Selective Serotonin Reuptake Inhibitor Use in Primary Care
A 5-Year Naturalistic Study

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Abstract

Objective: To investigate prescribing trends of selective serotonin reuptake inhibitors (SSRIs) during the course of the Defeat Depression Campaign (1992 to 1996).

Methods: This study utilised cross-sectional data on the prescribing of SSRIs for the treatment of depression from a large primary care database for the 5 consecutive years of the Defeat Depression Campaign, producing the largest study of SSRI use to date.

Results: A total of 93,600 prescriptions were issued for fluoxetine, paroxetine and sertraline, in 27,210 treatment episodes. Over the 5-year period, there was a five-fold increase in the number of prescriptions issued, and a four-fold increase in the number of patients treated, reflecting a trend for longer periods of treatment. Patients initiating treatment with fluoxetine were most likely and those initiating treatment with sertraline were least likely to complete 60, 90 and 120 consecutive days of treatment. Differences in dose patterns also emerged and were consistent throughout the study. Fluoxetine-treated patients were most likely to remain on the starting dose of 20mg daily, while large numbers of sertraline-treated patients received doses above the recommended dose of 50mg daily. These differences were not apparent from clinical trials, and this may be an artefact of trial design.

Conclusion: Differences in the doses prescribed may explain why sertraline-treated patients are less likely to complete an adequate course of antidepressant therapy. Longitudinal studies are required to evaluate fully the clinical significance of these findings.
Depression is a common and serious illness that may affect up to one in five of the adult population each year.[1] It has been described as a condition that is ‘chronic and recurrent in nature, impairs family life, reduces social adjustment, and is a burden on the community’. [2] The burden of ill health associated with depression is second only to that imposed by chronic heart disease, with poor quality of life for both sufferers and carers. [3,4] Depression is treated mainly in primary care settings, [5] and the most common form of treatment is a prescription for an antidepressant.

Meta-analyses of clinical trials indicate that all antidepressants are equally effective, with no clear evidence for superiority of any one antidepressant or group of antidepressants, provided that an effective dose is achieved for an adequate period of time. [6-8] Selective serotonin reuptake inhibitor (SSRI) antidepressants are now the second most frequently prescribed antidepressants in the UK. [9] Clinical trials suggest that there are more similarities between SSRIs than there are differences. [10,11] However, data from trials need to be viewed in the context of clinical practice, and observational methods of study design have been developed that complement clinical trial data and provide information on how treatments are actually used by prescribers within the reality of clinical practice in primary care.

Studies in naturalistic settings have observed differences in patterns of use of the different SSRIs that may be due to differences between the antidepressants or to a complex interaction between antidepressant, patient and prescriber. [12-16] During the period 1992 to 1996, a Defeat Depression Campaign was conducted in the UK that was intended to improve the recognition and treatment of depression. Part of the campaign involved giving advice to general medical practitioners (GPs) about the choice and length of antidepressant treatment. [11,17]

This study set out to investigate prescribing trends of SSRIs during the course of the Defeat Depression Campaign – were previously observed differences between SSRIs replicated or consistent over a long period of time? – did choice and length of treatment change?

Methods

Cross-sectional data for five consecutive 12-month periods (1 January -31 December; 1992, 1993, 1994, 1995, 1996) were obtained retrospectively from a national primary care database (Doctors Independent Network, DIN-LINK), which is maintained by CompuFile Ltd (Woking, UK). The DIN-LINK database contains all patient records from 170 general practices (approximately 800 GPs, with an estimated 2 million live patients in total) across the UK that use AAH Meditel practice computer systems. About 145 of these provide data of a standard sufficiently high to use in analyses of this type. From these, CompuFile selects a panel of 100 to get the closest match to the national picture in terms of geographical distribution, size and practice characteristics such as fund-holding status.

Because of the long-term nature of this study, the study population was restricted to practices that were able to provide data for the entire study period, a total of 367 GPs, with over 800 000 live patient records. This was more than 1% of the population of the UK, and was considered to be representative of the general practice population. A previous study that made comparisons between the DIN-LINK database and the National Health Service Prescribing Analysis and Cost (PACT) database in three health authority areas in northwestern England found a close match in antidepressant prescribing patterns across the two populations. [18]

The doctors contributing to the database were aware that data may be used for various studies; however, no data that could identify individual patients could be extracted. Data were provided only on populations identified by the study parameters, so individual patient consent was not required. Indeed, given the size of the population, obtaining individual consent would have been impossible. Ethical oversight was provided by CompuFile Ltd, who maintain the database.

Data on prescriptions for SSRIs for all patients over the age of 18 years where the GP had made a diagnosis of depression were included in the study. Only SSRI antidepressants with a minimum of 2%