



## **Perspectives on Effective SSRI Use**

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# Disclosures

- No industry disclosures

# So what can we address in 40 min?

- Let's acknowledge ADHERENCE is the #1 challenge to effective SSRI use
- Psychological Theories of Non-Adherence
- Tips / Recommendations for Interacting with your patients on antidepressant prescribing
- 10 minutes Q & A

# What tips will we be reviewing?

## Suggestions for...

1. Identifying and Addressing Antidepressant Ambivalence
2. Framing Side Effects...before you start
3. Initiating the medicine ('forced dose titration)
4. Monitoring Adherence
5. Framing, and Responding to Side Effects
6. Tracking Response
7. When to Switch, or "Augment"

# The Challenge of Antidepressant Adherence

- Antidepressants the most commonly prescribed class of medication in primary care (Olfson et al, 2009)
- Adherence Rates are Low (**on average, only ~50% adhere**)
- Various reasons identified in the literature
- Some 'internal' patient factors, some 'external'
- External Factors (cost, poor education, lack of follow-up)
- Internal Factors (ambivalence, fears, lack of motivation)

# What are the barriers?

- Do not understand time course of response
  - Lack of understanding how to take
  - Poor follow-up by clinician
  - Cost
- 
- Fear will change personality
  - Fear of Addiction
  - Fears of Side Effects
  - “Medicines do not fix the real problem”

## It helps to review some theories around adherence

- The AIM Model (Ability-Information-Motivation)
- The Health Belief Model (HBM)
- The Theory of Planned Behavior (TPB)

# Ambivalence toward Antidepressants: Identifying the Salient Belief

**“What comes to mind when you think about trying an antidepressant?”**

- They are addictive (I will never get off it)
- They are a crutch (do not address root cause)
- They will change who I am (existential fear)
- They are “happy pills” (existential fear, fear of addiction)
- Weight gain (will make me ugly, unappealing)
- “I tried them...they don’t work” (nihilism)
- I will use my faith (all or nothing thinking)



# Salient Beliefs need to be acknowledged, validated, and clarified (*not* contradicted)

- “I don’t want to take anything addictive”
  - That’s important to me too, and I’m glad you are careful about that. That’s why I think this medicine is a good option for *you* in particular...”
- “I don’t want to take a happy pill”
  - “I’m with you, I don’t believe in prescribing happy pills. And I can tell you: these medicines are not that good. They don’t make people happy. But they do allow you to focus on what’s truly important.”
- “I will use my faith”
  - “I’m so glad to hear you say that. I am a big believer in the power of faith. These pills are not meant to replace that. They are intended to help your brain and your spirit get on the same page.”

## Prescribing Tip: 'Forced Dose Titration'

- Under-dosing is common, and contributes to nihilism
- Recommend "Forced Dose Titration":
  - Citalopram 20mg: take ½ tablet daily for one week, then one full tablet daily
  - Sertraline 50mg: take ½ tablet daily for 1 week, then one tablet daily for one week, then two tablets daily OR
  - Sertraline 100mg: take ½ tablet daily for 1 week then one tablet daily
  - Re-evaluate after 4-6 weeks; if sedation a complaint- take at night

## Side Effects vs. Adverse Event on SSRI's

- Acute onset of suicidal thoughts, extreme restlessness or agitation is not a side effect, it is an adverse reaction, and med should be stopped
- The remainder tend to be nuisance side effects, and can affect adherence, often peak then subside in a few weeks:
  - Sexual side effects (decreased libido, anorgasmia)
  - Mild restlessness, fine tremor when first initiated
  - Mild nausea, sometimes constipation
  - Changes in sleep, sometimes vivid dreams

# Responding to Side Effect Questions: Building Trust



**Could  
Prozac  
do this?**



**“You know, it’s possible.  
This sounds important. Tell  
me what you have noticed.”**

## Monitoring Response: Get the Data

- Medical providers are more comfortable when their decisions are grounded in measurement
- We don't treat high cholesterol, hypertension, and diabetes 'by feel'
- Don't force yourself to treat depression that way
- There are reliable depression rating scales that can guide treatment, and 'cut to the chase' when assessing your patients' symptoms

# PHQ-9

- Many PCP's prefer this
- Self-administered in waiting room
- Takes minutes to complete
- It's also a teaching tool
- Can be used for screening and monitoring
- Free online
- Use the scores to give feedback to your patients

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Somewhat	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns:  +  +

(healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at [rls9@columbia.edu](mailto:rls9@columbia.edu). Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

**PATIENT HEALTH QUESTIONNAIRE-9  
(PHQ-9)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "+" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Feeling down, depressed, or hopeless	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3
4. Feeling tired or having little energy	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Poor appetite or overeating	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Thoughts that you would be better off dead or of hurting yourself in some way	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

FOR OFFICE CODING: 0 + \_\_\_\_\_ + \_\_\_\_\_ = Total Score: \_\_\_\_\_

If you checked off **any** problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult       Somewhat difficult       Difficult

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(it doesn't have to be high-tech)

# SSRI's

Name	Dose range	Pearls
<b>Fluoxetine (Prozac)</b>	10-40mg	Long half-life; +drug interactions
<b>Paroxetine (Paxil)</b>	10-40mg	Short half-life; +drug interactions; anticholinergic
<b>Sertraline (Zoloft)</b>	50-250mg	Few drug interactions; multiple titrations needed
<b>Fluvoxamine (Luvox)</b>	25-300mg	<u>rarely used</u> - many interactions, side effects
<b>Citalopram (Celexa)</b>	10-40mg	Few drug interactions; Well-tolerated, QT interval concerns
<b>Escitalopram (Lexapro)</b>	10-20mg	Few drug interactions; well-tolerated
<b>Vortioxetine (Brintellix)*</b> <b>Vilazidone (Viibryd)*</b>	10-20mg 10-40mg	Proprietary, expensive *"serotonin modulator"



# Examples of possible first line SSRI's

## 1. Citalopram/Escitalopram

- Generic
- Few drug interactions
- Generally well tolerated
- Easy to titrate
- Citalopram labeled with QTc prolongation (though a dearth of clinical significance in reported studies)

## 2. Sertraline

- titration takes longer
- Otherwise, same benefits as above

## Prescribing Tip: 'Forced Dose Titration'

- Recommend "Forced Dose Titration":
  - i.e., **Escitalopram 10mg**: take ½ tablet daily for one week, then one full tablet daily
  - i.e., **Sertraline 50mg**: take ½ tablet daily for 1 week, then one tablet daily for one week, then two tablets daily

OR

- **Sertraline 100mg**: take ½ tablet daily for 1 week then one tablet daily
- Re-evaluate after 4-6 weeks; if sedation is a complaint- take at night

# Switching strategies...

- Review of the Texas Medication Algorithm Project (TMAP)
- Recommend augmentation with partial responders, switching for non-responders
- If switching between SSRI's, recommend 'cross-taper' strategy

# Question and Answer Session