O-10 - SAFETY MONITORING GUIDELINES FOR TREATMENTS FOR MAJOR DEPRESSIVE DISORDER

S.Dodd¹,², G.S.Malhi³, J.Tiller⁴, I.Schweitzer⁴, I.Hickie⁵, J.P.Khoo⁶, D.L.Basset⁷, B.Lyndon³, P.B.Mitchell⁸, G.Parker⁹, P.B.Fitzgerald⁹, M.Udina¹⁰, A.Singh², S.Moylan¹, F.Giorlando², C.Doughty¹¹, C.G.Davey¹², M.Theodoros¹³, M.Berk¹,²,¹²

¹Medicine, Deakin University, ²Psychiatry, University of Melbourne, Geelong, VIC, ³Psychiatry, University of Sydney, Sydney, NSW, ⁴Psychiatry, University of Melbourne, Melbourne, VIC, ⁵Brain and Mind Research Institute, University of Sydney, Sydney, NSW, ⁶Toowong Specialist Clinic, Brisbane, QLD, ⁷Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, WA, ⁸Psychiatry, University of New South Wales, Sydney, NSW, ⁹Psychology and Psychiatry, Monash University, Melbourne, VIC, Australia, ¹University of Barcelona, Barcelona, Spain, ¹¹Public Health and General Practice, University of Otago, Christchurch, New Zealand, ¹²Orygen Youth Health Research Centre, Melbourne, VIC, ¹³New Farm Clinic, Brisbane, QLD, Australia

Introduction: Antidepressants are amongst the most commonly prescribed classes of drugs and their use continues to grow. Adverse outcomes are part of the landscape in prescribing medications and therefore management of safety issues need to be an integral part of practice.

Objectives: We have developed consensus guidelines for safety monitoring with antidepressant treatments.

Aims: To present an overview of screening and safety considerations for pharmacotherapy of clinical depressive disorders and make recommendations for safety monitoring.

Methods: Data were sourced by a literature search using Medline and a manual search of scientific journals to identify relevant articles. Draft guidelines were prepared and serially revised in an iterative manner until all co-authors gave final approval of content.

Results: A guidelines document was produced after approval by all 19 co-authors. The final document gives guidance on; the decision to treat, baseline screening prior to commencement of treatment, and ongoing monitoring during antidepressant treatment. The guidelines state or reference screening protocols that may detect medical causes of depression as well as screening and monitoring protocols to investigate specific adverse effects associated with antidepressant treatments that may be reduced or identified earlier by baseline screening and agent-specific monitoring after commencing treatment.

Conclusions: The implementation of safety monitoring guidelines for treatment of clinical depression may significantly improve outcome, by improving a patient’s overall physical health status.

https://doi.org/10.1016/S0924-9338(12)74110-X Published online by Cambridge University Press