



National Prescribing Service Limited

What you need to know to complete the Management of Depression self-audit

Why a self-audit on the provision of antidepressants?

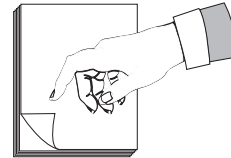
Over 50% of patients stop taking their antidepressant medicines before the recommended treatment duration.¹ Pharmacists can play an important role in improving patient care and reducing this discontinuation rate by providing support and advice on^{1,2}:

- purpose of antidepressant drug therapy
- expected time to onset of effect on symptoms
- likely duration of treatment
- possible adverse effects
- avoidance of potential medication or complementary medicines interactions.

This self-audit provides pharmacists with a tool to

- review steps undertaken when dispensing antidepressants to ensure safety and benefits to the patient are optimised.
- reflect upon the quality of information and counselling provided to the patient.

Please tear off each section and forms carefully. Registration form, signed confidentiality agreement and self-audit forms to be **received at NPS by 26 November 2004.**



Please read before commencing the self-audit

What do I need to complete the self audit?

Everything you need is included in this pack.

- Protocol and tables (attached): To assist you to complete the self-audit forms.
- Customer notice 'Quality Assurance and Your Privacy': To advise your customers you are participating in a QA program, and how their health information is confidential.
- Registration form/confidentiality agreement: To be completed and returned to NPS with your completed self-audit forms.
- **10** self-audit forms: Complete all sections as soon as possible **after** your interaction with the customer.

All 10 self-audit forms must be returned by **26 November 2004** if you wish to obtain CPE or QCPP/CQI points (if you are unable to complete all 10 forms you may still participate but you will not receive points).

For more information about the treatment of depression see:

- *NPS News 35*
- *PPR 27*
- *Australian Medicines Handbook 2004*
- *Therapeutic Guidelines: Psychotropic, Version 5, 2003.*

Which customers should be included?

Complete the forms for **10** customers aged 18 years or over who:

- Presents a prescription for an antidepressant drug, and is using the antidepressant for the treatment of depression.

Who should complete the self-audit forms?

As Professional Practice Standards stipulate that counselling on medicines is carried out by a pharmacist, self-audit forms should be completed by a pharmacist or a pre-registration pharmacist under the direct supervision of a pharmacist.³

Turn the page for more information



Part 1: Completing the self-audit forms

Completing Section A: Presentation of the prescription

Establish who the prescription is for and what further information to gather e.g. history of drug allergies.

Completing Section B: Reviewing the antidepressant drug prescribed

Mark the drug then specify the dose and frequency recorded on the prescription

All antidepressants are approximately equal in efficacy, although individual patient response may vary markedly.⁴ The choice of medication is determined on the basis of the following⁵:

- adverse effect profile of the antidepressant (See Table 1)
- prior response to medication
- risks of drug interaction (See Table 2)
- safety in overdose
- simplicity of administration.

Combinations of antidepressants have not been shown to be more effective than monotherapy and there is a very significant risk of serious adverse effects. In addition, the risk of dying in the event of overdose is increased.⁵

Period of use of this antidepressant?

A delay in onset of antidepressant response of at least 1–2 weeks occurs with all antidepressants, and the full benefit may not occur for up to 6–8 weeks.⁴ Continue antidepressant for at least 6 months, and preferably up to 12 months, after a single episode of major depression.⁵

Was the dose within the usual TOTAL daily dose range?

Table 1 shows the usual total daily dose range for each antidepressant.

Note: This question refers to the TOTAL daily dose (e.g. venlafaxine 37.5 mg twice daily equates to a total daily dose of 75 mg).

Was the patient using any medications or complementary medicines that may interact with the antidepressant?

Table 2 shows potential drugs, drug classes and complementary medicines that may interact with antidepressants.

Had the patient been on a different antidepressant recently?

