

**Title:** The Role of Patient Medication Experience in Antidepressant Adherence

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**Context:** Studies of patients with depressive and anxiety disorders under routine outpatient care suggest that apparent treatment failure and lack of symptom remission are often due to poor medication adherence.<sup>1-3</sup>

Treatment guidelines for depression recommend 6 months or more of medication use to treat symptoms and prevent relapse.<sup>4</sup>

**Objective:** To determine the role of previous antidepressant use in future antidepressant adherence.

**Methods:** De-identified computerized pharmacy records were used to select patients who obtained a fill for fluoxetine, sertraline, paroxetine cr, venlafaxine xr, citalopram, or escitalopram (index drugs). The selected patients were divided into two groups. “Rookies” were patients with no prior use of *any* antidepressant in the 180-day period prior to the index fill. “Veterans” were patients with a history of antidepressant use in the preceding 180 days. Patients were then followed for 360 days to calculate the number of days to therapy discontinuation. Age, gender, index refills prescribed, co-pay, and a proxy for income were used as covariates.

**Results:** The median number of days to discontinuation was 67 days for rookies and 184 days for veterans. The period of greatest risk for medication discontinuation was at the time of the first refill. For every patient who switched to another antidepressant, 7.9 discontinued medication. Veteran patients were 37.4% less likely to discontinue therapy. Although all the covariates were statistically significant, only index refills prescribed and age group appear to be relevant, with older patients and patients with higher index refills prescribed being less likely to discontinue treatment.

**Conclusions:** Patients new to antidepressant therapy are at greatest risk of discontinuing therapy. The risk is greatest at the time of the first refill, typically 30-45 days after the onset of therapy. Older age and increased number of refills, which can be interpreted as a proxy of physician intent rather than a cause of adherence, are factors predicting improved antidepressant adherence. The practical implication of this study is that efforts to maintain patients on antidepressant therapy at the *initiation* of treatment are most likely to affect future adherence.

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