Perinatal depression screening: a systematic review of its acceptability in primary healthcare settings

Sarira El-den, Dr Claire O’Reilly, Associate Professor Timothy F Chen
Faculty of Pharmacy, University of Sydney, Camperdown, NSW

AIM
This systematic review explored the acceptability of perinatal depression (PND) screening and screening tools in primary healthcare (PHC) settings.

METHODS
A literature search was conducted by searching MEDLINE, PubMed, CINAHL, EMBASE, PsycInfo, Maternity and Infant Care and Joanna Briggs Institute from January 1994 to September 2014. Studies were included if they assessed the acceptability of PND screening within a PHC setting or a PND screening tool, from patient, provider or public perspectives. Studies were critically analysed based on the strength and quality of tools or procedures used to measure and assess acceptability, then classified as weak, intermediate or strong.

RESULTS
Twenty-five papers, investigating the acceptability of PND screening within a PHC setting or of a PND screening tool, were included. Twenty-four papers reported that the majority of participants found PND screening or a PND screening tool acceptable. A range of qualitative and quantitative measures, which varied greatly in their strength and quality, were used to assess acceptability.

DISCUSSION
PND screening, by means of a tool or clinical assessment, in a wide variety of PHC settings is generally acceptable to perinatal women, PHC providers and the public. The comprehensiveness of our methods allowed for inclusion of a wide array of studies; however, this required careful assessment due to the variability in methods used to evaluate acceptability. Given the prevalence of PND and the burden on mothers, children, partners and the family unit, PHC professionals, such as pharmacists, are in an ideal position to provide screening. Interestingly, no studies were identified whereby pharmacists were involved in PND screening; hence, future research in this area is warranted.
Does cigarette smoking influence the effectiveness of antidepressants in the management of depression? An exploratory study with consumers.

Jan SH Fong¹, Dr Claire O’Reilly¹, Dr Grenville Rose², Prof Mary Collins (Chebib)¹, Dr Thomas Balle¹, Assoc Prof Timothy F Chen¹

Faculty of Pharmacy, University of Sydney, Camperdown, New South Wales
Innovation and Evaluation, Aftercare, Rozelle, New South Wales

AIM
Recent studies have shown an association between depression and smoking yet smoking status is rarely taken into account in efficacy trials for antidepressants. Therefore, the aims of this study were to explore the impact of smoking on depression, and the potential interaction between smoking and the effectiveness of antidepressants from consumers’ perspectives.

METHODS
Adults with a history of smoking and who were currently taking an antidepressant for the management of depressive symptoms were recruited through Aftercare, a non-government organisation. Semi-structured interviews (13 face-to-face and 3 telephone) were conducted on sixteen adults. The data were transcribed verbatim, managed using NVivo and thematically content analysed with the method of constant comparison.

RESULTS
Five major themes were identified from participants’ self-reported experiences: relief of anxiety-related symptoms rather than affective symptoms; temporary perceived benefits on mood whilst smoking a cigarette; motivation to quit based on concerns for physical health and cost; unstable or worsening mental health as a barrier to quitting; unawareness of whether smoking influences the effectiveness of antidepressants.

DISCUSSION
Participants reported that cigarette smoking has variable effects on depressive symptoms, reflecting the inconsistent findings among the current literature. This is the first study to examine the potential impact of smoking on the effectiveness of antidepressants from consumers’ perspectives. Although most participants had not considered such an interaction, a few stated that their response to the antidepressant medicine influenced their smoking habit in the short term. Due to lack of generalisability, further studies are required to elucidate the complex interplay between smoking, depression and antidepressant use.
Antidepressant and Anxiolytic Medication Use Pre and Post Cyclone Yasi In North Queensland

Beverley D Glass¹, Mark Thompson¹, Joseph Grasso¹ and Kim Usher²
¹Pharmacy, College of Medicine and Dentistry, James Cook University, Townsville. Australia. ²Head of School of Health, University of New England, Armidale, Australia.

Natural disasters elicit different responses, with the degree of exposure often influencing the presentation and severity of psychological events. Although the supply chain during natural disasters has been investigated, there has been little research into the effect on medication usage after natural disasters. The aim of this study was to determine whether there were significant changes in prescription rates of antidepressant and anxiolytic drugs following Cyclone Yasi and if this was affected by the extent of damage sustained by the area.

METHODS
A quantitative determination of new prescriptions of antidepressants and anxiolytics was conducted. Using data collected from regulatory authorities for the affected region, the total number of new prescriptions for these drugs was calculated for the period six months after the cyclone and compared with the same six month period in the preceding year. Two control drugs were also included to eliminate any changes in general rate of drug prescription in the affected communities.

RESULTS
Prescriptions of all antidepressant and anxiolytic drugs increased in the periods following Cyclone Yasi. There was a greater increase in prescription rates in the 14 to 54 and 55-95 year old categories in those areas that were directly hit by Cyclone Yasi (6.4%:5.2%) compared to those not directly hit areas (2.7%:3.3%).

DISCUSSION
Although the increase was less than expected, it was concluded that there is a direct correlation between the extent of exposure to the event and the degree of damage and increased rates of antidepressant and anxiolytic prescriptions.
The effect of knowledge and expectations on adherence to and persistence with antidepressants

Sophie Woodward, Bonnie Bereznicki, Juanita Westbury and Luke Bereznicki
Pharmacy, School of Medicine, University of Tasmania, Hobart, Tasmania

BACKGROUND
Adherence to and persistence with antidepressants are often suboptimal. However, little is known about how patient knowledge and outcome expectations may influence antidepressant adherence and persistence.

