

Antidepressant Prescription and Dispensing in Latvia: Regional Differences and Pharmacists' Observations

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Summary. Background and Objective. Studies in European countries indicate an increasing consumption of antidepressants (ADs). The aim of this study was to examine the prescription and dispensing of ADs in Latvia and to survey pharmacists.

Material and Methods. Dispensing of ADs was studied in the selected pharmacies located in the cities of the 4 regions of Latvia and the capital Riga. The prescription data were calculated in defined daily doses per 1000 inhabitants per day (DDD/1000/day). In addition, pharmacists were surveyed to obtain information on dispensing of ADs.

Results. In Latvia, the use of ADs is relatively low (4–7 DDD/1000/day). In fact, 65.4%±10% of the sold ADs were selective serotonin reuptake inhibitors (SSRIs), and 30.2%±5% of them were tricyclic antidepressants (TCAs). The sales of SSRIs have doubled since 2006. The following SSRIs were most often sold: escitalopram, paroxetine, sertraline, citalopram, and fluoxetine. Regional differences were observed in the sales of SSRIs. The age of AD users ranged from 35 to more than 65 years; 70% of AD users were women. ADs were mainly prescribed by general practitioners (92%±5%). The surveyed pharmacists observed that patients did not buy all the prescribed drugs; their decision depended on the price and symptoms of the disease; and stigmatizing attitudes toward people with a mental illness also existed.

Conclusions. In Latvia, the consumption of ADs is significantly lower than in other European countries. SSRIs are the most often prescribed ADs. Women consume more ADs than men. Although regional differences exist in the pattern of sold ADs, the pharmacists have observed similar tendencies in dispensing of ADs.

Introduction

Antidepressants (ADs) are commonly used to alleviate mood disorders, such as major depression and dysthymia. Other medications used to manage depression are antipsychotics at low doses and benzodiazepines (BZDs) (1). Studies on clinical factors associated with the use of ADs and BZDs in 6 European countries (Belgium, France, Germany, Italy, the Netherlands, and Spain) have revealed the prevalence of emotional problems as a more important reason to use these drugs (1). The World Health Organization (WHO) emphasizes that depression is one of the leading causes of disability affecting more than 100 million people (2), and several researchers report an increased risk of suicide (3). Besides, social, health care, and general practitioner (GP) factors are found to be at least as important as clinical factors in the prescription and choice of psychotropic medications (4). Several studies have determined

the variables of multifactorial AD or BZD use that might influence the prescription of psychotropic drugs in different countries and even in different regions within a country (1, 5). In general, studies in European countries indicate a common tendency – an increasing consumption of ADs and antipsychotic medications (6–8).

In Latvia, new prescription guidelines for all drugs and special rules of psychotropic drug prescription have been introduced since 2005. Only physicians are currently allowed to prescribe psychotropic medications (meanwhile, physician assistants were also allowed to do it previously), prescriptions expire in 30 days, and a mandatory code of diagnosis is to be entered on the prescription form. The regulations allow prescribing only one drug per one prescription form. Unfortunately, an electronic database of the amount of sold drugs has not been introduced, and pharmacists have no

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access to the patients' medication records. Psychotropic drug prescriptions are kept in a pharmacy for three years separate from other prescription forms. The total number of prescriptions and the number of prescriptions of psychotropic drugs are easily obtainable from pharmacies; however, pharmacists do not register the medications of individual patients and do not calculate the sold defined daily doses per 1000 inhabitants per day (DDD/1000/day).

Taking into account the fact that Latvia was not included in the previous European studies on psychotropic drug use, the aim of our study was to obtain the data of the prescription and dispensing of ADs in different regions of Latvia and to survey pharmacists' perception of the use of ADs.

