Contents of pack

This training pack contains:

- Pharmaceutical care of people with depression – Course information
- Pharmaceutical care of people with depression – Course activities
- Pharmaceutical care of people with depression – Course resources

Set of pharmaceutical care needs assessment tools for depression (10)
Antidepressant education record chart
Summary of pharmaceutical care needs assessment
Plan & record form
Freepost envelope
CD-ROM Video presentation
DVD Depression – A Caregiver’s Guide

Acknowledgements

This pack was brought together with the help of Liz Kelly, Jean Logan, Annamarie McGregor and reviewed by Christine Alford. Special thanks to Karen Liddell for the powerpoint presentation ‘Pharmaceutical care of people with depression’ accompanying this training pack.

This pack has been updated in December 2010 by Karen Liddell.

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Introduction

This course offers Scottish pharmacists training on how they can contribute to the care of people with depression as part of their normal working practice by applying the principles of the Pharmaceutical Care. This invaluable training for community pharmacists will help prepare them for the Chronic Medication Service (CMS) part of the Community Pharmacy contract in
Scotland
The training is accompanied by a powerpoint presentation on the NES Pharmacy website on the management of depression. This has been developed by a mental health specialist pharmacist. This will cover diagnosis, therapeutic management and common pharmaceutical care issues. The workshops will take the form of very practical patient assessments.

To help with integrated care, this course is of interest to pharmacists working within all care settings.

**Aim**
To update pharmacists on the current management of depression and explore ways to identify and meet the pharmaceutical care needs of this patient group.

**Objectives**
At the end of the session pharmacists should be able to
- define the current therapeutic management of depression
- identify pharmaceutical care issues, respond to patient scenarios
- and identify appropriate management solutions
- explore how to implement the pharmaceutical care needs assessment tool in practice.

**Pre-reading**
*PJ Mood disorders: Implications for Primary Care*
*PJ Mood Disorders: Drug Treatment of Depression*
Pharmaceutical care needs assessment (PCNA) tool (page 10)
Aide Memoire for PCNA (page 11)
CPD Plan & record form

In addition, it is recommended that you update yourself on the section on **Antidepressants** in the current BNF to accompany this training.

**Background**
Mental Health is a national priority and there are a number of initiatives to improve the care of people with depression. The Scottish Executive Health Department’s Health Plan *Delivering for Health* (2005) includes an action point to develop evidence based guidelines for the Management of Depression in Primary Care by the end of 2006.

It is estimated that at any time 5% of the community
suffers from depression. In addition it has been suggested that approximately one in four of the Scottish population will experience depression at some point in their life. Depression affects people from all walks of life, although there is a higher prevalence in areas of deprivation. It is a serious condition and is associated with high morbidity and, through its association with suicide, high mortality. Most people will receive antidepressant therapy, which, if used effectively, can provide relief for 70-80% of patients. However, treatment outcomes can be poor due to sub-optimal treatment or poor compliance. Inadequate information provided by the doctor or pharmacists about antidepressants has been proposed as a reason for patients stopping treatment prematurely. The person’s ability to absorb or retain information can be affected adversely by their condition. Denial of their illness and the effects of stigma further complicate this. The critical period for patients to discontinue their antidepressant therapy is during the first two months of treatment. Drop out during the first month is likely to be due to lack of efficacy and the presence or fear of adverse effects. Fears of addiction, improvement in mood and lack of awareness of the need for maintenance therapy may lead to premature discontinuation during the weeks and months that follow. Pharmacists already provide counselling, advice and support at the point of dispensing. However, all healthcare professionals have to ask themselves, is what I currently do enough to support this patient group? The Scottish Association for Mental Health Report All you need to know? highlighted that one third of people reported having no discussion about their medication with a doctor or pharmacist at the start of treatment. Of the two-thirds that were given information, it included the following:

- 45% adverse effects
- 38% benefits
- 30% length of time to work and how long they might need to take it.

Estimates of discontinuation at one month range from 30-68%. It has been suggested that approximately 50% of people prescribed antidepressants have stopped taking them by 6 months.
Evidence shows that information provided in small chunks and reinforced over time is an effective way to help improve retention of information and therapeutic outcome. However, providing support and information in this manner can be a challenge to all health care professionals.

The strengths of community pharmacists include their generalist knowledge of medicines and that they already provide a great deal of support for people with mental health problems. Pharmaceutical Care sets out to formalise that support and build on existing relationships to ensure people are getting the best from their medication. To that end a pharmaceutical care needs assessment tool for people with depression has been developed. This should help pharmacists apply their learning, develop their assessment skills in order to help patients get the most out of their medication and reduce any associated risks. The assessment tool follows the same systematic enquiry as the other chronic condition PCNA tools.