METHODS
Individuals who had been prescribed their first antidepressant to treat depression in the preceding six months were recruited to an online survey via Facebook. Knowledge, education received and initial outcome expectations were analysed for associations with persistence and adherence.

RESULTS
There were 220 surveys analysed. A total of 117 participants had taken their antidepressant for at least three months, while 25 had never started or stopped after less than three months without their doctor’s involvement. Differences in expectations and various educational messages amongst persistent and non-persistent participants were identified. The instruction “don’t stop it without checking with your doctor” was a significant independent predictor of persistence (OR = 5.9, 95% CI = 1.4-24.5).

At the time of the survey, 82.7% participants were taking an antidepressant and 77.9% were adherent. Significant independent predictors of adherence were a greater age (OR = 1.1, 95% CI = 1.0-1.2), knowledge (OR = 1.6, 95% CI = 1.1-2.3), being informed of common side effects (OR = 5.5, 95% CI = 1.1-29.0) and having discussed ways to solve problems (OR = 3.9, 95% CI = 1.1-14.5).

DISCUSSION
Improving outcome expectations and particular educational messages may increase adherence and persistence. Greater knowledge may help adherence. Further investigation is warranted to investigate whether a focus on these simple educational messages will improve outcomes in patients who commence an antidepressant.
An Audit of Psychotropic Medication Monitoring in Australian Aged Care Facilities

Yun Joo Yang\(^1\), Timothy F. Chen\(^1\), Ben Beazley\(^2\), Paul Hannan\(^2\), Carl R. Schneider\(^1\)

\(^1\)Faculty of Pharmacy, The University of Sydney, Sydney, NSW.
\(^2\)Meditrax Pty Ltd, Drummoyne, NSW.

BACKGROUND
The frequent long-term use of psychotropic medicines in aged care facilities (ACF) has been of worldwide concern for many decades. In Australia, 49\% of residents regularly take psychotropic medicines. To date, there has been a lack of literature on the monitoring practices for psychotropic medicines in Australian aged care facilities.

OBJECTIVE
The primary objectives of this study were to determine the proportion of psychotropic medicines prescribed to ACF residents, which have been clinically reviewed within the preceding six months and to describe the nature of such reviews.

METHODS
A convenience sample of 17 aged care facilities in New South Wales was included. De-identified data containing: patient demographics, medication order, presence, date and type of review and reviewer, were provided by accredited pharmacists from Meditrax Pty Ltd, as part of the Psychotropic Medicine Audit process.

RESULTS
Of 1086 residents, 622 (57\%) residents were on psychotropic medicines for six months or longer. Data was collected from 522 residents, prescribed 950 psychotropic medicines. Of these medicines, 53\% (n=505) were clinically reviewed by a prescriber (92\% GPs, n=494). In 17\% (n=84) of reviews a change in therapy occurred, with more than half (52\%) resulting in dosage escalation.

DISCUSSION
Half of all psychotropic medicines were not reviewed within the preceding six months. Few reviews resulted in a change in therapy, with the minority resulting in dosage reduction. Thus, current psychotropic monitoring practices are not effective in reducing the use of psychotropic medicines, nor compliant with current guidance.
The experiences of stigma and discrimination from community mental health clients in NSW: a cross sectional study

Ms Jing Ye¹, Assoc Prof Timothy Chen¹, Ms Diane Paul², Ms Rebecca McCahon², Dr Sumitra Shankar², Prof Alan Rosen³, Dr Claire O'Reilly¹

1. Faculty of Pharmacy, The University of Sydney, Camperdown, NSW
2. Assertive Outreach Team, Lower North Shore, Northern Sydney Local Health District, NSW
3. Brain & Mind Research Institute, The University of Sydney, Camperdown, NSW

OBJECTIVE
To describe the experiences of stigma and discrimination among people with schizophrenia in NSW.

METHODS
This cross-sectional study used the Discrimination and Stigma Scale (DISC) through structured face-to-face interviews with clients of the Assertive Outreach Team with schizophrenia. The DISC is a reliable and valid, quantitative and qualitative instrument used to explore and measure levels of negative, anticipated and positive discrimination. Relevant clinical history and socio-demographic information were also collected.

RESULTS
Fifty clients participated in the study, predominantly male, n=36 (72%), with a mean age of 49 years (SD=11.5). Forty participants (80%) experienced negative discrimination in at least one life area. Negative discrimination was most commonly experienced in being avoided or shunned (n=25, 50%), by neighbours (n=24, 48%) and family (n=23, 46%). Twenty-one participants (42%) reported experiencing discrimination from mental health staff compared to nine participants (18%) experiencing discrimination whilst getting help for physical health problems from pharmacists, doctors or dentists. Anticipated discrimination was common, with half of participants feeling the need to conceal their mental health diagnosis.

DISCUSSION
This study showed that discrimination is highly prevalent amongst people with schizophrenia in everyday aspects of life. Interestingly, participants often stopped themselves in activities due to anticipated discrimination even without previous experienced discrimination. Most unfair treatment by mental health staff can be attributed to involuntary treatment and lack of belief in medicines. Healthcare professionals, including pharmacists have a significant role in decreasing stigma. Hence more research is needed to improve attitudes and practices of health professionals in reducing stigma and discrimination in mental health.