Examining Patient Evaluations of Antidepressant Drug Use and Efficacy

Introduction

According to the 2015 report “Depression and Other Common Mental Disorders: Global Health Estimates” by the World Health Organization, depression is the leading cause of disability and burden of disease worldwide. Evidence-based guidelines generally recommend that second-generation antidepressants (e.g. selective serotonin reuptake inhibitors and selective norepinephrine reuptake inhibitors)—in conjunction with psychotherapy—be taken as the first line of treatment for depression (Anderson et al., 2008; Qaseem, Barry, & Kansagara, 2016; Won et al., 2014). Given the considerably large array of existing pharmacological treatment options for depression and heterogeneity in risk/benefit trade-offs thereof, it is worth examining critical aspects of patients’ subjective treatment experiences across a representative sample of the antidepressant drug landscape.

Research indicates that efforts to maximize treatment benefits for patients with psychiatric illnesses are hampered by poor adherence to prescribed medications (McDonald, Garg, & Haynes, 2002). Among the many different patient factors known to affect adherence to psychiatric treatment (e.g. patient beliefs, stigmas, cost, fears of addiction, etc.), adverse drug side effects are commonly reported as a reason for reluctance to accept or continue pharmacological treatment programs (Fortney et al., 2011; Sansone & Sansone, 2012).

References

Anderson, I. M., Ferrier, I. N., Baldwin, R. C., Cowen, P. J., Howard, L., Lewis, G., & Tylee, A. (2008). Evidence-based guidelines for treating depressive disorders with antidepressants: a revision of the 2000 British Association for Psychopharmacology guidelines. *Journal of Psychopharmacology*, *22*(4), 343-396.

Fortney, J. C., Pyne, J. M., Edlund, M. J., Stecker, T., Mittal, D., Robinson, D. E., & Henderson, K. L. (2011). Reasons for antidepressant nonadherence among veterans treated in primary care clinics. *The Journal of Clinical Psychiatry*, *72*(6), 827-834.

McDonald, H. P., Garg, A. X., & Haynes, R. B. (2002). Interventions to enhance patient adherence to medication prescriptions: scientific review. *JAMA*, *288*(22), 2868-2879.

Qaseem, A., Barry, M. J., & Kansagara, D. (2016). Nonpharmacologic versus pharmacologic treatment of adult patients with major depressive disorder: a clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine*, *164*(5), 350-359.

Sansone, R. A., & Sansone, L. A. (2012). Antidepressant adherence: are patients taking their medications?. *Innovations in Clinical Neuroscience*, *9*(5-6), 41-6.

Won, E., Park, S. C., Han, K. M., Sung, S. H., Lee, H. Y., Paik, J. W., & Lee, K. J. (2014). Evidence-based, pharmacological treatment guideline for depression in Korea. *Journal of Korean Medical Science*, *29*(4), 468-484.