The acronym **CASEH** describes the issues that are central to Pharmaceutical Care and they are incorporated into the assessment tool:

- **Compliance**, monitoring the patient’s **understanding** of the condition or medication, how he or she adheres to the regimen, and any intentional or unintentional non-compliance.
- **Appropriate medication or dose**, to optimally manage
the condition or symptoms.

- **Safety**, focusing on side-effects, interactions and toxicity.
- **Effectiveness**, identifying objective or subjective evidence that shows the medicines are achieving the expected outcomes.
- **Health improvement or self-help**, including working with support agencies or use of relaxation tapes if available.

When dispensing prescriptions for anti-depressants as part of the normal clinical check and counselling process, confirm the person's diagnosis. Ask if they would like to answer some more in-depth questions about their condition to ensure that they have all the information they need about their medication and to identify any problems that you can help them with.

You can then work through the assessment tool as a single intervention for people who have been taking their medication for a minimum of 3 to 6 months or more long-term. Alternatively, it can be completed over time from the initial presentation and, as the person visits the pharmacy with a repeat prescription over subsequent months, using the tool as a guide to focus on the most appropriate key points.

The assessment tool has been designed with direct patient contact in mind and will help pharmacists to speak with patients in a more systematic and focused way. You can adapt the questions to your own style. The assessment tool also functions as a care plan as it allows pharmacists to document problems, action taken or to be taken and any outcomes.

You might identify issues not covered in the assessment tools, or the person may ask specific questions that are not covered in the tool. You can
note these in the follow-up section. You might also confirm that the person has no care issues based on what they report to you and this is a great outcome. It is still worth screening for people who are having problems.

Pharmacists should use their skills and discretion to ensure that the person does not feel that you are broadcasting their condition to everyone else in the pharmacy. Always underline the fact that you and your staff are ethically and professionally bound to protect patient confidentiality.

An aide memoire is provided that summarises key points to help pharmacists support and advise the patient and suggests when it may be appropriate to refer to their GP practice. The assessment tool and aide memoire are for guidance only and pharmacists must use their clinical judgement at all times.

Also included with this pack is a DVD Depression – A Caregiver’s Guide, which you may want to watch yourself as well as offer to relatives or carers of patients with depression. A letter from Caregiver Guides, the company that produced this DVD, is included in the Course Resources on page 23, giving information on how to obtain additional copies.

We would also strongly recommend that you use the Resource pack developed by the Scottish Pharmacists in Mental Health (SPMH) group which is hosted on the NES Pharmacy website at: www.nes.scot.nhs.uk/pharmacy/resources/

References

1 Doing well by people with depression. Centre for Change and Innovation, Scottish Executive Health Department. www.show.scot.nhs.uk/sehd/

2 National Programme for Improving Mental Health and Well-being and the See me Campaign.
www.show.scot.nhs.uk/sehd/mentalwellbeing.


6 Donoghue J M, Taylor DM. Suboptimal use of antidepressants in the treatment of depression. CNS


Donoghue J. Roles for pharmacist in the management of depression.


Highland Users Group (HUG). The views of 73 people on medication: What we think of it, the information we get, the people who provide it and other medication issues. July 2005. www.hug.uk.net/

Teaching plan

Lecture 45 minutes
Depression
This powerpoint presentation will cover:
- definition and diagnosis
- symptoms
- epidemiology and statistics
- guidance on management
- pharmaceutical care

Workshops 60 mins
The workshop training materials can be used for groups of between 13 and 15 participants or can be attempted on your own.
Case 1: to be completed without the use of a pharmaceutical care needs assessment tool (15 minutes).
Case 2, 3 and 4: developed to be used as role play cases (if used in a group then volunteer are required for each case, one participant chosen to play the patient and one to play the
pharmacist who completes the case using the pharmaceutical care needs assessment tool). Remaining participants will observe. The group will identify care issues at the end of the role play (10 minute role play with 5 minutes discussion).

**Questions/discussion/answers**

10 minutes (if used in large groups). Answers should be provided at the end of the session.

**Summary**

Find out what guidelines for depression management are followed locally and what patient information leaflets are commonly used. CPD-action (recording), evaluation and identification of further training needs and using the spare assessment tools exploring how to implement the tool in practice.

**Aide memoire**

To be used in conjunction with the *British National Formulary*, local or national guidelines.

1 **What medication(s) do you take for depression, what dose and when do you take it (them)?**
   This helps to clarify their understanding of the indication(s) of their medication and whether they are taking it appropriately.

   **Action**
   Note answer and prompt for any additional warnings – note reason for any variation from prescription.

2 **How long have you been taking this treatment at this dose?**
   People should take anti-depressants for a minimum of six months (one year for older people) after remission to reduce the risk of relapse, and then continuing need for treatment should be reviewed at this point. Individuals who have had previous episodes of depression or with psychosocial complications may require longer treatment. This helps to clarify how effective the therapeutic plan is.

