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Depressive Illness and Role of Pharmacist: An Overview

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INTRODUCTION

Depression is a "whole-body" illness, involving your body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression.

Depression causes changes in thinking, feeling, behavior, and physical well being. **Changes in Thinking -** You may experience problems with concentration and decision-making. Some people report difficulty with short-term memory, forgetting things all the time. Negative thoughts and thinking. Some people have self-destructive thoughts during a more serious depression.

Changes in Feelings - Feel sad for no reason at all. Some people report that they no longer enjoy activities that they once found pleasurable, lack motivation, tired all the time. Sometimes irritability is a problem, in the extreme, depression is characterized by feelings of helplessness and hopelessness.

Changes in Behavior - Changes in behavior during depression are reflective of the negative emotions being experienced. You might act more apathetic; some people do not feel comfortable with other people, so social withdrawal is common. Patients may experience a dramatic change in appetite, either eating more or less. Because of the chronic sadness, excessive crying is common, lack of sexual activity.

Changes in Physical Well-being - Negative physical emotions. Chronic fatigue, despite spending more time sleeping, is common. Some people can't sleep, or don't sleep soundly. Others sleep many hours, even most of the day, although they still feel tired. Many people lose their appetite, feel slowed down by depression, and complain of many aches and pains.

Causes of depression:

Very often, a combination of biological, psychological, and environmental factors are involved in the development of depressive disorders, as well as other psychological problems. A serious loss, chronic illness, relationship problems, work stress, family crisis, financial setback, or any unwelcome life change can trigger a depressive episode.

Types of depression:

There are several different diagnoses for depression, mostly determined by the intensity of the symptoms, the duration of the symptoms, and the specific cause of the symptoms, if that is known.

- Major Depression - This is the most serious type of depression, in terms of number of symptoms and severity of symptoms. There is no official diagnosis of "moderate depression."
- Dysthymic Disorder - This refers to a low to moderate level of depression that persists for at least two years, and often longer. While the symptoms are not as severe as a major depression, they are more enduring and resistant to treatment.
- Unspecified Depression - It includes people with a serious depression, but not quite severe enough to have a diagnosis of a major depression. It also includes people with chronic, moderate depression.
- Adjustment Disorder, with Depression - This category describes depression that occurs in response to a major life stressor or crisis.
- Bipolar Depression - This type includes both high and low mood swings, as well as a variety of other significant symptoms not present in other depressions.

Prevalence of depressive illness:

International Scenario:

In 2002, depression accounted for 4.5% of the worldwide total burden of disease (in terms of disability-adjusted life years). It is also responsible for the greatest proportion of burden attributable to non-fatal health outcomes, accounting for almost 12% of total years lived with disability worldwide[27].

National Scenario:

The Prevalence rates for all mental disorders were observed to be 65.4 per 1000 population. Prevalence rates for schizophrenia, affective disorders (depression), anxiety neurosis, hysteria and mental retardation were 2.3, 31.2, 18.5, 4.1 and 4.2 per 1000 population

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respectively. The urban morbidity rate was 2 per 1000 higher than the rural rate[28].

Treatment for Depression

Psychotherapy

Psychotherapy assists the depressed individual in several ways. First, supportive counseling helps ease the pain of depression and the feelings of hopelessness are addressed. Second, cognitive therapy changes the pessimistic ideas, unrealistic expectations, and overly critical self-evaluations. Cognitive therapy helps the patient recognize which life problems are critical, and which are minor. It also helps to develop positive life goals, and a more positive self-assessment. Third, problem-solving therapy changes the stress creating areas of the person's life that are significant, and contributing to the depression. Behavioral therapy may require developing better coping skills, or interpersonal therapy, to assist in solving relationship problems.

Antidepressant Medications

There are a number of different types of antidepressant medications available. They differ in their side effects and, to some extent, in their level of effectiveness. Tricyclic antidepressants used to be the most commonly used medications for treatment of major depressions. Monoamine oxidase inhibitors (MAOIs) were often used for "atypical" depressions in which there are symptoms like oversleeping, anxiety, panic attacks, and phobias. More recently, newer antidepressants have been developed. Several of them are called "selective serotonin reuptake inhibitors" (SSRIs). Some examples of SSRIs are fluoxetine, fluvoxamine, paroxetine, and sertraline. Though structurally different from each other, all the SSRI antidepressant effects are due to their action on one specific neurotransmitter, serotonin. The FDA has also approved two other antidepressants that affect two neurotransmitters serotonin and norepinephrine. They are venlafaxine and nefazodone. All of these newer antidepressants seem to have less bothersome side effects than the older tricyclic antidepressants.

