

Prevalence and patterns of long-term antidepressant use in older female Australians

Mr Edgar Poon^{1,2*}, A/Prof Maria Donald⁴, Prof Mieke van Driel⁴, Dr David Pache^{1,2,5}, Dr Sam Hollingworth¹, Dr Xenia Dolja-Gore⁶, A/Prof Treasure McGuire^{1,2,5}

¹ School of Pharmacy, The University of Queensland, Brisbane, Australia, ² Mater Hospital, Mater Health, Brisbane, Australia, ³ General Practice Clinical Unit, Faculty of Medicine, The University of Queensland, Herston, Australia, ⁴ Faculty of Health Sciences and Medicine, Bond University, Gold Coast, Australia, ⁵ School of Medicine and Public Health, The University of Newcastle, Callaghan, New South Wales, Australia

*Correspondence: e.poon@uq.net.au

Introduction

Antidepressants (AD) are one of the most commonly used medications worldwide.¹ For uncomplicated depression, guidelines now recommend one year duration of use and then consider deprescribing.²

However, the literature suggests an increasing trend of AD use worldwide with prolonged duration of use, longer than the recommended length of treatment.¹

Aim

To determine the pattern and duration of AD use in older female Australians.

Method

We used PBS linked data from the 1946-1951 cohort of the Australian Longitudinal Study on Women's Health (ALSWH) from Jul 2012 – Dec 2019. To ensure only those women who recently started an AD were included in this analysis, a three month wash-out period (Jul-Sep 2012) was introduced.

We examined all participants' PBS dispensing records of AD and recorded the start and end dates of each AD, taking into account any AD switching. We recorded each episode of each patient's AD use. A new episode of AD use was recorded if it was stopped and then re-dispensed after 6 months, to distinguish episodes of depression. Up to 3 episodes of AD use was recorded. Amitriptyline was removed from our analysis as it is most likely to be used for indications other than depression.³ This was validated by our data, showing a different usage profile when compared to other ADs. We assumed that patients continue their AD for 28 days after filling their prescription.

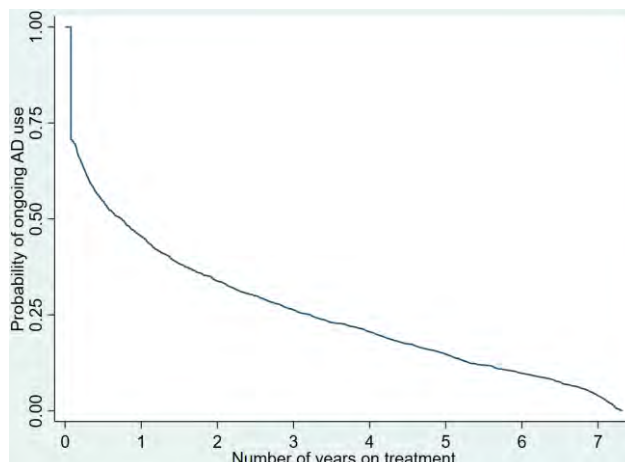


Figure 1: Duration of AD use per episode in older female Australians (Proportion)

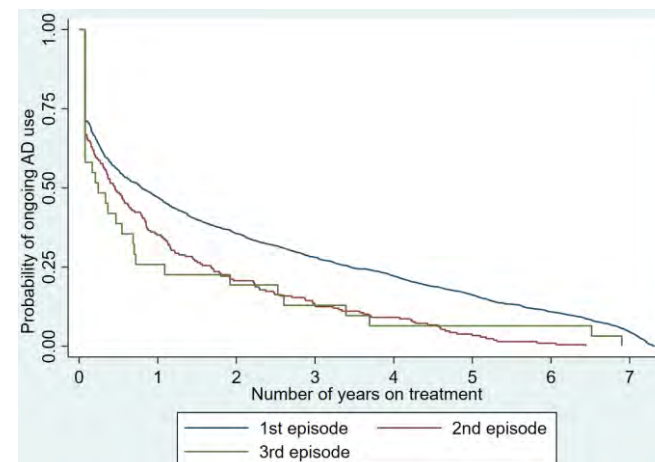


Figure 2: AD use duration in older female Australians by primary & subsequent episodes

Results

In total, 1,773 participants (aged: 68-73 in 2019) were eligible for inclusion and 2020 episodes of AD use were recorded. More than 25% of these AD use episodes had only one prescription filled (Figure 1). The mean estimated AD use duration, excluding episodes with single prescription dispensing, was 2.63 years. The rate of decline in AD users was faster in the first 2 years, then stabilised. Importantly, about 20% of these AD use episodes were more than 4 years (Table 1). When comparing the episodes of AD use, the duration tends to reduce with repeated attempts (Figure 2).

The most common AD medicines prescribed were sertraline, escitalopram, mirtazapine and venlafaxine.

Time (days)	Duration of AD use by episodes	
	#	%
0	2020	100%
>28 (=1 Rx)	1428	70.7%
365 (1 year)	918	45.4%
730 (2 years)	683	33.8%
1095 (3 years)	532	26.3%
1461 (4 years)	416	20.6%
1826 (5 years)	297	14.7%

Table 1: Duration of AD use by episodes

Discussion & conclusions

Our results suggest a considerable proportion of AD users remain on their AD significantly beyond the guideline recommended duration of treatment (1 year). This aligns with current literature suggesting an increasing trend of long-term AD users, which may be linked to poor health outcomes and increased health expenditure.⁴ Due to the limitations from our data source, our results are likely an underestimation of the true population of long-term AD users as only people with new AD therapy were included in the analysis.

In contrast, our data indicate that early AD discontinuation is also common, which means many patients may not have experienced the potential benefit of their AD, missing a chance for treatment.

Pharmacists, especially those who work in geriatric and primary health care, are well-positioned to review AD pharmacotherapy both in terms of encouragement to continue and for deprescribing when appropriate.

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