When stopping antidepressants, gradual tapering of the dose should be considered to reduce the risk of withdrawal symptoms (See Table 1 for a list of withdrawal symptoms and drugs more likely to cause such effects).⁵

When changing antidepressants, an appropriate interval ('washout period') should be observed between medications to avoid interactions (See Antidepressant Changeover Category in Table 1).⁵

Was the patient pregnant or breast feeding?

A woman should always be involved in making a fully informed decision to start antidepressant therapy during pregnancy and in the postpartum period.⁵ Any decision to start treatment should be based on a risk–benefit evaluation.⁶ If a woman intends to breastfeed it is appropriate to choose an antidepressant that is suitable both for use in pregnancy and when breastfeeding.⁶

Appendix 1 of the *Therapeutic Guidelines: Psychotropic*⁵, provides an extensive overview of the risks and benefits to be considered when prescribing in pregnancy and breastfeeding.

Section C: Counselling provided on antidepressant

Was counselling provided on the antidepressant by the pharmacist or pre-registration pharmacist?

Patient counselling is the dissemination or exchange of medicine information (including skills required to safely and effectively administer the medicine) by the pharmacist to the patient and/or their carer.³ The information provided is directed at achieving safe and appropriate use of medicines, and adherence to the prescribed treatment regimen, with the intention of optimising therapeutic outcomes.³

The Professional Practice Standards³ state:

- Pharmacists have a legal and professional obligation to ensure patients have the information they need to enable them to make informed decisions about their medicines.
- It is envisaged that counselling is offered to all patients each time a product is dispensed.

Was counselling provided in a manner that was sensitive to privacy and the needs of the patient?

Patients may feel that there is a stigma associated with taking antidepressants and may wish to disguise the fact that they are taking them.¹ Pharmacists should ensure that counselling provided to the patient or carer is done in a manner that is sensitive to privacy and confidentiality to ensure the opportunity for discussion is optimal.³

Professional judgement and the expressed needs of the patient or carer will influence the scope of the counselling and how it is conducted.³

Has a Consumer Medicine Information (CMI) leaflet been provided for the current antidepressant?

Consumer Medicine Information may be offered to the patient each time a product is dispensed.³ Whether this is appropriate is a matter for professional judgement.

Specific circumstances where CMI should be provided include the following³:

- When a medicine is first provided to the patient.
- On provision of medicine where:
 - a significant change to the CMI has been notified by a sponsor
 - the dosage form has been changed (e.g. from an injection to a tablet).
- With each supply of medicine for which there are valid reasons for regular reinforcement of information.
- At the request of the patient.
- At regular intervals for medicines used for long-term therapy (e.g. every 6 months).³

The CMI can be used to supplement verbal counselling.³

Mark which of the following points were included in your counselling.

Examples of discussion points are provided on the data collection form.

Discussion points specific to individual antidepressants can be found in the *Australian Pharmaceutical Formulary and Handbook*³ and *Australian Medicines Handbook*.⁴

Section D: Self-assessment

Complete Section D to assess your management of the processes covered by sections A–C.

Part 2: Completing the self-audit cycle

After completing the self-audit forms

- Look over all the forms.
- Attach the completed registration form/signed confidentiality agreement to the **10** completed self-audit forms and return to the NPS by **26 November 2004**.

When you receive your results, you will receive:

- your own results
- aggregated group results
- expert commentary
- review and reflection points
- certificate of completion
- CPE points or QCPP/CQI points (if applicable and providing your audit covers at least 10 customers).

Important privacy information

Self-audit is an educational and quality improvement activity to enable peer feedback; data are not for research purposes. Your individual self-audit results are confidential.

Participating pharmacists will receive the aggregate results along with an expert commentary. Aggregate results will not identify any customer, pharmacist or pharmacy and may be used in NPS publications or reports.

Your participation will be notified to professional bodies only for the allocation of Continuing Pharmacy Education (CPE), Professional Development Assurance Program (PDAP) points and/or Quality Care Pharmacy Program (QCPP) Continuous Quality Improvement (CQI) credit points.

A notice is enclosed to display while conducting the self-audit. Customers should know what health data are being collected, and how these are being used, and that they can choose not to have their health information included in the self-audit.