Material and Methods

Criteria for Selection of Pharmacies. Dispensing of ADs and their prescription patterns in 2006–2008 were studied in the pharmacies located in the capital Riga and four other cities representing the four regions of Latvia: Latgale, Vidzeme, Zemgale, and Kurzeme. The community pharmacies in regional cities were selected taking into account the average number of inhabitants per pharmacy in Latvia and the number of inhabitants per pharmacy in regional cities; at present, with 820 community pharmacies in Latvia, the average figures indicate 2667 inhabitants per pharmacy (9). It was found that there were 295 pharmacies and 2432 inhabitants per pharmacy in Riga, 27 pharmacies and 2431 inhabitants per pharmacy in Jelgava (region Zemgale), 11 pharmacies and 2493 inhabitants per pharmacy in Valmiera (region Vidzeme), 35 pharmacies and 2430 inhabitants per pharmacy in Liepaja (region Kurzeme), and 17 pharmacies with 2117 inhabitants per pharmacy in Rezekne (region Latgale). Five pharmacies were selected for the study in each city – 25 pharmacies in total. All the pharmacies chosen for the study were located in the same building as or close to doctors medical centers or health centers (formerly called polyclinics) of the corresponding cities, where patients visit GPs and other physicians.

The register of the Society of Pharmacists of Latvia lists 1300 pharmacists with higher education diplomas and 1250 pharmacy assistants with pharmacy college diplomas, thus, giving an approximately equal number of pharmacists and pharmacy assistants per pharmacy. It was calculated that 150 pharmacy professionals altogether worked in the selected pharmacies.

Prescription Data Collection. The prescriptions of ADs in the selected 25 pharmacies were analyzed, and the use of ADs was quantified. The data on the overall drug use in the country were obtained from the annual reports of the State Agency of Medicines of Latvia and compared with the data from the re-

gional research carried out in this study. The data were calculated using the Anatomic Therapeutic Chemical (ATC)/DDD methodology and expressed as DDD/1000/day (10). The studied variables were the ATC code and the quantity of the dispensed drug. Other data including the gender and age of a patient, the code of diagnosis, place of residence, and the qualification of the doctor who prescribed the medication were manually recorded. The data were entered on Microsoft Office Excel sheets to create a database of local pharmacies. The pharmacists assigned an identification code to each recorded patient to escape public use of the patient's name and personal ID number.

The Survey of Pharmacists. The aim of the survey was to obtain additional information that was not deducible from the statistical data alone, e.g., the reasons behind the decision to buy drugs or visit a physician. A prepared questionnaire included questions concerning pharmacists' observations of AD users and the tendencies in AD dispensing during the last 3 years. The content of the questionnaire gave an overview of the pharmacists' perception of AD users. The following statements were evaluated: patients use ADs properly; patients acknowledge effectiveness of ADs; patients accept their diagnosis; patients consider mood changes and behavioral disorders as illness; and mental patients are afraid to be rejected by society.

Pharmacists obtained the answers to these questions during patient consultations. The statement "Patients acknowledge effectiveness of ADs" means that patients noticed a positive effect of a drug and were willing to follow the treatment regime. The answer to the statement "Patients accept their diagnosis" also arose from the discussion when a patient agreed with the physicians' diagnosis and asked a pharmacist to give additional information about his/her disease.

Another block of questions was addressed to the pharmacists' observations and activities: patients buy all the prescribed ADs; ADs are bought if prescribed against neuropathic pain; patients discuss their diagnosis with a pharmacist; the price of ADs influences the patients' decision; mainly GPs prescribe ADs; ADs are partly reimbursed; a pharmacist educates a patient about the use of ADs; tricyclic antidepressants (TCAs) are cheaper than selective serotonin reuptake inhibitors (SSRIs); a pharmacist communicates with GP about the prescription of ADs.

The questionnaire was distributed among 150 pharmacists and pharmacy assistants working in the selected pharmacies in December 2008.

Each respondent was asked to complete the questionnaire only once. All answers to the questions were rated as follows: 1, completely agree; 2, agree; 3, disagree; 4, absolutely disagree; and 5, difficult to

answer. Questionnaires with any unanswered questions were removed from the analysis.

