

# AUDIT OF ANTI-DEPRESSANT USE

1. PRESCRIBING
2. COUNSELLING
3. MONITORING



# Prescribing of anti-depressants

Audit Topic	The use of antidepressants. This audit focuses on whether therapeutic doses of antidepressants are prescribed. The prescribers should be involved in this audit at the beginning and should agree to the standards set.
Criteria	Patients will be prescribed anti-depressants in therapeutic doses.
Standards	x% of patients prescribed anti-depressants will be taking therapeutic doses.
Data to be collected	This audit simply requires a note of :- Patient's name Prescriber Drug name Dose Whether dose is therapeutic A data collection form is attached in Appendix One. This audit can be conducted over a one month period.
Evaluation of data	Is data complete and accurate? Have totals and percentages been calculated correctly? Have you accurately recorded all the patients on anti-depressants that have come into the pharmacy?
Implement change	You cannot implement change without involving the prescriber. This is best done at the outset of the audit. The prescriber should agree that this is a valuable audit and that the standards are good clinical practice. The results must be shared with the prescriber and agreement reached about what to do with the results. The pharmacist is in a good position to monitor the changes made and can follow up any changes.



# Counselling of patients taking anti-depressants

Audit Topic	The use of antidepressants. This audit focuses on whether patients newly prescribed anti-depressants are given counselling to aid compliance.
Criteria	New patients prescribed anti-depressants are given counselling to aid compliance.
Standards	Y% of patients starting anti-depressants will be given specific counselling to aid compliance. The counselling will include information about:- 1) Length of treatment required before changes in mood will be noticed. 2) Side effects and how to deal with them. 3) Strategies for remembering to take medication (if required) 4) Other compliance issues if established e.g. reluctance to take medication, etc.
Data to be collected	You will need to collect information about whether you have offered counselling to patients starting anti-depressants about the following:- 1) Length of treatment required before changes in mood will be noticed. 2) Side effects and how to deal with them. 3) Strategies for remembering to take medication (if required) 4) Other compliance issues if established e.g. reluctance to take medication, etc. Most of this can be coded and written on the prescription in pencil. The data can then be transferred onto the data collection form at the end of the day. It will also be important to identify why this was not possible e.g. patient did not collect prescription; too busy; etc. You will probably need to continue the audit for at least a month.

<p>Evaluation of data</p>	<p>Is data complete and accurate?          Have totals and percentages been calculated correctly?          Have you accurately recorded all the patients on anti-depressants that have come into the pharmacy?</p>
<p>Implement change</p>	<p>If you were unable to counsel each patient newly prescribed an anti-depressant what was the cause?          E.g. If you were too busy - could you have asked the patient to come back at a quieter time or is it possible to delegate more of the dispensing workload to your dispenser/technician?          If the patient did not collect the prescription - could you have counselled the carer or given them a leaflet to give to the patient?          Could you have also given a contact number for the patient to contact you with questions?</p>
<p>Review</p>	<p>If you make changes, it is essential that you check whether these have led to improvements. This will require you to re-do the audit after a period of about three months. This will allow the changes to have become part of your routine practice.</p>



# Monitoring patients taking anti-depressants

Audit Topic	The use of antidepressants. This audit focuses on whether established patients on anti-depressants are monitored for side effects and compliance problems. Ideally this audit should be part of a multi-professional clinical audit. The GP or practice nurse could monitor whether the patient's depression is being controlled while the pharmacist looks specifically at side effects and compliance.
Criteria	Established patients taking anti-depressants are monitored for unacceptable side effects and compliance problems.
Standards	<p>z% of patients established on anti-depressants will be monitored for unacceptable side effects and compliance problems.</p> <p>Clinical standards should be agreed by the team about the level of side effects that are acceptable e.g. no more than two side effects and no side effects that are unacceptable to the patient.</p> <p>Action to be taken when poor compliance is detected should also be agreed.</p>
Data to be collected	<p>The patient must be asked about specific side effects and problems with compliance. This must be conducted with sensitivity and it is suggested that you do not conduct this audit unless you have undertaken training on patient compliance e.g. CPPE distance learning course - "Patient Compliance - Keep taking the tablets".</p> <p>Show the patient a list of possible side effects and note down which the patient is suffering from. Ask whether any of these are affecting the patients quality of life (e.g. physical well being, mental well being, social well being).</p> <p>Assess the patient's level of compliance. This may be conducted in several ways -</p> <p>From the PMR - you may be able to detect that the patient fails to collect their medication regularly or collects it too frequently.</p> <p>Talking to the patient - with careful questioning it should be possible to detect possible causes for non-compliance.</p> <p>Detecting non-compliance is not an exact science and it is often difficult to be quantitative about this part of the audit.</p>

Evaluation of data	<p>Is data complete and accurate?          Have you accurately recorded all the patients on anti-depressants that have come into the pharmacy?</p>
Implement change	<p>The change required will depend on the results of the audit. If the patient has side effects that are unacceptable to the patient or over the agreed cut off point, the patient should be referred to the GP.          If the patient has compliance problems, there should be an agreed system in place for dealing with these problems. This may include counselling by the pharmacist; referral to the GP for simplification of the regime; provision of compliance aids; etc.</p>
Review	<p>Whenever a change is made, it is important to follow up the patient to ensure that the change has worked. The patient may require other interventions and we must not assume that the change we have instigated will work in every case.</p>



## Data Collection Sheet - Prescribing of anti-depressants

Date of audit:

Id number	Data Recorded				
	Name	Prescriber	Drug name	Dose	Is dose therapeutic? (y/n)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

## Data Collection Sheet - Counselling of patients taking anti-depressants

Date of Audit:

Id Number	Name	Prescriber	Length of treatment	Side effects	Strategies to aid compliance	Other compliance issues	Other (please state)	Tick if unable to counsel	Reason for not counselling
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**Codes for inability to counsel**

- Patient not present                    P
- Patient did not want counselling    N
- Too busy                                    B



## Data Collection Sheet - Monitoring patients taking anti-depressants

Date of audit:

Id No	Name	Prescriber	No of side effects	No of unacceptable side effects	Level of compliance	Type of poor compliance	Reasons for poor compliance	Tick if unable to check	Reason for not checking	Action taken
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

### Codes to use

<u>Level of compliance</u>	<u>Type of poor compliance</u>	<u>Reasons for poor compliance</u>	<u>Reasons for not checking</u>
Total 3	Overdosing O	Poor understanding of disease 1	Patient not present P
Good 2	Underdosing U	Doesn't appreciate need for compliance 2	Pt did not want counselling N
Partial 1	Not taking any tablets N	Unwilling to follow Rx 3	Too busy B
Poor 0		Side effect problem 4	
		Quality of life problem 5	
		Other 6	