Another of the newer antidepressants, bupropion, is chemically unrelated to the other antidepressants. It has more effect on norepinephrine and dopamine than on serotonin. Bupropion has not been associated with weight gain or sexual dysfunction. It is contraindicated for individuals with, or at risk for, a seizure disorder or who have been diagnosed with bulimia or anorexia nervosa.

Role of Pharmacist

In recent years it is found that, the pharmacists services are not only restricted to drug storage and dispensing, but also extended to the clinical activities like treatment monitoring, identifying and reporting of adverse drug reactions, patient education and counseling and also treatment planning and management.

The pharmacist mediated intervention and counseling about medication has led to significant improvement in the quality of health care and the patients now restore great faith and confidence in their pharmacists for proper and safe use of medication. Drug cannot achieve its therapeutic goal unless it is correctly prescribed, dispensed and accurately administered. This chain of responsibilities demands adequate knowledge on the part of the physician, the pharmacist, the nurse and the patient. Unfortunately, we often overlook the educational requirement of the patient and the significance of his own contribution to the success of drug therapy. Unless and until the patient learns and is motivated to take the right drug, at right time, in the right amount and for the right duration it will not be possible for rational therapy to become a reality of our health care system with enhanced level of education and awareness, patients have become cognizant of their right to make decisions regarding their drug therapy. From patient's point of view there are some basic questions, which need answer and counseling[2].

As pharmacist is the last health professional to come into contact with the patients, has vital role to play in patient education on drug use. Pharmacists are clearer in their instructions than physicians. Ninety percent of patients who needed more information on their medicines, besides its frequency of use, did not receive it[3].

Due to lack of information or the negative attitudes of patients and health care providers, patients fail to follow drug regimens. The most patients did not ask for information about their treatment because they felt their health careers had little time for such matters[4].

The specialized skills of clinical pharmacists have proved to be beneficial for improving treatment outcomes in a variety of health care settings. Because of their skills in identifying drug interactions, their excellent position of direct patient contact and their trust by patients, pharmacists can help patients remove evident adherence barriers and incorporate interventions into the care of their patients[9].

The pharmacist can play important role in the management of depression with respect to below mentioned aspects.

Adverse Drug Reaction Monitoring

Study described that, pharmacist has reported 403 findings in which 47% of the findings were related to

potential adverse effects; 55% were suspected adverse drug reactions; potential interactions were 37% and 25% of people taking additional drugs, which are unknown to their physician. People taking psychotropic drugs for mental illness may be particularly susceptible to adverse drug events. The World Health Organization (WHO) has recognized including pharmacists as active members of the health care team as one approach to improving psychotropic medication use.[5]

Medication adherence and non-compliance

Non-adherence rate for antidepressants is 30-97% and side effects are common cause for non-adherence. Predicted and cognitive behavioral techniques are more successful than that of simple psycho educational interventions[7].

Brief coaching by pharmacist with the help of informative videotape neither adherence to antidepressants nor depressive symptoms have improved in the initial sample. However, significantly better adherence was seen in patients who received care according to the intended protocol than the control group[8].

The medication adherence rate is poor in psychiatric patients, which has led the healthcare providers to focus on enhancing intervention methods. Numerous intervention approaches have suggested that enhanced depression intervention with psychotherapy education is effective[9,10].

Studies showed that pharmacist's medication counseling and treatment monitoring could improve adherence to antidepressant medications among those commencing treatment. The results of this review provide some evidence that pharmacist can contribute to optimizing the use of medications for mental illness in the community setting[11].

Clinical pharmacist intervention in depressive patients explained that 42.2% of all encounters with patients involved counseling and education related to non antidepressant medication; 85% of encounters involved some general support activity and 50% of all encounters are of education and advocate starting antidepressants. Pharmacists spent considerable time with patients discussing their care unrelated to medication taking and also noticed some barriers to medication taking which were not evident earlier. . Patients then revealed valuable information about side effects and non-adherence not discussed in their primary care physician visit[12].

Meta analysis of studies explored that out of 17 studies, 13 studies measured adherence, 7 of them reported an increase in adherence. 11-30% higher adherence was in the intervention group. The provision of easily readable written information improved adherence by 11%. Seven of the eight studies measuring knowledge reported an overall improvement. 14-28% knowledge was increased in intervention group in comparison with control group. One study reported an increase in satisfaction[13].

One of the study enlightened long treatment duration, incidence of adverse effects, patients' belief that drug in not effective, poor communication between the practitioners and the patients as the major factors for non-adherence. Further it was revealed that counseling, monitoring and education showed minor effects and counseling and written or oral education can improve adherence from 0 to 44%[14].