Data Analysis. The use of ADs expressed as the DDD/1000/day was calculated as the mean (standard deviation). The statistical analysis was conducted using the Student *t* test and ANOVA. The differences were considered significant if $P \leq 0.05$. The collected data were processed with the MS Excel software. The statistical analysis was performed with the GraphPad Prism package (GraphPad software).

Results

Data on the Prescription of ADs. A total of 38 640 prescriptions for psychotropic drugs were received and drugs were sold in 2006–2008 in the surveyed community pharmacies. Among them, 95 468 prescriptions were for ADs; they were analyzed in more detail. As Fig. 1 shows, the use of ADs tended to increase in all cities. However, regional differences were noticed. In the capital Riga, the use of ADs was above the average level in the country, but in Jelgava and Valmiera, an increase was observed only in 2008. The representative pharmacy data from the other two regions, Kurzeme (Liepaja) and Latgale (Rezekne), showed a lower AD prescription rate during the study. In the drug group with the code N06A, different AD classes – SSRIs (ATC code N06AB), nonselective monoamine reuptake inhibitors (N06AA), and other ADs (N06AX, for example, venlafaxine, tianeptine) – were represented together. Monoamine oxidase-A inhibitors (MAO-A inhibitors, N06AG) and nonselective monoamine oxidase inhibitors were not sold at all.

Our study revealed that 65.4% (SD, 10%) of the sold ADs were SSRIs, and 30.2% (SD, 5%) were tricyclic antidepressants (TCAs) or, more precisely, only one of them – amitriptyline/Ami-*triptylini* hydrochloridum (ATC code N06AA09).

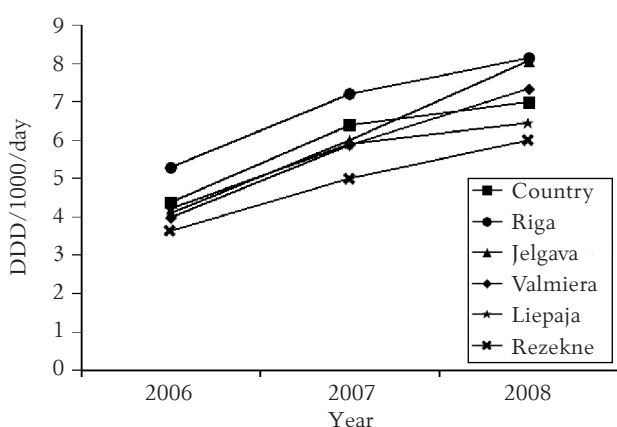


Fig. 1. Comparison of the use of antidepressants (N06A) expressed as DDD/1000/day in the whole country and regional cities in 2006, 2007, and 2008

The data of the whole country were taken from annual reports of the State Agency of Medicines of Latvia.

On the average, sales of the SSRIs in the studied pharmacies doubled since 2006 (from 2.24 [SD, 0.3] DDD/1000/day in 2006 to 4.6 [SD, 0.5] DDD/1000/day in 2007, $P < 0.05$) and remained at the same level in 2008 (4.44 [SD, 0.5] DDD/1000/day), but amitriptyline was sold in the amounts of approximately 0.9–1.05 DDD/1000/day every year. These average values are very close to the recorded data of the entire country: amitriptyline has been sold in the amount of approximately 1 DDD/1000/day since 2003, but SSRI sales increased from 1.37 DDD/1000/day in 2003 to 4.42 DDD/1000/day in 2008 (data from the State Agency of Medicines). The following SSRIs were most often sold: escitalopram, paroxetine, sertraline, citalopram, fluoxetine, and fluvoxamine. The use of escitalopram has been only registered in Latvia since 2007, and the overall data of the country give evidence that escitalopram was sold in the amount of 1.45 DDD/1000/day in 2007, but in the amount of 1.42 DDD/1000/day in 2008. Because data on escitalopram prescription are not available for the whole study period, its prescription data are not shown in Fig. 2, which compares the use of 4 most often prescribed ADs. The use of fluvoxamine was not calculated either because it was very low (less than 0.02 DDD/1000/day).

