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
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 $\geq 2$ 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?

<table>
<thead>
<tr>
<th></th>
<th>SSRIs</th>
<th>TCAs/MAOIs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Efficacy</strong></td>
<td>Similar</td>
<td>Similar</td>
</tr>
<tr>
<td><strong>Line of Treatment</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Line</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – 3&lt;sup&gt;rd&lt;/sup&gt; Line</td>
</tr>
<tr>
<td><strong>Risk-Benefit Ratio</strong></td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td><strong>Tolerability</strong></td>
<td>Better</td>
<td>Poorer</td>
</tr>
<tr>
<td><strong>Safety in Overdose</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Concurrent CVD</strong></td>
<td>Favourable</td>
<td>Less Favourable</td>
</tr>
</tbody>
</table>
Which Antidepressant to CHOOSE?

Alternative 1\textsuperscript{st}-line Antidepressants

1. Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) e.g. \textit{Venlafexine} & \textit{Duloxetine}

2. Noradrenergic and Specific Serotonergic Antidepressants (NaSSA) e.g. \textit{Mirtazapine}

3. Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) e.g. \textit{Bupropion}

4. Melatonin Agonists e.g. \textit{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)

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**EFFICACY**

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

**RISKS**

- Tolerance, Dependence, Abuse and increased accident probabilities

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**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)
   - 2\textsuperscript{nd} 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 😊