

Improving the use of antidepressants in the community: The design of A Cohort and Intervention Study Evaluating Antidepressant Epidemiology and Adherence (ACHIEVA)

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The ACHIEVA study aims to assess the reasons for family physician prescribing of antidepressants and to study the impact of a pharmacist-based intervention designed to improve patient acceptance of antidepressant therapy. There are 2 phases to the ACHIEVA study.

The primary objective of Phase I of the study is to determine the disorders for which family physicians prescribe antidepressants. Secondary objectives are to determine the types of antidepressants prescribed and concomitant nonpharmacologic therapies, and to compare the agreement of diagnosis between a semi-structured diagnostic interview with the physician diagnosis.

Phase II's primary objective is to assess the effect of the Health Professional's Antidepressant Communication Tool (PACT) intervention on treatment persistence compared to usual care provided by community pharmacists. Secondary outcome measures include adherence, clinical response, and antidepressant treatment switch rates. Factors predictive of adherence will also be assessed.

Methods

Phase I

Study population

Patients for Phase I of the ACHIEVA study will be recruited through participating pharmacies in the

Adherence: A measure of medication-taking behaviour. Adherence is typically expressed quantitatively as the amount of drug taken over a given period of time relative to the amount that was prescribed.

Persistence: A measure used in chronic disease management that acts as a crude indicator of overall treatment acceptance, effectiveness, and/or tolerability. It measures the duration that the patient continues to take the medication (regularly or irregularly) before stopping it completely.

city of Edmonton and the surrounding area. Pharmacies will be recruited through a partnership with the Capital Health Region Pharmacists Association. The inclusion criteria for Phase I of the ACHIEVA study are as follows:

- Patient presents to a pharmacy with a prescription for an antidepressant from a family physician.
- Patient has not taken an antidepressant in the preceding 6 months, except possibly for samples taken in the past 2 weeks.
- Patient is 18 years of age or older.
- Patient is fluent in English.

Study design

Phase I uses a cross-sectional design. A sample size of 631 individuals will be recruited for this phase. Pharmacists will recruit patients who present to participating pharmacies with a prescription for a new start of an antidepressant. The pharmacist will obtain contact information from eligible patients who provide consent to be contacted by study personnel (Figure 1). Study personnel will contact the

participants to obtain consent to participate in the study, and to conduct the interview.

Psychiatric questionnaire administration

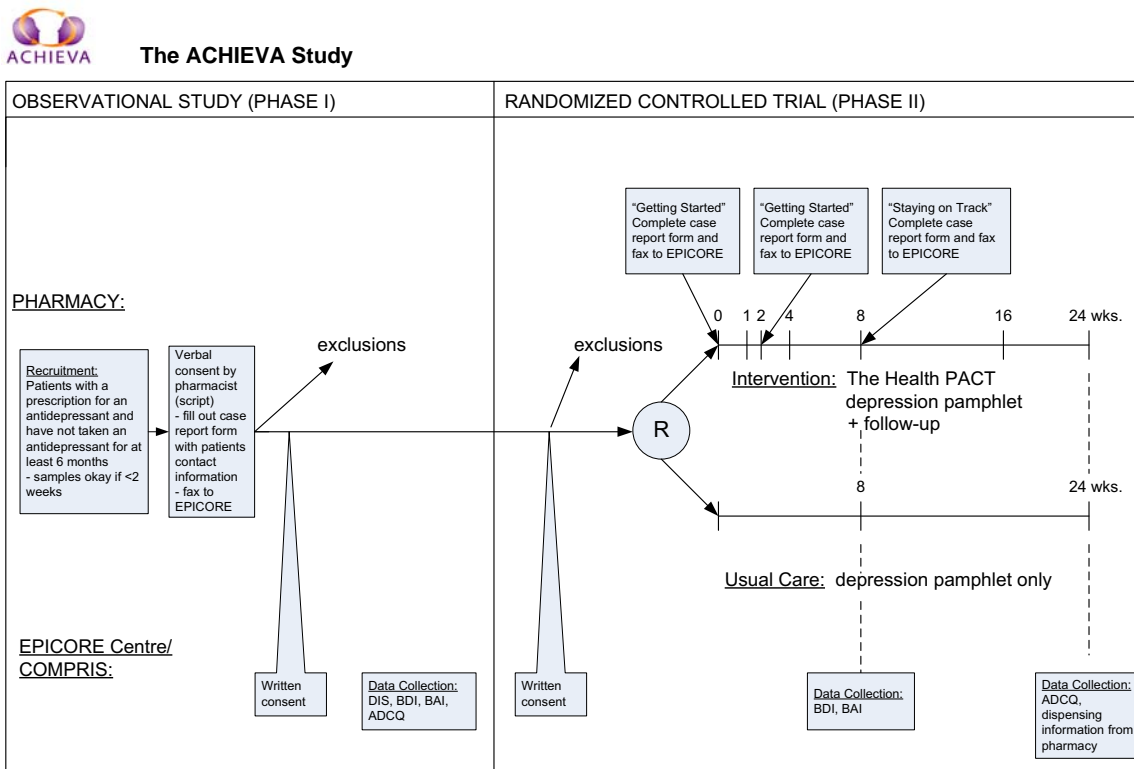
Diagnostic information on psychiatric disorders will be collected using the Diagnostic Interview Schedule (DIS),¹ evaluating major depression, generalized anxiety disorder, and panic disorder. Information will also be obtained from the Beck Depression Inventory (BDI),² the Beck Anxiety Inventory (BAI),³ and the Interview for Recent Life Events (IRLE).⁴ Two trained clinician-interviewers will administer the psychiatric questionnaires to all participants.

