

Method for Improving Antidepressants Adherence in Patients with Depressive Disorder: Systemic Review and Meta-Analysis

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Abstract : Depression is a common mental health disorder. Antidepressants are effective pharmacological treatments, but most patients have low medication adherence. This study aims to systematic review and meta-analysis what method increase the antidepressants adherence efficiently and improve clinical outcome. Systematic review of articles of randomized controlled trials obtained by a computerized literature search of The Cochrane, Library, Pubmed, Embase, PsycINFO, CINAHL, Education search, Web of Science and ThaiLIS (28 December 2017). Twenty-three studies were included and assessed the quality of research by ROB 2.0. The results reported that printing media improved in number of people who had medication adherence statistical significantly ($p=0.018$), but education, phone call, and program utilization were no different ($p=0.172$, $p=0.127$, $p=0.659$). There was no significant difference in pharmacist's group, health care team's group and physician's group ($p=0.329$, $p=0.070$, $p=0.040$). Times of intervention at 1 month and 6 months improved medication adherence significantly ($p=0.0001$, $p=0.013$). There was significantly improved adherence in single intervention ($p=0.027$) but no different in multiple interventions ($p=0.154$). When we analyzed medication adherence with the mean score, no improved adherence was found, not relevant with who gives the intervention and times to intervention. However, the multiple interventions group was statistically significant improved medication adherence ($p=0.040$). Phone call and the physician's group were statistically significant improved clinical outcomes in number of improved patients (0.025 and 0.020, respectively). But in the pharmacist's group and physician's group were not found difference in the mean score of clinical outcomes ($p=0.993$, $p=0.120$, respectively). Times to intervention and number of intervention were not significant difference than usual care. The overall intervention can increase antidepressant adherence, especially the printing media, and the appropriate timing of the intervention is at least 6 months. For effective treatment, the provider should have experience and expert in caring for patients with depressive disorders, such as a psychiatrist. Medical personnel should have knowledge in caring for these patients also.

Keywords : depression, medication adherence, clinical outcomes, systematic review, meta-analysis

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