Below the regional differences observed in the sales of the most often prescribed SSRIs are described. Regional data were compared with the data obtained in Riga because the overall data of the country are given in total without variables. In addition, Fig. 2 demonstrates similar data on the use of ADs in Riga and the entire country in terms of the DDD/1000/day.

The performed analysis of sold ADs showed that paroxetine was the best-sold AD in all the regions. However, in Rezekne, on the average, paroxetine was sold from 0.5 DDD/1000/day in 2006 to 0.88 DDD/1000/day in 2008 that is less than in Riga (on the average 1 DDD/1000/day in 2006, 1.2 DDD/1000/day in 2007, and 1.5 DDD/1000/day in 2008) and the whole country (data from the State Agency of Medicines).

Sertraline was the next best-sold AD in the three-year period; however, in Jelgava and Rezekne, its sales were lower than overall in the country and in Riga. The popularity of sertraline grew in Valmiera and Liepaja in 2008 reaching the same level of use as in Riga.

The sales of citalopram were significantly lower in all the regions than Riga. Its prescription was especially low in the regional cities in 2006.

In 2007 and 2008, the sales of fluoxetine in Jelgava exceeded its sales in Riga. In addition, the sales of fluoxetine increased in Valmiera in 2008. Nevertheless, in other cities, fluoxetine sales were lower than in Riga, and the overall data of the country

