

NSHRF PROJECT FACT SHEET

Do you and your doctor agree on which antidepressant is best for you?

Investigator: David Gardner, Pharm.D.
Associate Professor, Department of Psychiatry,
Dalhousie University, Halifax

Patient dissatisfaction with the treatment selected for depression may be contributing to the early interruption of treatment and subsequent return of symptoms. Treatment options for depression have increased significantly over the past two decades as new medications have become available. Now the decision as to what antidepressant to prescribe is even more complex. Traditionally, physicians have selected antidepressants based on a variety of factors with very little input from the patient as to the actual medication chosen.

Dr. David Gardner, a member of Dalhousie University's Department of Psychiatry, investigated how physicians and patients prioritize the different factors that distinguish one antidepressant from another. There was a moderate level of disagreement between the two groups.

As a first step, Dr. Gardner and his team identified 21 factors related to antidepressants that are potentially important to patients when selecting a therapy and chose 12 that patients could use to differentiate antidepressants. A survey then compared how general practitioners and patients prioritized the factors that distinguish one antidepressant from another.

Both groups ranked common side effects as the most important factor in selecting an antidepressant. But there was little agreement regarding uncommon, rare and serious side effects. Patients rated these types of effects as their second selection priority; physicians ranked them much lower. The groups also differed on two of the top six ranked factors. Physicians included cost and dosing schedule, while patients included serious side effects and time in use. Physicians ranked cost second, while patients, most of whom had private insurance, put it well down the list at number nine. Those who paid cash for prescriptions ranked cost fourth. Experience with depression or antidepressants did not change how much value patients attributed to different factors. Physicians felt that two out of three depressed patients would be capable of participating in the selection of an antidepressant.

These and other differences suggest that patients and physicians use dissimilar approaches in choosing an antidepressant. This may ultimately lead to differences in choice of treatments and overall satisfaction with and benefit from these medications. "It may be beneficial," says Dr. Gardner, "to improve the selection process by including the patient's perspective and preferences when choosing among the antidepressants to treat depression. This may lead to improved satisfaction and better clinical outcomes of treatment."

Dr. Gardner recommends that educational programs directed at medical students and physicians should address the shared decision-making model, its potential benefits for the patient-physician relationship and patient health, and should inform physicians of the beneficial implications of seeking and including patient preferences in making health decisions. “It is important to determine if involving patients more frequently in the selection of treatment will lead to improved satisfaction and benefits from treatment,” says Dr. Gardner.

“Further research is required to determine what type of patient-decision aid, in terms of content and design, is most acceptable to both patients and physicians, which patients prefer to share in treatment decisions for depression, and what effect sharing in treatment decisions for antidepressants would have on satisfaction with and benefits of treatment,” he adds.

-30-

Contact information:
David Gardner
Department of Psychiatry
Dalhousie University
Phone: (902) 949-7159
David.Gardner@Dal.ca