

# Medicines Optimisation Briefing

**This medicines optimisation briefing focuses on patients with depression and is designed for pharmacy professionals in any sector to use in their practice.**

## Patient experience

*Talk to me, but be aware that I have good and bad days and may not show the signs of interest and engagement that you expect. That's what depression can do to you. I would like more information about my medicines, but I can only cope with so much information at once and am likely to focus on any negative information.*

### Steps you can take:

- Introduce yourself to me by saying "hello, my name is..." and ask me if I would like to talk about my medicines, but be prepared to listen, rather than just talking at me
- Provide me with reassurance and bite-sized pieces of information at each visit rather than overloading me in one go
- Avoid saying anything negative, because I may focus on that and miss any positive messages
- Use language I understand, but avoid patronising me.

## Evidence – is the medicine appropriate?

*Make sure patients know why they are taking an antidepressant before you start talking to them, otherwise they may lose confidence in you. If you don't know what they are taking it for – ask them. Let patients know that they won't notice any immediate benefit and they will need to keep taking them after they feel better. Talk to them about other approaches for managing depression.*

### Steps you can take:

- Antidepressants are used for other indications such as anxiety or neuropathic pain, so be clear of the indication
- Reassure patients that antidepressants are effective if they are taken regularly for at least six months following resolution of symptoms for the first episode of depression, and longer for any subsequent episodes
- Self management, psychological therapies and lifestyle adjustments, such as exercise, play a large part in the management of depression, so encourage patients to persevere with these when antidepressants are started as they will augment each other.

The four principles of medicines optimisation\* describe how healthcare professionals can enable patients to improve their quality of life and outcomes from medicines use by having a sustained focus on the need to optimise patients' medicines.

\* [www.rpharms.com/medicines-safety/medicines-optimisation.asp](http://www.rpharms.com/medicines-safety/medicines-optimisation.asp)

## Safe and effective

*Help patients to understand how to take their antidepressants, their likely side effects and explain that they may experience these before they get the full benefit from them; encourage patients to keep taking their medicines regularly through this period. Explain that antidepressants are not addictive, but stopping them suddenly may cause discontinuation symptoms, so when it's time to stop them it will be a slow, managed process. Encourage patients to talk to you before taking any other medicines, including complementary or herbal medicines.*

### Steps you can take:

- Ask patients how they are taking their medicines and if they are having any problems, and use this information to individualise their treatment to meet their needs and routine; encouraging adherence will aid recovery
- Explain to patients that antidepressants start to work in the first week, but it may take six to twelve weeks for full effect
- Reassure patients that taking antidepressants regularly will allow them to be effective whilst minimising side effects and avoiding discontinuation symptoms.

## Medicines optimisation as part of routine practice

*Patients may decide very early on whether or not to take an antidepressant, so make every contact count; reassurance and encouragement can make a big difference. It is important that patients feel in control of their treatment, so take time to listen to them and follow up any questions or concerns that they have. Patients may be supported by the community mental health team, so become part of their team too.*

### Steps you can take:

- Support patients with regular follow up and opportunities to let you know how they are getting on
- Signpost or show patients how to find the information and support available to them, but have leaflets available for those patients who may not feel able or motivated to do this
- Record conversations on the patient's medication record (PMR) so these can be built upon at each visit, and try to agree a way for you to contact patients if they don't come for their medicines
- Contact the community mental health team to find out how you can help to support patients.

## Case studies

**Mrs York is 87 years old. She regularly collects a repeat prescription from her local pharmacy for citalopram. Mrs York has been prescribed this for five years following the death of her husband. Recently Mrs York tripped at home, banged her head on the sideboard and was admitted to hospital overnight. Since she left hospital, three days ago, Mrs York has started to feel unwell. She has been sweating and feeling nauseous, and has also been having problems sleeping. Mrs York visits her pharmacy to ask for advice about her symptoms because she thinks she might have picked up a bug and doesn't want to bother her GP.**

The pharmacist asks Mrs York about her hospital admission and by listening carefully discovers that the doctors did a scan of her head and everything looked fine so she was discharged. Mrs York explains that her medicines were changed in hospital; her antidepressant was stopped because it was causing a problem with her heart. The pharmacist thinks that the symptoms that Mrs York is experiencing (sweating, nausea and insomnia) may be discontinuation symptoms due to citalopram being stopped suddenly. The pharmacist contacts Mrs York's GP and finds out that her citalopram was stopped due to a prolonged QTc interval. They also discuss that hyponatraemia caused by SSRIs can cause confusion and may have contributed to Mrs York's fall.