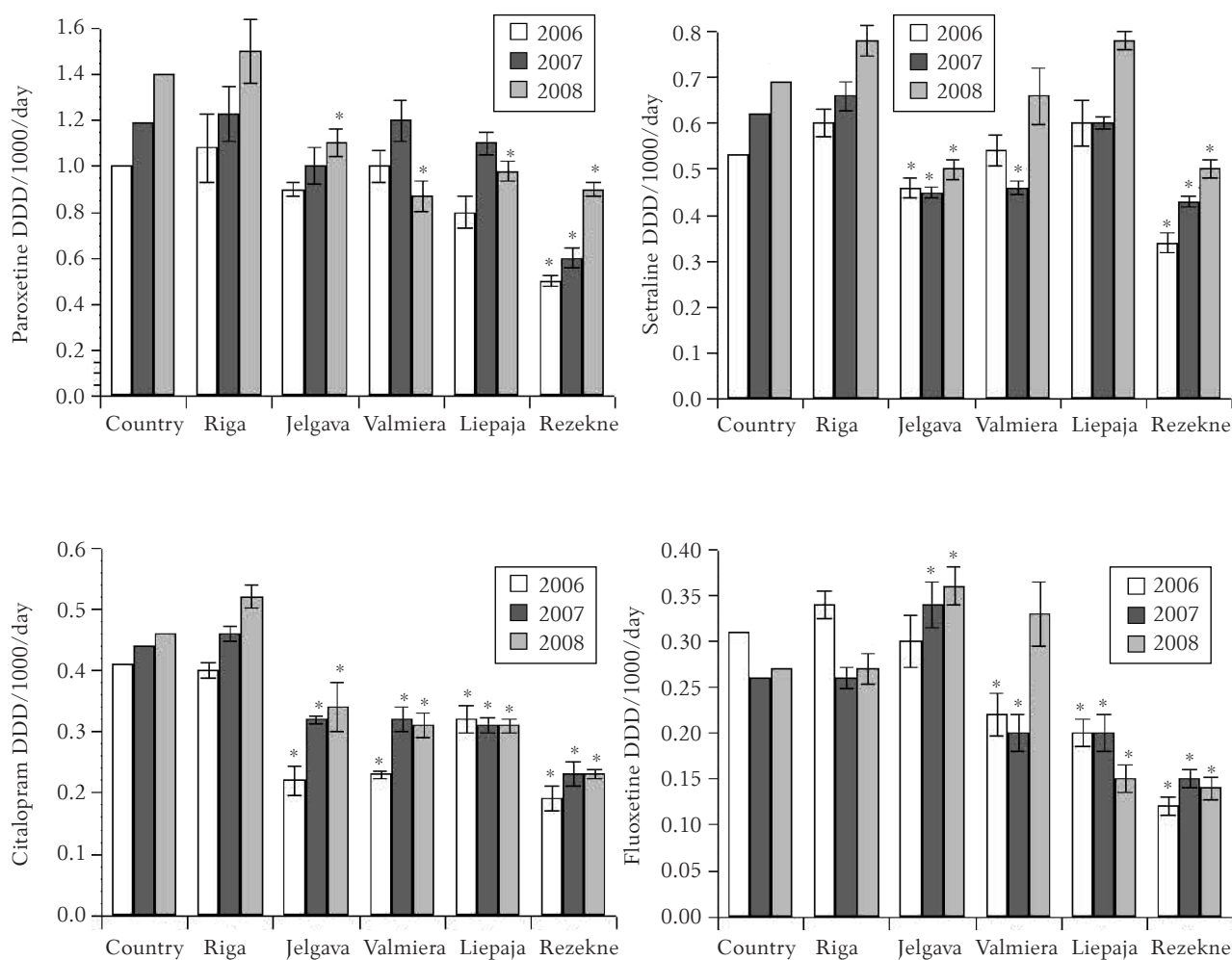


Fig. 2. The amount of best-sold selective serotonin reuptake inhibitors in DDD/1000/day in the whole country, capital Riga, and regional cities in years 2006, 2007, and 2008

The data are shown as mean (SD). * $P \leq 0.05$ vs. data from Riga in the corresponding years.

show a decline in the prescription of fluoxetine.

The analysis of the demographic data of the patients revealed predictable information: 70% of patients were women, and AD users had an indistinct age interval from 35 to over 65 years. Examination of the place of residence showed that approximately 85% of patients lived in the corresponding cities, but 15% of them were pharmacy customers from rural areas surrounding the cities.

ADs were mainly prescribed by GPs (90%; SD, 2%). Signatures of other physicians of different qualifications were rarely seen on the prescription forms collected from the regional cities (less than 10%). In Riga, psychiatrists prescribed 6% of the analyzed AD prescriptions.

Analysis of the codes of diseases according to the National SSK-10 Classification based on the International Classification of Diseases (ICD) revealed that in 2006 and 2007, ADs were mainly prescribed for depressive disorders, generalized anxiety, and social phobia (85%; SD, 10%), whereas less com-

mon indications were pain, eating disorders, premenstrual syndrome, and dementia (approximately 15% of the prescriptions).

In contrast, there were a significantly increased number of prescriptions for chronic pain in 2008. Quite often ADs were prescribed for neuropathic pain, muscle tension, migraine, and fibromyalgia (34%; SD, 12%), and only 58% (SD, 4%) for behavioral disorders (a decrease in comparison with 2006, $P \leq 0.05$).

The Survey of Pharmacists. The overall response rate of the survey was 88%, and 132 filled questionnaires were received. The obtained data showed that ADs were very often simply not bought, i.e., 57% of pharmacists noticed such a negative tendency (Table). Moreover, 70% of respondents observed that many patients did not consider mood changes and behavioral disorders to be an illness. A positive decision to buy ADs was made if the AD was prescribed for neuropathic pain, and 95% of respondents reported ADs to be bought in this case. The

