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Original Research

Perspective of community pharmacists on their practice with patients who have an antidepressant drug treatment: Findings from a focus group study

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Abstract

Background: Around 2/3 of patients with major depression discontinue their antidepressant drug treatment (ADT) prematurely. Community pharmacists can rely on their regular contacts with patients to identify and support those experiencing difficulties with their ADT.
Objective: The aim of this study is to describe pharmacists' perceptions with respect to their practices related to patients having an ADT.
Methods: A qualitative study was conducted based on 6 focus groups involving 43 community pharmacists in 5 regions of Quebec province, Canada. Verbatim transcripts of focus groups were analyzed using computer-assisted thematic analysis.
Results: The discussions revealed three major aspects of the participants' pharmacy practice: convincing patients to initiate ADT, dealing with side effects in the first weeks of the treatment, and taking a reactive approach to managing the treatment for the remainder of the follow-up. Discussions also enabled participants to identify the challenges they face concerning their practice with patients who have an ADT, and voice their recommendations for improving pharmacy practice and ultimately patient adherence to ADT.
Conclusions: Pharmacists wishing to help their patients to adequately manage their ADT face important barriers. Potential solutions include tools designed to help pharmacists better detect and intervene in ADT-

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related problems. Study findings will guide the on-going development of training and tools to support pharmacists' practice in this context.

Keywords: Depression; Antidepressant drugs; Pharmacists; Community pharmacy services; Pharmaceutical services

Introduction

Patients diagnosed with depression who are prescribed an antidepressant drug treatment (ADT) face several challenges that could result in suboptimal ADT adherence. Adherence is composed of persistence, which is continuing the medication for the specified length of time[1,2] and compliance, which implies taking the drug in accordance with the prescribed dosage and schedule.[1] Previous studies showed that non-persistence is frequent, with 45–60% of patients stopping their ADT within the first 3 months of initiation.[3,4] In Quebec province (Canada), 68.1% of individuals insured under the public drug plan did not persist with their ADT for the minimum 8 months recommended by the Canadian clinical practice guidelines.[5] High levels of non-compliance are also observed.[6] Variations in non-persistence and non-compliance estimates in published studies are mostly due to differences in populations, drugs studied and in how non-persistence and non-compliance are defined. Previous studies have shown that side effects, lack of efficacy in the weeks following treatment initiation, stigma and lack of clinician-patient alliance are potentially related to non-adherence with ADT.[7–11] This is problematic given that ADT non-adherence has been associated with relapse[12] and lower remission rates.[13]

Community pharmacists are in position to prevent, identify and intervene on problems that patients encounter with ADT.[14–16] First, in the province of Quebec in 2004,[5] antidepressant drugs represented 10.6% of dispensed drugs in community pharmacies. Consequently, community pharmacists in their day-to-day practice, meet many clients potentially needing ADT-related pharmaceutical care. Second, community pharmacists have regular contact with patients who visit their pharmacy frequently to have their drug filled. Finally, results from systematic reviews,[17,18] indicate that persistence and compliance with ADT may be improved by pharmacist-based interventions. A meta-analysis indicated that patients allocated to groups receiving pharmacist interventions were actually 64% more likely to adhere to ADT than patients who received usual care only (odds ratio summarizing the effect of the six studies = 1.64, 95% confidence interval = 1.24–2.17).[17] A review of twelve randomized controlled studies[19] indicates that while pharmacists' interventions may be effective at improving ADT persistence and compliance, mixed results are obtained for other patient outcomes, since only a few of the reviewed studies demonstrated an effect on patient satisfaction with the treatment,[20–23] patient ADT knowledge[20,21,24] and depressive symptoms.[22,25] Results of a recent randomized controlled study evaluating a pharmacist intervention showed no statistically significant effect on compliance but patients' health-related quality of life was significantly improved.[26]

Despite evidence from research studies that community pharmacists could contribute to support patients having an ADT, some of the previous studies indicate that, in the "real life" practice setting, delivering pharmaceutical care to patients being treated for depression is challenging. Providing pharmaceutical care to patients treated for depression is perceived as more difficult, compared to doing so to patients with other chronic diseases.[27–29] Pharmacists see significant lacks of time,[27–34] privacy,[27–30,32,34] information about patient diagnosis and relevant history,[27–29,31,33] training on mental health issues[27–30,35,36] and pharmaceutical care,[34] and lack of collaboration with physicians[29,31,33–35] as the main barriers to the provision of pharmaceutical care to patients having an ADT. Also noteworthy are the pharmacists' uneasiness when providing this type of patient-centered intervention to patients with depression[27,29,33,35,37] and their perception that patients may be reluctant to discuss depression.[27,33] However, several intervention studies demonstrated that it is possible to positively influence pharmacists' practices and attitudes toward patients using ADT and patients having mental health problems in general.[35,37–47]

In preparation for the development of training and tools to support community pharmacists' practice with patients who have an ADT in the