

prescribing report

Antidepressant prescribing in elderly people

February 2008

SAMPLE GP REPORT

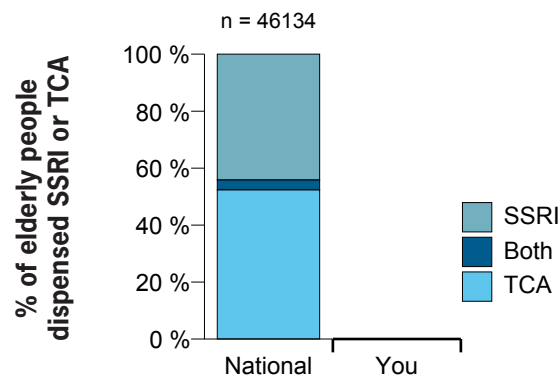
includes an express audit

Antidepressants in elderly people

Choosing between SSRIs and TCAs

Selective Serotonin Reuptake Inhibitors (SSRIs) are usually considered **first line therapy for elderly people with depression** as they tend to have less potential to cause significant adverse effects.

Graph 1: Choice of antidepressants in elderly people
March - August 2007



Graph 1 shows the proportion of SSRI to TCA dispensings for elderly people.

The graph indicates that nationally there about equal numbers of elderly people on SSRIs compared with TCAs. How does your prescribing compare?

Ideally a SSRI is favoured as a first line therapy for elderly people with depression.

- Citalopram is a good choice for elderly people because it has less potential for drug interactions.
- TCAs may be used for depression that is unresponsive or in people who can not tolerate a SSRI.
- Co-morbid conditions may favour the initial use of a TCA such as urinary incontinence where a TCA can replace oxybutynin.
- Both SSRIs and TCAs increase the risk of falls. Using them in combination may increase this risk further

*** Notes:**

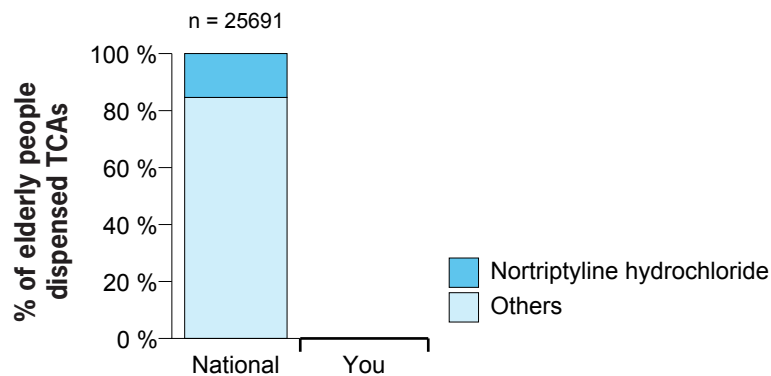
- Time Period: 1 March 2007 - 31 August 2007.
- Patients were assigned to you if they were dispensed a least one TCA or SSRI on a prescription with your NZMC number within the time period.
- Any patients that died within the time period were excluded.
- Data has been excluded where the NZMC or NHI number was not recorded.
- For the purpose of this report, elderly people in the general population are defined as 70 years or over.

Choice of TCA

There are some situations where tricyclic antidepressants (TCAs) are appropriate in elderly people. In most of these situations **nortriptyline is preferable to other TCAs** because of the decreased risk of adverse effects with nortriptyline.

Graph 2: Choice of TCA in elderly people

March - August 2007



TCA	National		You	
	%	# patients	%	# patients
Amitriptyline	54.6 %			
Clomipramine hydrochloride	1.2 %			
Dothiepin hydrochloride	9.9 %			
Doxepin hydrochloride	13.5 %			
Imipramine hydrochloride	2.6 %			
Nortriptyline hydrochloride	15.4 %			
Trimipramine maleate	3.0 %			

Graph 2 indicates that nationally only 15% of elderly people on TCAs are on nortriptyline. How does your prescribing compare?

Nortriptyline is the most suitable TCA in elderly people because:

- It has less sedative and anticholinergic effects.
- It has less potential to cause hypotension.
- It often provides a sufficient hypnotic effect if used at night.
- It is a suitable alternative to amitriptyline for neuropathic pain.

Switching from another TCA to nortriptyline

- **The dose range for all of the TCAs is 75-150mg** to treat depression however doses need to be individualised as elderly people may need lower doses.
- If switching patients to nortriptyline from another TCA because they are experiencing problems you could lower the dose of the original TCA and simultaneously start with low doses of nortriptyline and gradually cross taper the doses. If a patient is on a low dose or has not been on the TCA for long then it may be possible to change immediately, by discontinuing the TCA and starting nortriptyline the next day.

For more information on the treatment of depression in elderly people, see 'best practice journal 11' page 19.

Express audit: Choice of TCA in elderly people.

Examination of data

1. Record the percentage of your elderly patients prescribed TCAs who are on nortriptyline (from report overleaf).

Reported percentage = _____ %

2. Set a target for what you would like this percentage to be? (Based on evidence for best practice)

Target percentage = _____ %

3. What is the gap between target and reported percentages? _____ %

This represents the gap between your current practice and best practice.

CQI process.

Step 1: Check

- What may be causing this gap? i.e. what are the barriers to best practice?

Step 2: Make an Action Plan

- What intervention(s) can be used to overcome these barriers?

- What realistic goals for improvement can be set?

Step 3: Implement your plan.

Step 4: Monitoring

Review the action plan at regular intervals with the practice team.

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?