Patient Safety in Patients with Depression: the Role of the Community Pharmacist and Pharmacy Technician

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Target Audience:
This continuing education activity was developed specifically for community pharmacists and pharmacy technicians.

Disclosure Statement:
The author has indicated that he has no conflicts of interest, nor does he have a financial relationship with commercial interests related to this continuing education.

Learning objectives for the pharmacist:
At the end of this activity, pharmacists should be able to:
1. Describe initial drug therapies for treating depression.
2. Describe the common transient side effects of antidepressants that patients should be warned about.
3. Describe common presentations of a patient who may be suicidal.
4. List strategies to improve patient safety in those with depression.

Learning objectives for the pharmacy technician:
At the end of this activity, pharmacy technicians should be able to:
1. List common antidepressants used when a patient is beginning a treatment regimen for depression.
2. Describe adherence issues in the patient being treated for depression.
3. Describe common presentations of a patient who may be suicidal so the pharmacist may be alerted.
4. List some strategies to improve patient safety in those with depression.

Introduction

Mental illness is encountered every day in pharmacy practice, with the most common issues being anxiety and depression. Depression can be caused by many factors including a death in the family, divorce, stressful work situation or life in general. In 2015, approximately 16.1 million adults over the age of 18 had some sort of depressive episode in the prior year. Depression can manifest in different age groups and different sexes in many ways, but major symptoms include either an overwhelming feeling of sadness or a loss of interest or pleasure in parts of their life. While patients are not diagnosed in the pharmacy, it is important that pharmacists and technicians understand depression so they can support patients and ensure they receive the necessary care and appropriate treatment. Pharmacy professionals must be aware of suicidal warning signs to maintain their patients’ safety with the appropriate use of medications and recognize when a patient should be referred back to their primary care provider for follow-up care.
Pharmacist's and Pharmacy Technician’s Role

Pharmacists and technicians are naturally the last healthcare professionals seen by patients before starting a new medication. It is important that pharmacists and technicians speak with patients about side effects, when to expect a change in their condition and when to refer to a pharmacist or the prescribing prescriber. One of the pharmacist’s main roles is medication safety and there is an abundance of underutilized tools that are available to further ensure patient safety while managing depression. Services like medication therapy management (MTM), patient adherence, proper drug knowledge, lifestyle changes, communication and suicide recognition can help the pharmacist and pharmacy technician prevent and recognize safety issues. This article will discuss the ways both pharmacists and technicians can help improve patient safety as well as how they can recognize barriers that may be present in their practice.

Current Guideline Recommendations

There are different guideline approaches for depression from therapists, counselors and psychiatrists. This could make it difficult for a pharmacist to follow all of them, but the recommended drug treatment in each guideline is all very similar. This article will address the practice guidelines endorsed by the American Psychiatric Association (APA). According to APA, selective serotonin reuptake inhibitors (SSRI’s), serotonin and norepinephrine reuptake inhibitors (SNRI’s), buproprion and mirtazapine are the optimal first line agents to be used for depression. Though many other drugs are effective for depression, the recommended agents are safer and have less interactions. Within SSRI and SNRI classes, there is no preference for which should be used initially. Oftentimes, the decision is a function of cost, past experience for the patient, safety and side effects, along with possible drug interactions. Tricyclic antidepressants (TCA’s) are avoided in patients with multiple medications and co-morbid disease states due to possible interactions between the two. Monoamine oxidase inhibitors (MAOI’s) also have interactions and restrictions that make them a non-preferred first line treatment.

There is an overwhelming amount of data that emphasize pharmacotherapy should be used in conjunction with some sort of psychotherapy to achieve the best patient care and best safety practices for the patient. This may include cognitive behavioral therapy, psychodynamic therapy or problem-solving therapy in individual and group formats. Along with psychological therapy, patients should also participate in a healthy lifestyle including diet, exercise, sleep hygiene, stress reduction and social support.

Table 1: Commonly Used Antidepressants

<table>
<thead>
<tr>
<th>Commonly Used Medications When Initiating Antidepressant Therapy</th>
<th>SSRIs</th>
<th>SNRIs</th>
<th>Others</th>
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<tbody>
<tr>
<td>Fluoxetine (Prozac)</td>
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<tr>
<td>Sertraline (Zoloft)</td>
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<tr>
<td>Citalopram (Celexa)</td>
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<tr>
<td>Escitalopram (Lexapro)</td>
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<tr>
<td>Paroxetine (Paxil)</td>
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<tr>
<td>Venlafaxine (Effexor)</td>
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<tr>
<td>Duloxetine (Cymbalta)</td>
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<tr>
<td>Desvenlafaxine (Pristiq)</td>
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<tr>
<td>Mirtazapine (Remeron)</td>
<td></td>
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<tr>
<td>Buproprion (Wellbutrin)</td>
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Techniques to Improve Patient Safety in the Pharmacy

Be More Consistent in Counseling and Communication

In the community setting, opportunities to communicate with patients are frequent. Patients normally have to drop-off their prescription, pick-up the prescription and wait for their prescription to be filled. This provides pharmacists with ample opportunities to talk with their patients and build a relationship with them.

