

Pharmacists and the treatment of depression

Depression poses serious health and economic burdens in the United States. The one-year prevalence of depression among adults has been estimated at 5–10.3%.¹ Recurrent depressive episodes, which occur in up to 60% of patients, are strong predictors of suicide. Most depressed patients are treated in primary care clinics, often suboptimally.² Barriers to effective therapy include underdiagnosis, social stigma, patients' inability to afford care, and inadequate prescribing. Team approaches to the treatment of this illness have been advocated, and the pharmacist's role has been noted in recent research.

Bultman and Svarstad³ interviewed patients about pharmacist counseling for antidepressants and found that 75% said the pharmacist had asked if they had questions and that 54% said the pharmacist listened to their concerns. Only 32% agreed that the pharmacist helped to solve their medication-related problems, possibly because many patients did not report any such problems. For patients receiving antidepressants for the first time, their satisfaction with and adherence to drug therapy was positively correlated with pharmacists' monitoring services.

Boudreau et al.⁴ are conducting a study on a collaborative care model for treating depression involving pharmacists, primary care physicians, and psychiatrists. Randomly selected patients receiving ambulatory care from the multidisciplinary team will be compared with patients receiving usual care. Pharmacists provide educational support and modify drug therapy according to the protocol. Clinical, economic, and quality-of-life outcomes will be reported.

In this issue of *AJHP*, Finley et al.⁵ report the results of a prospective, nonrandomized, controlled study of the impact of pharmacist specialists collaborating with primary care providers (PCPs) and a psychiatrist. Patients were referred to the pharmacists when antidepressants were started. The pharmacists had privileges to adjust the therapy under a protocol.

Compared with patients treated only by PCPs, patients in the collaborative care model had a higher rate of compliance with treatment, were more likely to complete six months of treatment, and had fewer subsequent visits to their PCPs. The results suggest that pharmacists had a positive effect on patients' compliance, satisfaction, and resource utilization.

These encouraging studies suggest that pharmacists can positively affect the treatment of depression in primary care, but only if we work with other health professionals to offer patient-focused, problem-solving services. We also need to document the benefits of pharmacists' interventions. The

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nonrandomization of the study by Finley et al.⁵ could have introduced selection bias. The randomized study by Boudreau et al.⁴ may provide a good comparison once the results are published. Clinical outcomes must be studied to confirm the effectiveness of pharmacists' interventions. Hopefully, as more evidence supporting our value in treating this difficult and prevalent disease appears in the literature, we will become more directly involved in patient care.

1. Olfson M, Marcus S, Druss B et al. National trends in the outpatient treatment of depression. *JAMA*. 2002; 287:203-9.
2. Pincus H, Pechura C, Elinson L et al. Depression in primary care: linking clinical and systems strategies. *Gen Hosp Psychiatry*. 2001; 23:311-8.
3. Bultman D, Svarstad B. Effects of pharmacist monitoring on patient satisfaction with antidepressant medication therapy. *J Am Pharm Assoc*. 2002; 42:36-43.
4. Boudreau D, Capoccia K, Sullivan et al. Collaborative care model to improve outcomes in major depression. *Ann Pharmacother*. 2002; 36:585-91.
5. Finley PR, Rens HR, Pont JT et al. Impact of a collaborative pharmacy practice model on the treatment of depression in primary care. *Am J Health-Syst Pharm*. 2002; 59:1518-26.

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