

Antidepressant use in Italian elderly patients: a nationwide population based-study

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Despite the high use of antidepressants (ADs) among the elderly there is limited information about the use of these drugs in this population. The aim of this study was to analyse the patterns of AD prescribing in the Italian elderly population, and specifically to evaluate rate and predictors of AD treatment discontinuation. The general practice Health Search Database (HSD) was used to identify AD users aged over 65 years old from 2003-2009. ADs were categorised as (1) selective serotonin reuptake inhibitors (SSRIs); (2) serotonin-norepinephrine reuptake inhibitors (SNRIs); (3) tricyclic antidepressants (TCAs); (4) noradrenergic and specific serotonergic antidepressants/norepinephrine reuptake inhibitor (NaSSAs/NRIs); (5) other ADs. Prevalence of AD use per 1,000 inhabitants was calculated by drug class and single compound. We also measured the numbers of continuous and intermittent users and 'switchers' and identified rate and predictors of AD discontinuation (i.e. treatment gap of ≥ 60 days). Overall, 39,560 AD users over 65 years (3.4% of the total HSD population) were included in the study. SSRIs were increasingly and most frequently prescribed ADs (102.7-195.3 per 1,000 over 7 years). The most common indications for AD use were depression and anxiety. Overall, 14% of AD users continued their AD medication without treatment gaps, 27% were intermittent AD users and 58% discontinued their ADs during the first year of follow-up. In depressed AD users, concomitant use of ≥ 5 drugs was more likely to predict discontinuation (IRR= 1.22, CI: 1.1 - 1.34). The use of NaSSAs/NRIs, TCAs and 'other ADs' was also more likely to predict discontinuation, as were the patients' origins in Southern Italy. ADs, especially SSRIs, are widely and increasingly prescribed in elderly Italian patients. High AD discontinuation rates, especially for TCAs and 'other ADs' are likely to impact the achievement of a therapeutic endpoint. Predictors of drug discontinuation as explored in this study have the potential to identify populations at risk of low adherence a priori and improve the clinical efficacy and economic efficiency of treatment plans.