Pharmacy professionals should be aware of patients who are filling their first antidepressant and plan on extra time for counseling. In Canada, a study was conducted where key informants were interviewed and assessed for information about the pharmacist’s role with depression.\(^4\) The study focused on drug interactions, patient perception and other healthcare professional’s expectations of a pharmacist. It was found that frequent early medication discontinuation resulted from a lack of counseling on the side effects and onset of action of the antidepressant. It was also found that leaders in healthcare and pharmaceutical services would prefer a more collaborative type of practice where the pharmacist holds a lot of the responsibility to help the patient understand these areas of medication safety.\(^4\) Increased collaboration with other healthcare workers can enhance valuable communication with the patient.

Pharmacists need to emphasize that they are part of the patient’s healthcare team and are available to explain how their medications work, describe what side effects might occur and discuss general health within the disease state. It is important that pharmacists discuss with patients the onset of effect of their antidepressant medications. If they understand that antidepressant medications take nearly six weeks for full effect, they will be more likely to remain adherent, even when they do not quickly feel better. Due to the nature of antidepressant medications, pharmacists need to reinforce to patients that if their depression worsens, or they develop suicidal ideation, they should not prematurely discontinue the medication. Implore the patient to communicate this type of information to their primary care provider, or encourage them to let pharmacists and pharmacy technicians know, so they can provide that information to the patient’s primary care provider. In many instances patients stop taking the medication without notifying their provider. If pharmacists and pharmacy technicians strengthen their relationships with both patients and doctors, they can bridge that gap of misinformation and will increase the safety of a patient that may be going untreated due to lack of communication with their provider.

Effective communication with the patient includes the need to give proper counseling. Superficial communication with patients can easily occur but is ineffective in detecting potential medication issues related to depression. Pharmacists and technicians need to go further than that, especially with depression medications. Patients often stop the medications because of lack of effect or side effects. Pharmacists need to emphasize that some of these medications will not have a full effect for potentially six weeks. Also, many of the side effects associated with SSRI’s and other antidepressants are transient, meaning the side effect may diminish in time, sometimes as early as a few weeks. Side effects like fatigue and somnolence, sexual dysfunction, gastrointestinal issues (nausea, constipation, and diarrhea) and insomnia are commonly transient. A study determined that these side effects had a substantial occurrence within two weeks of therapy and often decreased by month three of treatment.\(^5\)
A final counseling point that pharmacists may not be addressing is that antidepressants should not be used long-term in most patients. In patients with a single depressive event, initial treatment is normally only given for four to nine months. Frequently, patients continue on antidepressants for a much longer period. Emphasizing this point may decrease the potential for long-term use and long-term side effects. In addition, it is dually important to recommend that patients taper off these medications to prevent rebound depression and withdrawal symptoms.

**Adherence and Medication Therapy Management**

As stated previously, making sure the patient adheres to the medication for the correct timeframe is a significant barrier for effectiveness. The safety of the patient is at risk if the patient is starting and stopping the therapy or discontinuing their medications all together. Pharmacy technicians can play an important role in improving patient adherence.

Technicians have the capacity to impact patient adherence to their medication. Most of the time when a patient needs to call in or request a refill, the pharmacy technician is the one entering it into the pharmacy profile. This is their first opportunity to assess if the patient picked up their prescription on time. The pharmacy technician’s extra set of eyes can help catch adherence issues if they exist. The technician can then present that information to the pharmacist and open a new dialogue for communication and counseling with the patient. It is encouraged for pharmacy technicians to verbalize this information to the pharmacist.

Medication therapy management (MTM) is another tool many pharmacies already have to address adherence and other concerns with patients. Over the last couple of years, nearly every community pharmacy has rolled out at least one platform to complete MTM. Pharmacy employees can enroll patients for adherence checkups through the platforms, and it provides them an organized way to assess that patient. Adding patients into MTM can assist them in achieving regularly scheduled checkups and further increase the connection between pharmacists and patients as well as offering them more thorough one on one access. Because not all MTM platforms allow behavioral health in their policies, pharmacies may not be able to add adherence checkups depending on the platform.

**STOP & REFLECT**

A patient comes in to talk about a few concerns they have with starting a new antidepressant. One of the concerns is the patient has never used daily medication before and is worried they may forget to take it on some days. How can we help?