NPS ensures that the collection, storage and use of all health information for this self-audit complies with the National Privacy Principles. We are confident that the privacy of patients, pharmacists and their staff is protected.

For more information about confidentiality and self-audit please refer to the confidentiality agreement on the reverse of the registration form.

Important note: The confidentiality agreement must be signed to participate in the self-audit.

If you require further information

For information about the self-audit
Contact Gwen Higgins:
email: ghiggins@nps.org.au
phone: (02) 8217 8700
fax: (02) 9211 7578

To order further copies of this pack
email: info@nps.org.au
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References

1. Garfield S, Smith F, Francis S. From black clouds to lighter grey: how pharmacists can help in depression. *Pharmaceut J* 2004;272:576–7.
2. Parker G. Depression and the pharmacist. *Aust Pharm* 2002;21:922–6.
3. Pharmaceutical Society of Australia. *Australian Pharmaceutical Formulary and Handbook*. Canberra: The Pharmaceutical Society of Australia; 2004.
4. *Australian Medicines Handbook*. 2004.
5. Writing Group for Therapeutic Guidelines: Psychotropic. *Therapeutic Guidelines: Psychotropic, Version 5, 2003*. Melbourne: Therapeutic Guidelines Limited; 2003.
6. Anonymous. *PRODIGY Guidance – Depression*. Vol. 2004: www.prodigy.nhs.uk/guidance.asp?gt=depression, 2003 (accessed July 2004).



National Prescribing Service Limited

National Prescribing Service Limited ACN 082 034 393
An independent, Australian organisation for Quality Use of Medicines

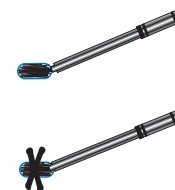
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Management of depression: self-audit form

Completing the form

- Forms may be completed by the pharmacist or pre-registration pharmacist.
 - Forms should be completed as soon as possible after serving each customer aged 18 years or over who:
 - presents a prescription for an antidepressant drug, and is using the antidepressant for the treatment of depression.
 - The pharmacist conducting the self-audit should oversee the completion of all forms.
 - Completely fill in the bubbles with black biro (as shown). Do not use pencil.
- If you make a mistake use white correction fluid or cross through the bubble clearly (as shown).



SECTION A	Section A: Presentation of the prescription			
	Was the customer the patient?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not determined
	Did the patient have a history of drug allergies?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not determined

SECTION B	Section B: Reviewing the antidepressant drug prescribed				
	Mark the drug then specify the dose and frequency recorded on the prescription:				
	selective serotonin reuptake inhibitors (SSRIs)				
	<input type="radio"/> citalopram	<input type="radio"/> escitalopram	<input type="radio"/> fluoxetine	_____ mg	<input type="radio"/> daily <input type="radio"/> twice daily <input type="radio"/> other
	<input type="radio"/> fluvoxamine	<input type="radio"/> paroxetine	<input type="radio"/> sertraline		
	other antidepressants				
	<input type="radio"/> mianserin	<input type="radio"/> reboxetine		_____ mg	<input type="radio"/> daily <input type="radio"/> twice daily <input type="radio"/> other
	<input type="radio"/> mirtazapine	<input type="radio"/> venlafaxine			
	reversible inhibitors of monoamine oxidase A				
	<input type="radio"/> moclobemide			_____ mg	<input type="radio"/> daily <input type="radio"/> twice daily <input type="radio"/> other
tricyclic antidepressants (TCAs)					
<input type="radio"/> amitriptyline	<input type="radio"/> clomipramine	<input type="radio"/> dothiepin	_____ mg	<input type="radio"/> daily <input type="radio"/> twice daily <input type="radio"/> other	
<input type="radio"/> doxepin	<input type="radio"/> imipramine	<input type="radio"/> nortriptyline			
<input type="radio"/> trimipramine					
monoamine oxidase inhibitors					
<input type="radio"/> phenelzine	<input type="radio"/> tranylcypromine		_____ mg	<input type="radio"/> daily <input type="radio"/> twice daily <input type="radio"/> other	
Period of use of this antidepressant? <input type="radio"/> First prescription <input type="radio"/> 1–2 months <input type="radio"/> 2–6 months <input type="radio"/> > 6 months <input type="radio"/> Not determined					
Was the dose within the usual TOTAL daily dose range (see Table 1)?					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not determined					
<input type="radio"/> dose higher <input type="radio"/> dose lower					
Was action required to adjust the dose? <input type="radio"/> Yes (please specify ▼) <input type="radio"/> No					

