





Impact of depression training for pharmacists on patients starting a new treatment with antidepressant therapy

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INTRODUCTION: DEPRESSION

> From hidden burden to global public health concern





12-month prevalence: 5-16% ~ European average

Moderate – severe depression: AD cornerstone of treatment







INTRODUCTION: ROLE OF THE PHARMACIST



Aim: SIMCAstudy



50 – 83% discontinue prematurely / take AD inconsistently

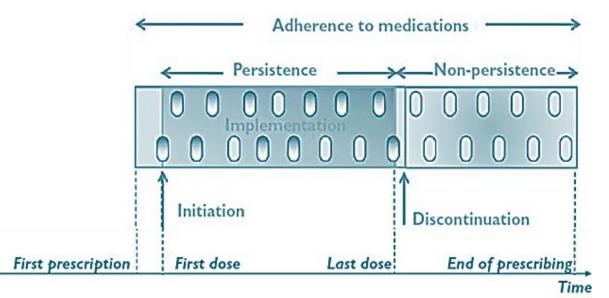


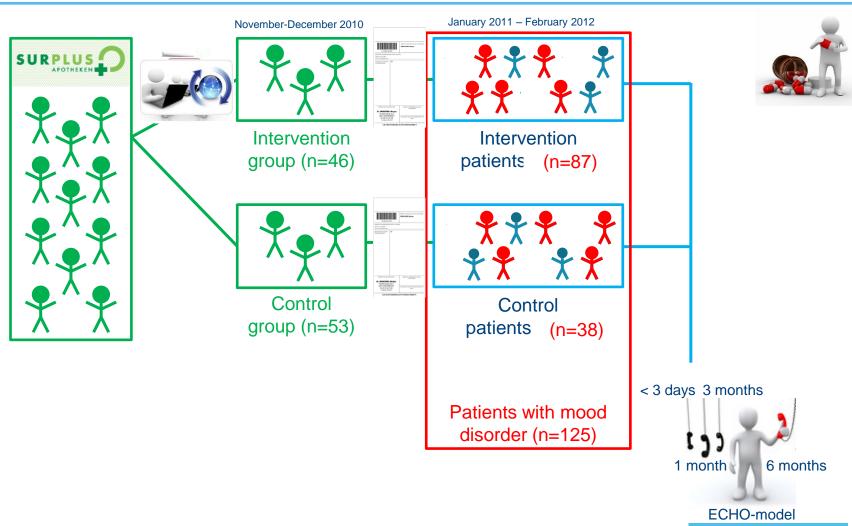
Figure 1: Illustration of the process of adherence to medication

Adapted with permission from: Vrijens B et al. Br J Clin Pharmacol 2012 May;73(5):691-705.





METHODS: IMPACT OF DTD FOR PHARMACISTS ON PATIENTS

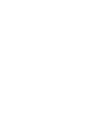




METHODS: IMPACT OF DTD FOR PHARMACISTS ON PATIENTS

Table 1: Overview of the outcome measures performed at each point in time.

Outcome measure	At the start of	After 1	After 3	After 6
	treatment	month of	months of	months of
		treatment	treatment	treatment
Demographic characteristics (gender, profession, education, age, civil state, previous use of AD and contact with other AD users)	√			
Medication adherence				
MMAS (Morisky Medication Adherence Scale)		✓	✓	✓
Economic outcomes				
WPAI (Work Productivity and Activity Impairment)	✓	✓	✓	✓
Clinical outcomes				
HADS (Hospital Anxiety and Depression Scale)	✓	✓	✓	✓
Humanistic outcomes				
BMQ (Beliefs about Medicines Questionnaire)	✓	✓	✓	✓
SWiP (Satisfaction With Pharmacist)	✓	✓	✓	✓
FSE (Feelings about Side Effects)		✓	✓	✓
SWT (Satisfaction With Therapy)		✓	✓	✓
PS-CaTE (Patient Satisfaction with Cancer Treatment Education)				
Patient satisfaction with information regarding treatment	✓	✓	✓	✓
Patient satisfaction with information regarding side effects	✓	✓	✓	✓
EQ-VAS (EQ visual analogue scale)	✓	✓	✓	✓
Q-LES-Q (Quality of Life Enjoyment and Satisfaction Questionnaire)	✓	✓	✓	✓





RESULTS: IMPACT OF DTD FOR PHARMACISTS ON PATIENTS

Table 2: Overview of the results of the outcome measures in control and intervention group at the different points in time.

		<u> </u>		
Outcome measure: Differences between intervention and control group	At the start	After 1	After 3	After 6
	of treatment	month of	months of	months of
		treatment	treatment	treatment
Demographic characteristics	p>0.05	/	/	/
Medication adherence	/	p>0.05	p>0.05	p>0.05
Economic outcomes	p>0.05	p>0.05	p>0.05	p>0.05
Clinical outcomes	p>0.05	p>0.05	p>0.05	p>0.05
Humanistic outcomes				
BMQ				
Necessity of antidepressants	p>0.05	p>0.05	p>0.05	p>0.05
Concerns about the negative effects of antidepressants	p>0.05	p=0.03	p<0.01	p>0.05
Concerns about the way doctors use medicine (overuse)	p>0.05	p>0.05	p>0.05	p>0.05
Belief that medications in general are harmful	p>0.05	p>0.05	p>0.05	p>0.05
SWiP (Satisfaction With Pharmacist)	p=0.02	p>0.05	p>0.05	p>0.05
FSE (Feelings about Side Effects)	1	p>0.05	p<0.01	p>0.05
SWT (Satisfaction With Therapy)	/	p>0.05	p>0.05	p>0.05
PS-CaTE (Patient Satisfaction with Cancer Treatment Education)				
Patient satisfaction with information regarding treatment	p<0.01	p>0.05	p>0.05	p>0.05
Patient satisfaction with information regarding side effects	p=0.01	p>0.05	p>0.05	p>0.05
EQ-VAS	p>0.05	p>0.05	p>0.05	p>0.05
Q-LES-Q	p>0.05	p>0.05	p>0.05	p>0.05





STRENGTHS & LIMITATIONS

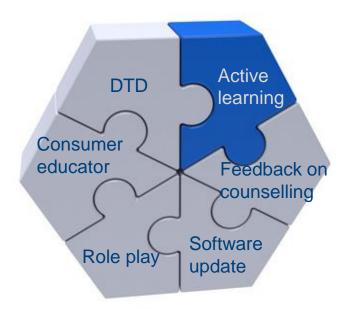
Strengths	Limitations		



CONCLUSION

- The SIMCA-study supports the role of community pharmacists
 - in providing
 pharmaceutical care
 towards patients with
 depression
 - in order to improve humanistic outcomes, and the importance of training in this regard.

Effective complex multifaceted intervention





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