**Feedback:** First think back to communication to counseling and reinforce the importance of taking this medication every day as prescribed. Establishing that can reinforce to the patient how important taking the medication is. Then we can offer various ways to remember to take the medication. Try offering information like a daily medicine box, marking on a calendar after the medication was taken or setting an alarm in your phone as a reminder.
Advocate for a Healthy Lifestyle
Most guidelines indicate that patients with mental health disease would also benefit from psychotherapy along with healthy lifestyle changes. Pharmacists can address these recommendations with patients during initial counseling sessions and continue to check on their progress as patients fill their prescription monthly. As pharmacists and pharmacy technicians are a part of the healthcare team, they can reinforce to the patient the importance of counseling by bringing up the subject.

In line with counseling, some lifestyle changes may be appropriate. Exercise and diet are usually seen as the cornerstones of appropriate lifestyle changes. When trying to lose weight, anaerobic exercise is necessary. Anaerobic exercise is a more intense workout where the person exerts high energy. But with depression, aerobic exercise is thought to be enough to help reduce anxiety and stress in patients. Thirty to 60 minutes of aerobic exercise a few days a week is substantial, so even activities like a thirty-minute walk would be appropriate and achievable. But naturally, diet goes hand-in-hand with exercise. To help a patient become more receptive to the concept of dieting, you can refer to it as nutrition instead of calling it a diet. Either way, helping a patient understand the role of food in a healthy lifestyle is important. Healthy, well-balanced meals are crucial for mental health. When patients eat foods high in sugar, they can feel energy depleted later in the day which has been correlated with low points of depression. Cutting sugars from the diet is not a new concept, but may be difficult for some patients. These changes overall, though, can be noticeable for patients.

Sleep is another habit that can really affect a patient’s depression. It is a good practice to ask a patient how well they are sleeping. If the patient has issues sleeping, pharmacists and technicians need to find out how the patient copes with insomnia. As a pharmacist, recommendations of drugs may seem like an easy solution, but we must focus on healthy sleep habits first. Things like setting a bedtime schedule and following it, discontinuing the use of electronics about 30 minutes to an hour before bed, turning the television off when going to bed and avoiding caffeine before trying to fall asleep are all healthy sleep habits. It is also important to emphasize that patients plan enough time to get a full night’s rest. Some of these simple suggestions can make the difference for a patient that has been having issues with sleep and overall increase safety by decreasing the likelihood of depressive episodes.

Social support is another lifestyle change that patients can make. Many people that are depressed feel that they are a burden to others and do not want to ask for support. As a result, it is tremendously important that pharmacists suggest social networking during counseling sessions with the patient. Pharmacists should suggest keeping in touch regularly with a family member or two, joining a group session or awareness group and volunteering in the public. Anything that helps the patient defeat feelings of loneliness and isolation can be beneficial. Stress reduction also falls into this category. Patients need to find a way to decrease those stressful burdens in their life. Helping them realize they need strong relationships with a positive impact and social support can help a patient do just that.

Suicide Screening
People with depression and other mental illness are the most likely to attempt suicide. An article published in *JAMA Psychiatry* found that the percentage of people that made a recent suicide attempt rose from 0.62 percent in 2004 through 2005 to 0.79 percent in 2012 through 2013. The suicide risk was highest for the age group between 21 and 34 years of age and significantly
higher in females, though completed suicides are highest in males. Rates were higher among people who did not graduate from high school and those who have mental or social disorders. Based on psychological autopsy studies, researchers found that up to 70 percent of successful suicides gave some sort of warning of their intention and nearly 40 percent specified an intent to kill themselves. Pharmacists and pharmacy technicians can learn to assess patients for suicidal ideation and potentially recognize recent attempts and relay that information over to the patient’s provider. Pharmacy employees are the most likely healthcare professional to see patients on a regular basis; therefore, they must know how to recognize suicide potential and offer assistance when needed.

The goal in the pharmacy is suicide screening and referral. While there are opportunities to receive more extensive training regarding this topic, specifically Washington State University’s continuing education workshop, this article will include a brief overview of what pharmacists and pharmacy technicians can do in the pharmacy. Pharmacy Times published an article that outlines five things pharmacists can do to help prevent suicide. The list includes identifying patients at risk, monitoring medication and mental health, collaborating with the healthcare team, referring to suicide prevention resources, and probably the most important: being encouraging and empathetic. Pharmacists and pharmacy technicians can recognize safety issues with patients ranging from adherence issues to mood changes. Talking to patients regularly and establishing relationships with them provides an opportunity to inquire about the patients’ mood. Pharmacy technicians can, and are probably more likely, to recognize these changes based on the longer and higher volume of interactions they have with patients. Every pharmacy should post the phone number to the suicide hotline (1-800-273-TALK [8255]) or a local program to refer patients. Pharmacy professional should not try to talk a patient down or think a quick two-minute conversation is adequate. Patients should always be referred to someone that can spend the time and has the proper training to deal with their issue. Keeping one’s attitude positive toward the patient is important in this type of circumstance. If pharmacists and pharmacy technicians appear as if they do not care or do not think a fix is possible, the patient will recognize that and be less likely to seek help. Pharmacists and pharmacy technicians can identify patients at risk, but this is the hardest step. Many family members of someone who committed suicide recognize the signs they missed after their loved one is gone. Pharmacists and pharmacy technicians are in a position to help recognize these signs earlier. The three things pharmacy professionals can recognize include mood changes, behavior changes and listening to the patients’ words. Table 2 lists signs of each change according to the American Foundation of Suicide Prevention.
Table 2: Patient Changes

