychologists social workers and primary care practitioners *Treatment-Resistant Depression* Siegfried Kasper, Stuart A. Montgomery, 2013-04-15 Treatment resistant Depression Successful management of patients with treatment resistant depression requires a thorough understanding of the biological basis for both the depression and its failure to respond to standard treatments This book clearly and succinctly summarizes the latest scientific research and its applications in clinical practice A first step is a clear definition of what constitutes treatment resistant depression so that clinical trials and other studies are using common criteria enabling comparison and meta analysis of their outcomes The opening chapter reviews definitions and predictors of treatment resistant depression originating from different fields and discusses their usefulness in clinical practice and clinical research The next chapter proposes a new definition adapting terminology from medicine Biological classification requires identification of genetic risk factors and gene variants have been identified as accounting for 50% of the variance in the clinical outcomes of antidepressant treatments Chapter 3 describes several genes already associated with treatment resistant depression and while further work is needed to translate findings into clinical recommendations suggests that genetic prediction of treatment resistance could become a widespread clinical reality within a few years Most patients with treatment resistant depression will be treated pharmacologically so three chapters review the latest evidence for pharmacological best practice in switching strategies for antidepressants the role of antipsychotics and augmentation strategies to complement lithium There are two major alternatives to pharmacotherapy neuromodulation and psychotherapy The brain intervention chapter summarizes clinical research and experience with electroconvulsive therapy transcranial magnetic stimulation vagus nerve stimulation deep brain stimulation and magnetic seizure therapy The final chapter reviews the literature pertaining to the effectiveness of various forms of psychotherapy in patients who have not responded to antidepressant pharmacotherapy explaining that patients who have not responded to one or two trials of antidepressant medication have a 30% 50% chance of responding to a focused psychotherapy It proposes indications for psychotherapy in treatment resistant depression and summarizes general therapeutic principles Essential reading for all psychiatrists managing patients with this distressing disorder

Medication and Strategy Considerations in the Treatment of Depression Molly Christiana Russell, 2021 Despite the prevalence and significance of major depressive disorder MDD treatment guidance still largely suggests a trial and error method regarding pharmacotherapy intended to produce remission of symptoms The American Psychiatric Association APA 2010 clinical practice guidelines regarding the treatment of major depressive disorder offer multiple strategies for effective pharmacotherapy regimens including monotherapy combination therapy or augmentation Second generation antidepressants such as SSRIs SNRIs bupropion and mirtazapine are among first line options This review provides a resource regarding individual medication profiles and choices of treatment strategy for pharmacists in a primary care setting When data permits

agents are addressed individually and compared to other agents of the class Side effect mitigation strategies are included when possible Treatment strategies are addressed in relation to patient specific factors Focusing on individualized treatment plans helps optimize patient response and remission rates in the primary care setting Provided by author

Psychopharmacology Abstracts, 1976 **Clinical Psycho-Oncology** Luigi Grassi, Michelle Riba, 2012-05-18 This international primer on psycho oncology spans settings of care as well as regional boundaries Designed to be easy to read with informaton clearly displayed in concise tables and boxes accompanied by clinical vignettes the book provides clear practical guidance on all aspects of the psychological care of patients with cancer Both trainees and practitioners will find it useful in the clinic as well as a resource for continued professional development **Combined Pharmacotherapy and Psychotherapy for Depression** Donna W. Manning, Allen Frances, 1990 *Cognitive and Constructive Psychotherapies* Michael J. Mahoney, PhD, 2004-01-01 the entire field of psychological services is moving through a developmental transformation of significant proportions open dialogue regarding its diversity is likely to be one of its saving graces in the centuries to come From the Editor s Conclusion Updated and expanded from the Journal of Consulting and Clinical Psychology Dr Mahoney has assembled an impressive group of top psychologists to focus on current developments in cognitive and constructive psychotherapies The volume traces the evolution of cognitive therapy from its origin in behavior modification through its development and maturation as an integrative system of therapy **Pharmacotherapy** Joseph T. DiPiro, Robert L. Talbert, Gary C. Yee, Gary R. Matzke, Barbara G. Wells, L. Michael Posey, 2008-07-06 The benchmark evidence based pharmacotherapy text now in full color Additional chapters are available online When it comes to helping you develop a mastery of evidence based medicine for optimal patient outcomes no book can match Pharmacotherapy A Pathophysiologic Approach Like the discipline it covers the scope of this trusted resource goes beyond drug indications and dosages to include the initial selection proper administration and monitoring of drugs The book also delves into psychosocial issues that affect compliance topics related to a patient s ability to understand and manage often complex therapy and lifestyle changes that may reduce the need for drug therapy or improve pharmacotherapeutic outcomes Pharmacotherapy delivers everything you need to provide safe efficacious drug therapy across the full range of therapeutic categories FEATURES NEW Expanded evidence based recommendations NEW Extended coverage of the timely issue of palliative care and pain medicine NEW Important chapters on Pulmonary Hypertension Disorders of Calcium and Phosphorus Homeostasis and Multiple Myeloma Outstanding pedagogy including Key Concepts highlighted in each chapter Clinical Presentation boxes summarize the most common disease signs and symptoms covered in each chapter Clinical Controversies boxes presented in the Treatment sections of the disease oriented chapters examine the complicated issues faced by students and clinicians in providing drug therapy Clear therapeutic recommendations in each disease specific chapter Evaluation of Therapeutic Outcomes boxes in each disease specific chapter containing key monitoring guidelines that facilitate the development of a pharmaceutical

nursing or medical care plan *Pocket Guide For The Textbook Of Pharmacotherapy For Child And Adolescent psychiatric disorders* David Rosenberg, 2013-08-21 This is a quick reference guide for psychiatrists therapists social workers and other practitioners about each group of medications This guide which discusses the use of psychiatric drugs in patients under 18 accompanies the author team's complete book *Textbook of Pharmacotherapy for Child and Adolescent Psychiatric Disorders* Clinical indications dosage guidelines side effects common drug interactions and most tables are retained and updated in this guide the guide provides the reader with the practical guidelines to safely and effectively prescribe medication

Managing Treatment-Resistant Depression Joao L. de Quevedo, Patricio Riva-Posse, William V. Bobo, 2022-03-31
Managing Treatment Resistant Depression Road to Novel Therapeutics defines TRD for readers discussing the clinical and epidemiological predictors economic burden and neurobiological factors In addition staging methods for treatment resistance are fully covered in this book including serotonin specific reuptake inhibitors serotonin norepinephrine reuptake inhibitors other classes of antidepressants including tricyclic antidepressants and monoamine oxidase inhibitors augmentation strategies and newer antidepressant treatments like ketamine and esketamine In addition evidence supporting the use of psychotherapies and neuromodulation strategies are also reviewed Written by top experts in the field this book is the first of its kind to review all methods of treatment for TRD Defines Treatment Resistant Depression and Staging Treatment Intensity Includes Treatment Resistant Depression options for children adolescents geriatrics during pregnancy and during post partum and menopause transitions Discusses the use of Ketamine and Esketamine for treatment resistant depression

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