Review article on the effects of pharmacist intervention on depression medication adherence described as, in order for the medications to work patients have to take antidepressants for longer term, lack of this information may result lower rates of adherence. When patients do not see the effects immediately they may stop taking medications. Patients educated adequately on drug information will improve adherence, and pharmacist can play a better role than other healthcare providers in drug counseling[15].

Patient's understanding of disease and its management

Pharmacist can provide education to patients during dispensing as well as during discharge medication counseling. Studies have demonstrated a variety of favorable outcomes like increased knowledge about illness, improved adherence to treatment, patient satisfaction, enhanced patient self rating, decreased negative symptoms and fewer side effects for patients who received education compared to those not educated. Psychiatric patient education is a rapidly growing field; it is becoming widely recognized as essential to the treatment process for serious mental illnesses. The specialized skills of clinical pharmacists have proved to be beneficial for improving treatment outcomes in a variety of health care settings. Because of their skills in identifying drug interactions, their excellent position of direct patient contact and their trust by patients, pharmacists can help patients remove barriers to adherence[16].

Physician provides limited information to patients while prescribing antidepressants, often omitting critical information that may promote adherence. Mechanisms are needed to ensure that patients received pertinent

antidepressant information[17].

Study on patients attitude about medication and factors affecting medication compliance showed that, out of 148 psychiatric patients, 87 patients have positive attitude about medication; 40 believed that their illness was biologically or chemically based; a large proportion believed their illness is due to situational factors, including stress (36) and family problems (18); 51 patients said they need medications to get better[18].

A survey to investigate the psychiatric patients concerns, difficulties and needs in the community regarding their medication described that, out of 83 people 62% felt they had not received adequate information about their medicines and 73% considered that having access to information would improve their confidence in medicines[19].

Pharmacist telemonitoring of antidepressant use showed that pharmacist guided education and monitoring had significant and positive effect on patient feedback, knowledge, medication belief and perceptions of progress. Antidepressant telemonitoring by community pharmacists can significantly and positively affect patient feedback and collaboration with pharmacists[20].

Coaching by community pharmacists on drug attitude of depressive primary care patients and acceptability to patients, on drug use, side effects, time taken by drug to work and other counseling. Intervention patients had more positive drug attitude than control patients and a positive attitude towards antidepressants may improve adherence rate[21].

An evaluation of 155 primary care patients found that 28% of patients stopped taking their antidepressants within first month of therapy, and 44% had stopped by the third month. 62% did not like the side effects, 56% believed they did not need medication, 50% felt better, and 32% felt it was not effective. Such evidence confirms the large gap between ideal drug therapy and the actual use of antidepressants. Many patients do not intentionally subvert their antidepressant drug therapy, but they may often make poor decisions about their treatment due to lack of information and misconceptions about disorder, symptoms and drug therapy. Adequate patient education is critical to minimize some of these barriers to optimal outcomes. Clinicians, including pharmacists can help improve outcomes by increased patient education and more collaborative participation in their treatment[22].

Study on long stay psychiatric patients knowledge and experience in the use of their antipsychotic medication found that, most patients were aware that they have been prescribed antipsychotic drugs for their mental illness but they did not believe the explanation given to them by their psychiatrist. Patients had relatively little knowledge of the side effects of these drugs and many did not recognize the side effects as being due to medication. Just over half of the patients requested more information about their medication. Patients' knowledge of their medication, including side effects is limited and could be improved by patients' education. There is a need for a greater awareness and treatment of the side effects experienced by patients[23].

Patient care

Pharmacists significantly improved rates of antidepressant use in primary care patients, but outcome differences were too small to be statistically significant. Difficult to treat subgroups may benefit from pharmacists care[24].

Alleviating suicidal tendencies in depression patients

Monitoring of patients' antidepressant knowledge, beliefs, adherence, improvement in depression symptoms and orientations towards treatment progress, concludes that pharmacists could significantly and positively affect patient feedback and collaboration. Since patients usually see their pharmacist more often than their physician, pharmacists can play a significant role in suicide prevention[25].

Patient's reliance on Pharmacist

Pharmacist monitoring of patients antidepressant medication use is varied. More than 70% of patients reported that pharmacists asked about medication concerns; 53% of patients said pharmacists encouraged their questions; 54% said pharmacist listened to their concerns; and 32% patients said pharmacists are helpful in solving problems related to the antidepressants; 57% of patients reported that they feeling better since the time they taking antidepressants; 40% of patients said the antidepressants did not bother them; and 83% reported missing, adding or stopping of drugs during the study period[26].

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