The participant's family physician will be contacted by mail, requesting information regarding the specific condition(s) for which the antidepressant was prescribed. Conditions include major depression, "mild" depression, generalized anxiety disorder, panic disorder, adjustment disorder with depressed mood, adjustment disorder with mixed anxiety and depressed mood, sleep disorder, and pain syndromes. Family physicians will also be

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FIGURE 1 Phases I and II of the ACHIEVA Study



DIS = Diagnostic Interview Schedule
 BDI = Beck Depression Inventory
 BAI = Beck Anxiety Inventory
 ADCQ = Antidepressant Compliance Questionnaire

asked to indicate the nonpharmacologic treatments for depression that were received by the patient.

Phase II

Study population

Participants for Phase II of the study will be recruited from Phase I. The additional inclusion criteria for Phase II of the ACHIEVA study are:

- Patient is deemed to have depression after administration of the DIS in Phase I.
- Patient has not taken an antidepressant sample prior to having prescription filled.
- Patient has been taking a newly prescribed antidepressant for no more than 1 week.

Study design

Phase II will randomly allocate 106 consenting Phase I participants to either usual care or the pharmacist Health PACT intervention in a 1:1 ratio. Randomization will be conducted using a computer-generated randomization code, with allocation sealed in opaque envelopes. Participants

randomized to pharmacist Health PACT intervention will receive the intervention a minimum of 3 times over the 6-month study period (Figure 1). Individuals randomized to usual care will be instructed to follow up with their pharmacist and physician as they normally would.


Intervention: The Health PACT

The Health Professional’s Antidepressant Communication Tool (PACT) is a brief, illustrative psychoeducational tool developed by one of the investigators (D. Gardner) for use when consulting with patients who are starting an antidepressant for the treatment of depression.

There are 2 components to the Health PACT: 1) “Getting Started” and 2) “Staying On Track.” Getting Started (Figure 2) provides the pharmacist with a series of topics to cover with each patient as he or she starts an antidepressant, and will be administered to participants who are randomly selected to the intervention group within 7 days of the antidepressant start and again 2 weeks after the

FIGURE 2 The Health PACT Component 1

Getting Started
The Health PACT
The Health Professional’s Antidepressant Communication Tool



Name: _____
Date: _____
Pharmacist: _____ Tel: _____

You have been prescribed _____. This medication is an antidepressant and has several uses. It is important that you’re well informed about this medication. Your pharmacist is here to provide you with information and to answer your questions.

EXCHANGING INFORMATION BETWEEN PHARMACIST AND PATIENT


<input type="radio"/> Information reviewed with physician	<input type="radio"/> Dosage adjustment
<input type="radio"/> Purpose of antidepressant	<input type="radio"/> Missed doses
<input type="radio"/> Questions or concerns	<input type="radio"/> Concerns about dependence
<input type="radio"/> Experience with this or other antidepressants	<input type="radio"/> Safety:
<input type="radio"/> How the antidepressant works	___ Other medications
<input type="radio"/> Target symptoms/problems	___ Herbals
<input type="radio"/> Time for improvement	___ Food
<input type="radio"/> Estimated treatment duration	___ Alcohol/substances
<input type="radio"/> Side effects	<input type="radio"/> Stopping treatment
	<input type="radio"/> Switching antidepressants
	<input type="radio"/> Help beyond medications

Talk to your pharmacist if you have any questions about this medication.

Notes

WHAT TO EXPECT

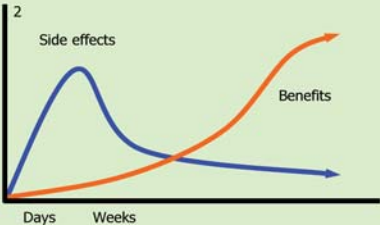
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Side effects

Days Weeks

2

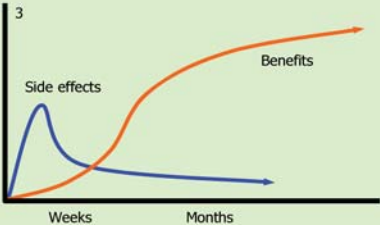


Side effects

Days Weeks

Benefits

3



Side effects

Weeks Months

Benefits

enrolment has begun with 27 patients currently enrolled in Phase I of the study and 4 patients enrolled in Phase II. It is expected that recruitment and interviews for Phase I will take 18 months, and recruitment and follow-up of participants in Phase II will take 18 to 24 months. Study results are expected in the summer of 2008. The study is being coordinated through the University of Alberta Centre for Community Pharmacy Research and Interdisciplinary Strategies (COMPRIS, www.epicore.ualberta.ca/compris).

Implications for practice

It is hoped that the results from Phase I will help clinicians, medical educators, and researchers better understand the reasons why antidepressants are prescribed.

Phase II of the ACHIEVA study will help identify whether a pharmacist-utilized communication and education tool can improve patient adherence and response to antidepressants. If the tool is found to be effective, many patients may benefit from the detailed antidepressant education received from their community pharmacist. ■

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