Table. Pharmacists' Observations of AD Dispensing and Perceptions of AD Users

Variables in Questionnaire*	Percentage of Respondents				
	1	2	3	4	5
Patients buy all the prescribed ADs	15	15	57	0	13
ADs are bought if prescribed against neuropathic pain	45	50	0	0	5
Patients use ADs properly	12	25	25	8	30
Patients acknowledge effectiveness of ADs	35	50	8	0	7
Patients discuss their diagnosis with a pharmacist	35	60	5	0	0
Patients accept their diagnosis	25	70	0	0	0
Patients consider mood changes and behavioral disorders as illness	10	15	65	5	5
Mental patients are afraid to be rejected by society	67	13	10	0	10
Price of ADs influences patients' decision	80	12	5	0	3
Mainly general practitioner prescribes ADs	84	16	0	0	0
ADs are partly reimbursed	90	10	0	0	0
TCA's are cheaper than SSRIs	95	5	0	0	0
Pharmacist educates a patient about the use of ADs	80	15	5	0	0
Pharmacist communicates with a general practitioner about AD prescription	10	22	65	0	3

AD, antidepressant; SSRI, selective serotonin reuptake inhibitor; TCA, tricyclic antidepressant.

*Variables as statements were given in questionnaires; each statement with five answer possibilities: completely agree, agree, disagree, absolutely disagree, and difficult to answer. The number of respondents who answered according to the given five possibilities in Table 1 is shown in % vs. total number of respondents (n=132) taken as 100%.

1, completely agree; 2, agree; 3, disagree; 4, absolutely disagree; 5, difficult to answer.

majority of pharmacists were not sure whether ADs were used properly (30% of respondents were not able to answer, 33% suspect nonuse of ADs). However, pharmacists received a positive feedback from the patients about the effectiveness of the drugs, and the respondents confirmed patients' willingness to discuss their problems; the pharmacists also agreed that they were willing to consult patients (the most common answers, "completely agree" and "agree"). In contrast, the majority (65%) of pharmacists mentioned poor communication with GPs who mainly prescribe ADs. All surveyed pharmacists agreed with the statement that mainly GPs prescribed ADs. No doubt, the price of the drugs influenced the capability to buy ADs. Price differences are considerable, and TCAs are much cheaper than SSRIs. ADs are only partly reimbursed, and patients have to pay 50% to 100% of the price. It was also found that 80% of respondents believed that mental patients were afraid to be rejected by society.

Discussion

The use of ADs in other European countries in recent years has been much higher than the use in Latvia witnessed by our results and even higher than the overall sales of drugs with the code for the nervous system in Latvia. The State Agency of Medicines reported that the use of all drugs with code N was 64.49 DDD/1000/day in 2008, including ADs that accounted for 7 DDD/100/day (11). The study showed that ADs accounted for 25% of all sales of drugs with code N (nervous system), among which 65.4% (SD, 10%) were SSRIs and 30.2% (SD, 5%) amitriptyline. The use of amitriptyline was stable and very similar to its use in other countries, for example, in Spain (12).

In Finland, the increase in the use of ADs be-

tween 1990 and 2006 was nearly 8-fold, from 7.09 DDD/1000/day to 55.47 DDD/1000/day (13). In Iceland, the use of ADs was already very high in 2000 (72.7 DDD/1000/day) (14); nevertheless, it further increased to 95 DDD/1000/day in 2005 (15). A similarity was found with a Lithuanian study that reported low AD prescription rates (16). In the 1990s, depression was reported as an unrecognized and undertreated disease in many countries (17). In the last decade, the number of people with diagnosed depression increased, and they receive managed treatment that resulted in the increased amount of prescribed ADs. The lower use of ADs in Latvia and Lithuania (16) in comparison with other European countries may result in unsolved mental health problems. In Latvia, 7% of the population was registered as diagnosed with depression in 2007, but it is suggested that in reality 10%–12% suffer from depression. Moreover, in Latvia, the suicide rate reaches 17.94 cases per 100 000 population, whereas the average rate in Europe is 14.14 per 100 000 population (18).

