

Research report

Indications for antidepressant drug prescribing in general practice in the Netherlands

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Abstract

Background: The intensity of the use of antidepressants in large populations can nowadays relatively easily be estimated using databases encompassing prescription data. There are shortcomings when using prescription databases as they contain no clinical data on patient illness. Antidepressants are prescribed for different illnesses, thus information on the indications could help when interpreting results from database studies on antidepressant drug use. The aim of this study is to investigate for which indications antidepressants are being prescribed in general practice in the Netherlands.

Methods: Data were obtained from the Second Dutch National Survey of General Practice, carried out by NIVEL ($N=385,461$). Patients, 18 years and older, who received an antidepressant prescription from a general practitioner in 2001 were selected ($N=13,835$). Indications for antidepressant drug prescribing were identified using time windows of different lengths.

Results: Antidepressants are most often being prescribed for depression (45.5%) and anxiety/panic disorders (17.2%). For these indications lengthening the time window around prescription date from 0 to 180 days resulted in an increase of 20–40% in antidepressant drug users identified with these indications.

Limitation: None of our selected indications could be identified in the physician–patient contact file for about a third of the antidepressant drug users. The study was performed in a general practice setting and did not include antidepressant users who consult psychiatrists.

Conclusion: GPs prescribe antidepressants predominantly for treating depression. However, using antidepressant drug as a proxy for identifying depressed patients in a prescription database should be done with caution and when possible in combination with clinical data.

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Keywords: Antidepressant drug; Depression; General practice; Indication; Prescription databases; Time window

1. Introduction

Antidepressant drug use has increased dramatically over the past decade (Rosholm et al., 1997; Lawrenson

et al., 2000). Possible explanations for this increase are thought to be many, including the introduction of new antidepressants, increased depression awareness, acceptability of pharmacological treatment, better diagnosis, broadened indications and longer treatment periods (Barbui et al., 1999; Stafford et al., 2001; Pirraglia et al., 2003; Hemels et al., 2002; Meijer et al.,

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2004). The intensity and dynamics of the use of antidepressants in large populations can nowadays quite easily be estimated using databases encompassing prescription data (Tamblyn et al., 1995; Melfi and Croghan, 1999; Henriksson et al., 2003). There are, however, shortcomings when using these databases as they often only contain prescription data and no clinical data including information on the type of illness the treatment is intended for.

In the Netherlands antidepressants are approved not only for use in patients who suffer from depression but also for patients with nocturnal enuresis, social phobia, generalized anxiety disorders, obsessive–compulsive disorders, panic disorders and eating disorders (Anon, 2000). In addition, the antidepressants are used for some clinically accepted off-label indications such as sleeping disorders (Walsh, 2004), urinary incontinence (Zinner et al., 2004), headache (Colombo et al., 2004) and neuropathic pain (Maizels and McCarberg, 2005). Previous studies have shown that use of antidepressants have even gone beyond the approved and clinically accepted off-label indications (Volkers et al., 2005). Given the different diseases and symptoms that the antidepressants can be prescribed for and the vast amount of research that has been done on antidepressant drug use (Bingefors et al., 1996; Joffe et al., 2001; Hemels et al., 2002; Barbui et al., 2003; Hansen et al., 2003; Rahimtoola et al., 2003; Helgason et al., 2004; Meijer et al., 2004) it is of interest to investigate the indications for antidepressant drug prescription. Information on how the antidepressants are being prescribed for the different symptoms and illnesses could help us in better understanding and interpreting results from prescription database studies done on antidepressant drug use e.g. where antidepressant drug use is set as a proxy for treatment of depression.

When identifying indication for antidepressant drug prescribing using general practice databases it is important that the indication is registered in the physician–patient contact file when a prescription is given. Not registering the indication for prescribing might occur in different situations e.g. for new users where antidepressant drug therapy can be initiated before the general practitioner has come to a diagnosis. To try to overcome these problems time windows of different length around prescription date can be applied. By applying this method more physician–patient contact moments are used to identify the indication for prescribing.

The aim of this study is to investigate for which indications antidepressants are being prescribed in general practice in the Netherlands. In addition, we will investigate how using different time windows around prescription date will influence identifying indi-

cations for antidepressant drug prescribing in a general practice database.

2. Methods

2.1. Setting and study population

Data of this study were obtained from the Second Dutch National Survey of General Practice (DNSGP-2) which was carried out in 2001 by the Netherlands Institute for Health Services Research (NIVEL) and has been described in detail elsewhere (Westert et al., 2005). In short, 195 general practitioners (GPs) in 104 practices registered details of all physician–patient contacts during 12 months in a standardized way. GPs were trained during an intensive course on coding practices and problems by the LINH (Dutch Information Network GPs). The GPs registered all health problems presented within a consultation and diagnoses were coded using the International Classification of Primary Care, ICPC (Lamberts and Wood, 1987).

In addition, all prescriptions made by the GPs were registered. The DNSGP-2 includes prescription data containing information on the dispensed drug, dispensing date, amount dispensed and prescribed dosage regimen. Drugs are coded according to the Anatomical Therapeutic Chemical (ATC) classification (Anon, 2002). Each patient is identified with an anonymous unique patient-identification code.

The DNSGP-2 population consisted of patients from 104 general practices in the Netherlands ($N=385,461$). Eight practices were excluded from the DNSGP-2 population for the present study due to insufficient contact and/or data collection. The source population included all individuals registered in the 96 general practices in the Netherlands in the year 2001 ($N=289,692$). The study population consisted of patients, 18 years and older, from the 96 practices which received at least one antidepressant prescription from their GP in the year 2001 ($N=13,835$). The 1-year prevalence of antidepressant drug use in the study population was 6.0% which is similar to the 1-year prevalence of antidepressant drug use in 2001 in the Netherlands (Anon, 2006a,b).

In the Netherlands the following antidepressants were available and prescribed during the study period: tricyclic antidepressants (TCAs: amitriptyline, clomipramine, desipramine, dosulepin, doxepin, imipramine, maprotiline, nortriptyline, trimipramine), selective serotonin reuptake inhibitors (SSRIs: citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline) and other (mianserin, mirtazapine, moclobemide, nefazodone, trazodone, tranylcypromine, venlafaxine).

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