<table>
<thead>
<tr>
<th>Patient talks about:</th>
<th>Behavior</th>
<th>Mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being a burden to others</td>
<td>• Increased use of alcohol or drugs</td>
<td>• Depression</td>
</tr>
<tr>
<td>• Feeling trapped</td>
<td>• Looking for a way to kill themselves</td>
<td>• Loss of interest</td>
</tr>
<tr>
<td>• Experiencing unbearable pain</td>
<td>• Acting reckless</td>
<td>• Rage</td>
</tr>
<tr>
<td>• Having no reason to live</td>
<td>• Withdrawing from activities</td>
<td>• Irritability</td>
</tr>
<tr>
<td>• Killing themselves</td>
<td>• Isolating from family and friends</td>
<td>• Humiliation</td>
</tr>
<tr>
<td></td>
<td>• Sleeping too much or too little</td>
<td>• Anxiety</td>
</tr>
<tr>
<td></td>
<td>• Aggression</td>
<td></td>
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</tbody>
</table>

Some patients may not exhibit the same behavior, and may:

• Ask what would happen if they took too much of a medicine
• Ask about sleeping pills because they are having issues sleeping
• Alterations in tone and mood from the last time they visited the pharmacy

Pharmacists can also counsel the patient’s friends and family members regarding what signs to assess.

Once pharmacists and technicians acquire this information they need to do one of two things. First, they can start by asking the patient how they are doing and listen to them. Sometimes all someone needs is that interaction where someone shows concern. Secondly, depending on the situation and the conversation, the patient’s provider may need to be contacted and concerns or irregularities about the patient should be brought to their attention. The physician may be able to use that information and intervene before something detrimental happens to the patient. If the patient seems in immediate danger of suicide, someone must remain with them. Do not leave them alone. Tell the patient you are concerned and want to find them help; tell them that you care. Do not try and talk them out of suicide or change their perspectives as this has been shown to be very ineffective. Lastly, call 9-1-1 or the suicide hotline with the patient.12

Staying Up-to-Date on Relevant Guidelines

It is very important that pharmacists stay up-to-date on the guidelines related to depression treatment and to make proper interventions. Many of the providers that write for antidepressants are not a specialist in the mental health field. They can be family doctors or general practitioners that know that a medication may be needed for depression, but do not keep up on individual guidelines to offer lifestyle information and psychotherapy in addition to drug treatment. There are many medications that are indicated for depression but making the proper first line therapy choice can greatly enhance patient safety and decrease the patient’s side effects. The last part of staying on top of the guidelines is recognizing what type of practitioner is writing for the medication. Certain providers may not be aware of treatment timelines such as proper titration on and off medications, when to leave a patient on antidepressants and when a patient should come off an antidepressant for a single depressive episode.
A patient brings a new prescription for Elavil (amitriptyline) with an indication for depression on the script. When looking through the patients profile you see no past history of depression or a medication that could have been used for depression. Do you fill the script?

Feedback: Not necessarily, even though tricyclic antidepressants are an option for the treatment of depression, we should really talk to the patient first and see if they have tried other medications in the past or have allergies that we are not aware of. If they do not, following up with the doctor would be the next step to see if a safer option like an SSRI has been considered. Patient safety is key and why we focus on SSRIs and SNRIs first.

Conclusion
Depression is a difficult subject to discuss no matter what side of the conversation you are on. It may be awkward and uncomfortable to talk about, but absolutely necessary. With depression being one of the leading risk factors to suicide, and suicide being a top 10 cause of death in the United States, pharmacists and pharmacy technicians have to do something to improve patient safety. Pharmacists and technicians must take the few extra minutes to communicate with these patients and give them the information that is crucial to their safety when combating this illness. Pharmacy professionals can offer a lot of knowledge, from making sure patients are getting appropriate treatment and understanding the disease itself, to recognizing suicidal ideations. Pharmacists and technicians have to take a step in the right direction; their patient’s health, safety and life can depend on these interventions.
References