Analysis of the codes of diagnoses revealed changes in AD prescription policy. A significantly increased number of prescriptions for chronic pain were observed in 2008. ADs are often prescribed in the treatment of chronic pain, and they are useful medications in the treatment of neuropathic pain. Some physicians prescribe an SSRI during the day and amitriptyline at bedtime for patients in pain (19). However, some researchers indicate the lack of real evidence-based treatment algorithms for neuropathic pain (20). Major depressive disorder (MDD) is a multifaceted disease that presents with both emotional symptoms (e.g., depression, suicidal ideation, etc.) and physical symptoms (e.g., sleep disruption, headaches, musculoskeletal and abdominal pains, etc.). GPs possibly feel difficulties

in recognizing MDD and prescribe ADs for pain, which more corresponds to the patients' complaints. Indeed, a study on the mental health of adult inhabitants of working age by the Public Health Agency of Latvia revealed a large number of undiagnosed and untreated people with MDD (18). Moreover, 70% of pharmacists experienced that patients did not consider mood changes and behavioral disorders to be treated with ADs. For such complaints, BZDs are usually prescribed (7, 21). Similarly to the results of our study, SSRIs are the most often prescribed ADs in other European countries (7, 8, 13, 14), however, with variations in the top drug list. For example, paroxetine was the most prescribed SSRI followed by amitriptyline and fluoxetine in Italy (22); meanwhile, fluoxetine, paroxetine, citalopram, and sertraline were the best-sold SSRIs in Spain (12). In Latvia, the best-sold ADs are escitalopram, paroxetine, amitriptyline, and sertraline. In literature, escitalopram is described as the most selective representative of the SSRIs (23, 24).

Due to the regional variations in AD prescription and the fact that ADs are mostly prescribed by GPs, we speculate a strong influence of the personal opinion of GPs on the AD prescription pattern. The GPs' choice of the first-line AD prescription was investigated in Sweden in 1994; however, then TCAs were more popular, and of SSRIs, only fluvoxamine was used (25). Although at present new-generation ADs are introduced in pharmacy practice, a strong impact of the opinions of GPs and psychiatrists on the use of ADs remains (4).

In addition, the price of drugs is an important factor for the decision of both GPs and patients. As the data from the pharmacist survey show, many patients do not buy the prescribed medicines, or they ask for the cheapest ones. In Latvia, the prices of SSRIs are approximately 10–20 times higher than the prices of TCAs (prices from the catalogues published by distributors of medicinal products were compared).

Analysis of the demographic data of the patients did not reveal new unexpected information. The prevalence of female gender and age more than 30 years has been reported in several studies (7, 8, 12–15, 21). Our findings confirm that the demographic profiles of AD users have not changed over the years.

The survey of pharmacists confirmed the lack of knowledge about mental health in the public since mood changes and behavioral disorders are not considered a disease; mental patients are also afraid to be rejected by society. Researchers reviewing scientific data have concluded that there is little research on stigmatizing attitudes toward people with mood disorders (26, 27). Most of the literature on the stigmatizing attitudes toward people with mental illnesses

is on the patients with more severe disorders, such as schizophrenia. When research has been done on mood disorders, the focus has been on the perceived stigma and self-stigma (26). In Latvia, 31.6% of registered mental patients are schizophrenic, 25% have personality disorders, 19.7% have psychosomatic disorders, and 7% have depression (18).

Furthermore, pharmacists noticed difficulties for patients to buy all the prescribed drugs. The decision is made in a pharmacy after a discussion with a pharmacist about the price and effectiveness of the drug. It was a positive finding that patients accepted their diagnosis and listen to pharmacists' suggestions. However, 30% of pharmacists reported that they did not know whether the patients used ADs properly, and 33% disagreed that ADs were used as prescribed. A reason to stop the use of ADs is the number of adverse effects, which are inconvenient for patients (28).

Limitations of our study could be the unknown statistics of the regional distribution of mental patients as well as the lack of information whether all bought ADs are used properly. In addition, the number of sold ADs prescriptions may reflect the status of the regional economics and the mean age of the inhabitants.