The pharmacist confirms to Mrs York that her antidepressant was stopped as it was affecting her heartbeat and that she may be experiencing some symptoms from stopping it. The pharmacist reassures Mrs York that her symptoms should go away on their own, but it might take a couple of weeks for them to go away completely, and adds that she might experience some other symptoms such as chills, muscle pain, headache and vivid dreams. The pharmacist advises Mrs York to call back to talk again if she has any further questions or concerns and also reassures her that there are alternative antidepressants available should she need another one. Mrs York is relieved that it is not a bug as she doesn't want to pass anything on to her grandchildren. Now that she knows what is causing her to feel unwell

and that it will get better, she is happy to put up with the symptoms. The pharmacist contacts Mrs York's GP to let them know about the plan and makes a note on the PMR so the whole pharmacy team will be aware of what has been discussed.



### Lifestyle messages

- Antidepressants (and depression itself) may cause weight gain or weight loss, so offer advice on the importance of maintaining a healthy balanced diet, hydration and exercise and explain that these will also help to manage depression
- Signpost patients to healthy living or walking groups
- Offer brief alcohol advice and its possible effects on depression and medicines
- Offer advice about sleep hygiene and relaxation.

### Where's the evidence?

- NICE [www.nice.org.uk](http://www.nice.org.uk)
- Maudsley Prescribing Guidelines
- Local formularies and experts such as mental health pharmacists

### Signposting patients

- Depression Alliance [www.depressionalliance.org](http://www.depressionalliance.org)
- Depression UK [www.depressionuk.org](http://www.depressionuk.org)
- Healthtalk online [www.healthtalkonline.org/peoples-experiences/mental-health/depression/talking-therapies-experiences-talking-therapy](http://www.healthtalkonline.org/peoples-experiences/mental-health/depression/talking-therapies-experiences-talking-therapy)
- MIND and local branches [www.mind.org.uk](http://www.mind.org.uk)
- NHS Choices [www.nhs.uk/Conditions/Depression/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Depression/Pages/Introduction.aspx)
- NHS Choices Moodzone [www.nhs.uk/Conditions/stress-anxiety-depression/Pages/low-mood-stress-anxiety.aspx](http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/low-mood-stress-anxiety.aspx)
- Pre and Postnatal depression advice and support (PANDAS) [www.pandasfoundation.org.uk](http://www.pandasfoundation.org.uk)
- Rethink mental illness [www.rethink.org](http://www.rethink.org)
- SANE [www.sane.org.uk](http://www.sane.org.uk)
- Young MINDS [www.youngminds.org.uk](http://www.youngminds.org.uk)
- Local support groups
- Local sports and leisure centres or activity groups.

### Where can I learn more about this?

Clinical knowledge summaries [cks.nice.org.uk](http://cks.nice.org.uk)  
 College of Mental Health Pharmacy [www.cmhp.org.uk](http://www.cmhp.org.uk)  
 Consultation skills for pharmacy website:  
[www.consultationskillsforpharmacy.com](http://www.consultationskillsforpharmacy.com)  
 CPPE learning programmes [www.cppe.ac.uk](http://www.cppe.ac.uk)  
[thelearningpharmacy.com](http://thelearningpharmacy.com) - depression floor  
[www.thelearningpharmacy.com](http://www.thelearningpharmacy.com)  
 The Royal Pharmaceutical Society Mental health toolkit  
[www.rpharms.com/public-health-resources/mental-health.asp](http://www.rpharms.com/public-health-resources/mental-health.asp)



These materials have been published through a corporate sponsorship from Pfizer.