   **Action**
   Note answer in detail box.

3 **Do you know what to do if you miss a dose or were sick after taking it?**
   If it is within 3 to 4 hours it is okay to take as soon as they remember. Otherwise miss out – take next dose at correct time. Do not double up a dose. This helps
to clarify their understanding of the action to be taken in this circumstance and avoid the potential to take too much or not enough of their medication.

**Action**
Offer appropriate advice depending on response.

**4 Has your medication made you feel better?**
This will give you an indication of how well the person is doing and how effective the medication is. If the answer is ‘no’, the length of treatment is important. It takes 4-6 weeks (longer for older people) at an adequate dose before people will feel better and they then have to continue for at least 6 months (12 months if elderly) for full benefit and to reduce the risk of relapse. Consider poor compliance or sub-optimal dosing.

If the answer is ‘yes’ and they have been taking for 6 months after remission (one year for elderly) ask if they have discussed discontinuing with their GP. We do not want people stopping suddenly because they feel better. Equally we want to work with patients and their GPs to develop effective and safe withdrawal protocols.

**Action**
Offer appropriate advice and refer to their GP if necessary.

**5 Do you think it is okay to stop your medication suddenly?**
As stated above, people can be tempted to stop suddenly if they are feeling better or perhaps as a result of long-term side-effects. People risk a relapse rate of 50% if they stop before the 6-month period. This would be a very useful opportunity to underline this point. Discontinuation symptoms may occur 24 to 72 hours after abruptly stopping an antidepressant. Common adverse effects or symptoms include nausea, vomiting, diarrhoea, abdominal pain, flu-like symptoms, anxiety, agitation, sleep disturbances e.g. insomnia and nightmares. The symptoms usually disappear after 7 to 14 days. Discontinuation should be planned and discussed with their GP and the dose gradually reduced over 4 to 8 weeks or four months for long-term treatment. Some NHS Boards have withdrawal protocols; phone your local mental health pharmacy lead for more information.

**Action**
Offer appropriate advice depending on response.

**6 Are you sleeping well just now?**
Sleep patterns are often disturbed when people are
depressed. They can either sleep too much or too little. The answer to this question will help to identify how **effectively** their depression is being managed or explore other reasons for not sleeping properly and also gives you a chance to offer some good sleep hygiene tips (see NES website support pack). SSRIs can cause insomnia in some people – if this is possibly the case then suggest taking the dose in the morning.

**Action**
Offer appropriate advice depending on response.

7  a  **Do you check with a pharmacist before buying medicines including herbal and homeopathic medicine?**
People do not realise that some over-the-counter medicines can **interact** with antidepressants. Confirm that people taking MAOI’s know about dietary restrictions such as cheese and pickles etc and OTC medicines. St John’s Wort – see Course resources booklet.

**Action**
Offer reason for always checking.

b  **Are you taking any other medicines, prescribed or bought, just now? List.**

**Action**
Check there is no interaction with anything they have bought. If the person is co-prescribed other medication, take this opportunity to confirm if there are any manifestations of potential interactions and take the appropriate action.

8  **What side effects, if any, do you think you are experiencing from your medication? List.**
**Adverse effects** are common; most are dose related and predictable and reduce with time. Some people erroneously link medication to adverse effects and this can affect their adherence to their regimen. Refer to the BNF if required to confirm if the reported adverse effects are linked to their medicine. It is possible to manage some adverse effects or at least minimise their impact, e.g. constipation – increase water and fibre intake; dry mouth – offer advice on good oral hygiene and chewing sugar-free chewing gum.

**Action**
Note any adverse effects and confirm that they are as a result of their medication and reassure patient accordingly. If the side effects are intolerable, encourage patient to discuss with their GP as soon as possible or offer to refer.

9  **Do you ever forget or choose not to take your**
medication? If yes, note how often per day/week/month.
This helps to identify any intentional or unintentional compliance issues. Whilst a single missed dose on rare occasions is unlikely to cause harm, more frequently will have an impact on the efficacy of their medication. Missing doses can cause discontinuation symptoms that mirror the original depression and confuse how efficacious the medication is.
Many patients with long-term conditions choose not to take their medicines as prescribed. The reasons for this are varied: some patients may not be fully aware of the reasons for taking medicines, or the consequences of not taking medicines; some people may miss a dose if they plan to drink alcohol. It could also be linked to fear of, or existence of, side effects or lack of efficacy or belief in the medication or because they feel better. Choosing not to take their medication as advised is the right of the patient and should be based on informed choice.

**Action**
Explore reasons and note how often in detail box.
Offer simple solutions as appropriate, e.g. linking meal times, synchronising prescriptions etc. or explore reasons for intentional non-compliance and take appropriate action.

**Issue and action**
At the end of the assessment, review the answers to the questions. Tick the box that most accurately describes care issues or problem identified. Note any follow up required and any outcome of your intervention. The action taken may involve providing information, clarifying points and providing compliance solutions. Refer any effectiveness or safety issues to their GP practice.