Conclusions

This study confirmed a considerably lower consumption of ADs in Latvia (up to 7 DDD/100/day) than other European countries (up to 95 DDD/1000/day), and a similarity with a Lithuanian study, however, with the tendency to increase with years. In the capital Riga, the use of ADs was above the average level in the country, but in the representative regional pharmacies in Jelgava (Zemgale) and Valmiera (Vidzeme), the increase was observed only in 2008, whereas in Liepaja (Kurzeme) and Rezekne (Latgale), the data showed a lower level of AD prescription during the study period.

Although regional differences exist in the pattern of sold ADs, the following SSRIs were most often sold: escitalopram, paroxetine, sertraline, citalopram, and fluoxetine. Regional differences in the dispensing of SSRIs may influence the priorities of GPs as mainly GPs prescribed ADs. In addition, changes in AD prescription policy were observed as there were a significantly increased number of prescriptions for chronic pain in 2008.

Our findings confirm that the demographic profiles of AD users have not changed over the years.

The data from the survey of pharmacists confirmed that the price of the drugs and the symptoms of the disease strongly influenced the patients' decision whether to buy or not to buy ADs. No discrepancies among the pharmacists' perception of AD users were observed in the question-

naires from different regional pharmacies. The survey revealed poor pharmacists' communication with GPs and lack of confidence whether ADs were used properly.

In our opinion, the following areas demand particular improvements: the pharmaceutical care of mental patients, mental health literacy, and the attitudes toward people with mental illnesses.

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Statement of Conflict of Interest

The authors state no conflict of interest.

Antidepressantų skyrimas ir išdavimas Latvijoje: regioniniai skirtumai ir farmacininkų pastebėjimai

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Raktažodžiai: antidepressantai, receptų duomenys, farmacininkų apklausa, SSRI.

Santrauka. Tyrimo tikslas. Europoje atliktų epidemiologinių tyrimų duomenys patvirtino didėjantį antidepressantų vartojimą. Todėl šio tyrimo tikslas – išsiaiškinti antidepressantų skyrimo ir išdavimo savitumus atskiruose Latvijos regionuose.

Tyrimo medžiaga ir metodai. Antidepressantų skyrimo ir išdavimo savitumų tyrimai buvo vykdomi atrinktoje vaistinėse iš keturių Latvijos regionų miestų ir sostinės Rygos. Tyrimams buvo panaudota receptuose išrašytų antidepressantų informacija, apskaičiuotos skirtos dienos dozės 1000 gyventojų (DDD/1000/per dieną). Be to, atlikta farmacininkų apklausa siekiant išsiaiškinti informaciją, susijusią su antidepressantų pardavimu.

Rezultatai. Latvijoje antidepressantų suvartojama palyginti nedidelis kiekis (4–7 DDD/1000/per dieną). 65,4±10 proc. nuo parduotų antidepressantų kiekio buvo selektyvūs serotonino reabsorbcijos inhibitoriai (SSRI), 30,2±5 proc. buvo tricikliai antidepressantai (TCA). SSRI pardavimas nuo 2006 m. išaugo dukart. Daugiausia parduodama šių SSRI: escitalopramo, paroksetino, sertralino, citalopramo, fluoksetino.

Nustatytas antidepressantų pardavimų skirtumas įvairiuose regionuose. Antidepressantų vartotojų amžiaus intervalas – nuo 35 iki 65 metų ir daugiau; 70 proc. vartotojų sudarė moterys. Dažniausiai antidepressantų išrašydavo šeimos gydytojai (92±5 proc.). Apklausoje dalyvavę farmacininkai pažymėjo, kad pacientai perka ne visus išrašytus vaistus, nes jų apsisprendimą nulemia vaistų kaina, ligos simptomai bei psichikos ligomis sergančiųjų savitas požiūris.

Išvados. Antidepressantų vartojimas Latvijoje yra reikšmingai mažesnis nei kitose Europos šalyse. Iš dažniausiai skiriamų antidepressantų yra SSRI. Moterys vartoja daugiau antidepressantų nei vyrai. Pastebėta regioninių antidepressantų pardavimo skirtumų. Farmacininkai pastebėjo panašias antidepressantų pardavimo tendencijas.

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