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WHAT'S NEW

Physical and sexual abuse might raise the risk of type 2 diabetes, a study of almost 70,000 women suggests. **2**

Nearly one-quarter of U.S. high school students reported binge drinking in 2009. **4**

A Chilean miner might get more emotional help from a colleague with whom he was trapped than from any mental health professional who rides into town, Dr. Paul J. Fink writes. **12**

Dr. Michael F. Myers says awareness is central in efforts to avert physician suicide. **13**

An Army program helps soldiers redirect the adrenaline rushes some of them experience when they return home. **18**

Interdisciplinary teams can help nursing homes in their efforts to stop excessive use of psychoactive medications in residents. **30**

Some antiepilepsy drugs raise the risk of self-harming behavior. **40**

Serotonin appears to have an active role in the progression of heart failure, researchers say. **49**

Minority medical school enrollment climbed in 2009, and Hispanic men made the biggest inroads. **56**

Poor Adherence Boosts Antidepressant Dosing

A survey of 53,530 patients found almost 30% got higher antidepressant doses despite failing to take original doses.

BY DIANA MAHONEY

FROM THE AMERICAN PSYCHIATRIC ASSOCIATION INSTITUTE ON PSYCHIATRIC SERVICES

BOSTON – Nearly one-third of patients on antidepressant pharmacotherapy in a large-scale analysis did not take their original antidepressant dose as prescribed within the 6 months prior to dose escalation, a study has shown.

The findings suggest that the lack of adequate treatment response that drives dosage increases in many patients might be linked to suboptimal medication adherence rather than to dose insufficiency, Dr. David J. Muzina reported at the institute.

To evaluate patient nonadherence to chronic antidepressant therapy and a resulting upward dosage titration of the same medication, Dr. Muzina of Medco Health Solutions Inc. and his colleagues identified 53,530 patients from Medco's administrative patient claims database who were on antidepressant medications at the same dosage level for at least 6 months, followed by a subsequent submission of claims for a higher dose.

Patients with only one claim for antidepressant medication in a 6-month period were excluded from the analysis, as were those taking multiple antidepressants, Dr. Muzina explained.

To measure adherence status – which was determined by the proportion of days the patient possessed a supply of the medication, or the medication possession ratio (MPR) – researchers required a minimum of two claims for the same antidepressant drug. According to the National Committee for Quality Assurance's antidepressant performance measures, adherence was defined as an MPR of at least 80%, Dr. Muzina said.

With respect to patient demographics and prescription characteristics, the study cohort was predominantly female (72%), with a mean age of 51 years. More than two-thirds of the sample (68%) filled their antidepressant prescriptions at retail pharmacies, and 62% received generic medications, Dr. Muzina said. Most of the prescriptions were ordered by nonpsychiatrists, with only 15% ordered by psychiatrists; nearly half of the 49,524 patients for whom Chronic Disease Scores (CDS) were available had scores indicating a high degree of comorbidity,

See **Antidepressant** *page 59*

Mental Health Homes Built for the Homeless

BY DIANA MAHONEY

FROM THE AMERICAN PSYCHIATRIC ASSOCIATION INSTITUTE ON PSYCHIATRIC SERVICES

BOSTON – There are no walls or even a roof. But a new type of home being built in Jacksonville, Fla., seeks to shelter some of the city's most vulnerable residents from the devastating effects of persistent mental illness. Through an academic–public sector collaboration between the University of Florida department of psychiatry and a comprehensive service facility called the Sulzbacher Center, a transdisciplinary team of outreach workers takes to the streets to lay the foundation for "mental health homes" for the city's large population of unsheltered homeless men and women.

Modeled after the primary care concept of a "medical home" in which multidisciplinary teams of specialists and care administrators provide comprehensive and continuous care of an individual through active communication and coordination of

See **Mental Health** *page 36*

COURTESY JEANNE CIASULLO

Dr. Richard C. Christensen (center, left) spends 2 days a week with his team trying to bring the unsheltered homeless into the health care fold.

Address Adherence Issues

Antidepressant *from page 1*

he said. Of the full study cohort, "only 70.3% were adherent to their antidepressant medication in the 6 months prior to their dosage increase. Nearly 30% were nonadherent," Dr. Muzina reported.

Among the nonadherent patients, "one in four was in possession of their prescribed medication during less than 3 months of the 6-month period," he said.

mulation, 19.2% of patients who filled their prescriptions by mail were nonadherent, which was significantly lower than the 34.6% of those who used a retail pharmacy.

Those receiving generic-only drugs had a small but significantly higher nonadherence rate (30.2%) than the 28.9% rate that was observed among patients receiving brand-name drugs, according to Dr. Muzina.

Older age, male sex, and a higher CDS – perhaps because of the increased interaction with clinicians required by sicker patients – were also associated with significantly improved adherence relative to their respective corollaries, he said.

Although the study did not investigate the reasons for patient nonadherence, some possibilities include undesired or intolerable side effects, negative stigma, and forgetfulness, Dr. Muzina hypothesized.

The findings are limited by the study's retrospective design and the use of an administrative claims database, which doesn't provide certain relevant clinical information, according to Dr. Muzina. However, he suggested that the results indicate that clinicians should investigate and address adherence issues in all patients on antidepressant medications prior to prescribing a dose increase "to enable patients with depression to fully benefit from their medications."

Additionally, factors associated with adherence to antidepressant treatment should be investigated in future studies, he said. ■

VITALS

Major Finding: Treatment nonadherence is behind dose escalation in one-third of patients who receive antidepressant therapy.

Data Source: A large-scale analysis of patient nonadherence to chronic antidepressant therapy and subsequent prescribed dose escalation of the same medication using a national patient claims administrative database.

Disclosures: Medco Health Solutions Inc. provided funding for the study. Dr. Muzina became an employee of Medco Neuroscience Resource Center after the study began and received no compensation for his participation.

An analysis of medication adherence by study subgroup – including age, sex, comorbidity, pharmacy channel (mail vs. retail), formulation (brand vs. generic), and prescriber (psychiatrist vs. nonpsychiatrist) – showed significant differences for all but the type of clinician prescriber, Dr. Muzina said, noting that similarly high rates of nonadherence were observed among the psychiatrist (30.4%) and nonpsychiatrist (29.5%) groups.

Regarding pharmacy channel and for-

INDEX OF ADVERTISERS