Was the patient on any medications or complementary medicines that may interact with the antidepressant (See Table 2)?					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not determined					
Was action required regarding interaction? <input type="radio"/> Yes (please specify ▼) <input type="radio"/> No					

Had the patient been on a different antidepressant recently?					
<input type="radio"/> Yes <input type="radio"/> No					
Was the dose tapered before cessation?					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not determined					
Was a 'washout period' allowed when switching between antidepressants?					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not determined					
If no, was action required? <input type="radio"/> Yes (please specify ▼) <input type="radio"/> No					

Was the patient pregnant or breast feeding?					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not determined					
If yes, was action required? <input type="radio"/> Yes (please specify ▼) <input type="radio"/> No					

Section C: Counselling provided on antidepressant

Was counselling provided on antidepressant use by the pharmacist or pre-registration pharmacist?

Yes

No

If no, please outline reason why _____

Go to Section D

Was counselling provided in a manner that was sensitive to privacy and the needs of the patient?

Yes

No

Not determined

Has a Consumer Medicine Information (CMI) leaflet been provided for the antidepressant?

Yes

No

Not determined

Was a CMI leaflet provided as part of this counselling interaction?

Yes

No

Not determined

Was additional written material (e.g. Pharmacy Self Care card) supplied?

Yes

No

Not determined

Mark which of the following points were included in your counselling:

purpose of antidepressant

Depression is common. Most people recover but treatment speeds recovery.¹

dose and timing of antidepressant

Provide information on dose and timing of antidepressant (e.g. tricyclic antidepressants often best taken as a single dose at night).

expected time to onset of effect of therapy

Antidepressants are usually effective. In general it takes 1–2 weeks before an effect is seen and 6–8 weeks to work fully.²

response to therapy

For patients currently using an antidepressant, enquiries about response to therapy to date may identify concordance issues or the need for referral to a doctor.

likely duration of treatment

A course for at least 6 months after symptoms improve is usual.¹

importance of taking antidepressant every day

For best effect the antidepressant must be taken regularly.

possible adverse effects

Many adverse effects of antidepressants (e.g. nausea with SSRIs or sedation with TCAs) settle within the first 1–2 weeks of treatment.³

potential for interactions with other medications or complementary medicines

It is sometimes not safe to take certain medications or complementary medicines with antidepressants. Always check with your doctor or pharmacist.

changing antidepressants

For patients who are changing antidepressants, information regarding the need for a medicine-free interval will be important.

talking things through with family, friends or a counsellor is often useful

see your doctor if you get worse or develop troublesome side effects

additional drug specific information (please specify) _____

SECTION C

SECTION D: Self-assessment

Which staff members were involved with this customer? (you may mark more than one response)

Pharmacist

Pre-registration pharmacist

To what extent do you think this customer received quality advice about their antidepressant prescription?

Fully

Substantially

Partially

Not at all

Please indicate all barriers to providing quality advice for this customer (more than one response may apply)

Pharmacist busy

Customer in a hurry

Customer not the patient

Customer not receptive to discussion

None

Other (please specify) _____

SECTION D

1. Anonymous. PRODIGY Guidance – Depression. Vol. 2004: www.prodigy.nhs.uk/guidance.asp?gt=depression, 2003 (accessed July 2004).

2. Australian Medicines Handbook. 2004.

3. Mitchell PB. Managing depression in a community setting. Med J Aust 1997;167:383–8.

