





















































































































**Table 11: Distribution of prescribers included in the study according to their preference in case of pregnant women with depression.**

Prescriber's preference in case of pregnant women with depression?	No. of prescribers	Percent
SSRI	37	84.1%
SNRI	4	9.1%
no answer	2	4.5%
TCA	1	2.3%
<b>Total</b>	<b>44</b>	<b>100%</b>

## Discussion

It has been stated previously that the major objective of this study was to describe the current prescribing practices in the treatment of clinical depression at Taha Baasher's teaching psychiatric hospital.

The study involved 44 doctors. Female doctors were dominant (59.1%). Medical officers constituted almost the highest number of health care givers 46 % of the total number of the participants (n=44) whereas Medical assistant constituted the lowest number 4.5%.

Effectiveness was found to be the most important criteria in selecting antidepressants as mentioned by 52.3% of the participants, 18.20% of participants said that the most important criteria in selecting antidepressants was consultants experiences. Presenting symptoms were the most common factors influencing the choice of antidepressant as mentioned by 93.2% of the study subjects.

SSRI was the most common first line preference in the treatment of depression mentioned by 95.5% of the participants, The SSRIs were probably the drug class

of choice because the side effects are better tolerated than the older drugs, there is better patient compliance with once a day dosing and the suicide potential is low, as study done in tertiary hospital in Malaysia mathcalagan<sup>(12)</sup> which revealed that SSRI group was found to be the most widely utilized antidepressants. 25 (56.8%) of the respondents vary routinely the treatment strategies for management of depression according to personal characteristics or depression subtype and this findings were inconsistent with NICE clinical guideline 90(2009)<sup>(8)</sup> as there is no convincing evidence to support such action.

Combination of Psychosocial interventions plus antidepressants was found to be the most common preference of treatment of mild depression as mentioned by 54.5% of the respondents ,but the NICE clinical guideline 90(2009)<sup>(8)</sup>clearly states that do

not uses antidepressants routinely to treat mild depression because the risk–benefit ratio is poor, firstly start with psychosocial interventions (CBT, CCBT or structured group physical activity program) if not respond then start antidepressants.

ECT and combination of Psychosocial interventions plus antidepressants were the most common preference for treatment of severe depression as mentioned by 47.7% and 43.2% of the participants respectively, where this finding is consistent with the NICE clinical guideline 90(2009)<sup>(8)</sup>which states that ECT is an option for management of severe depression .

Almost 66% of the respondents mentioned that they recommend lifelong maintenance therapy for patient of any age with 3 or more prior episodes, so this finding is consistent with Patricia<sup>(5)</sup> because those patients at greatest

risk for recurrence so they need maintenance therapy .

All the prescribers predominantly they preferred SSRI in case of depression with suicidal ideation, narrow- angle glaucoma or anxiety disorders as by (81.8%), (68.2%) and (75%) respectively. in case of suicidal ideation with depression 11.4% of the respondents preferred ECT the interpretation is that antidepressants can increase the risk of suicide whereas ECT is safe and effective treatment for major depressive disorder.

Worth mentioning medical assistants gave no answer for allot of questions and this reflect their poor knowledge about the use of antidepressants. The respondent has no local guide lines for management of depression . A noteworthy finding is none of the study subjects was found to be doing pretreatment ECG before starting TCA therapy which is correct practice .SSRI was pre-

ferred by almost 82% of the participant in case of pregnant women with depression and this finding was consistent with Patricia<sup>(5)</sup> which said no major teratogenic effects have been identified with the SSRIs or TCAs, However, evaluations to date suggest a possible association of fluoxetine with low birth weight and respiratory distress. Another study reported a six fold greater likelihood of the occurrence of persistent pulmonary hypertension of newborn infants exposed to an SSRI after the twentieth week of gestation.

## Conclusion

This study has shed much light on prescribing practices in the treatment of clinical depression at Taha Baasher's Teaching Psychiatric Hospital. Effectiveness was found to be the most important criterion in the selection of antidepressants; also presenting symptoms was

found to be the most common factor that influences the choice of antidepressants among the prescribers. Also this study found that Use of SSRIs were in majority of patients, this is similar to the antidepressants prescription pattern being practiced worldwide. All the prescribers predominantly preferred SSRI in case of depression with suicidal ideation, narrow-angle glaucoma or anxiety disorders. The study was found that no one of the prescribers do pretreatment ECG before starting TCA. There was no local guideline for management of depression. Studying the prescription patterns help the mental health professionals in understanding how the available drugs can be best put to use practically and this study too was a step in that direction

### RECOMMENDATIONS

- To develop local guidelines relevant to our community.

- To educate the prescribers to follow the guidelines.
- To restrict the prescription of antidepressants to medically qualified prescribers.
- We recommend that further studies need to be conducted.
- We recommend also the presence of clinical pharmacist in hospital.

Such measures will promote the rational use of medicines also the cost of therapy and ultimately, the quality of healthcare.

### Acknowledgment

I would like to express my gratitude and appreciation to my supervisor

Dr. Habab Khalid Elkheir who has guided me through each and every step in the study, who has gave me a lot of her precious time, unlimited efforts and encouragement.

Also I would like to express my special thanks to my parents, my Wife and my kids for their support.



## References

1. World Health Organization Regional Office for Europe. *Depression: definition*. <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/news/news/2012/10/depression-in-europe/depression-definition> Accessed 18 September 2014.
2. WebMd. *Untreated Depression*. <http://www.webmd.com/depression/guide/untreated-depression-effects> Accessed 22 September 2014
3. Nadja P Mariü, *et al.* Factors influencing the choice of antidepressants: a study of antidepressant prescribing practice at University Psychiatric Clinic in Belgrade. *Vojnosanit Pregl*, (2012). 69.
4. Trivedi, J. K. *et al.* Anti-depressant drug prescription pattern for depression at a tertiary health care center of Northern India. *Medical Practice and Review*, (2010). 1(2).
5. KingshuK Lahon, *et al.* A Retrospective Drug Utilization Study of Antidepressants in the Psychiatric Unit of a Tertiary Care Hospital. *Journal of Clinical and Diagnostic Research*, (2011). 5(5).
6. Mathialagan Amuthaganesh, *et al.* Pattern of Antidepressant Utilization at a Tertiary Hospital in Malaysia. In: *2nd International Conference on Advances in Biotechnology and Pharmaceutical Sciences*. Bali. (2012).
7. Baboolal, N. Prescribing Practices in the Treatment of Depression. *THE Internet Journal of Third world Medicine*, (2002). 1.
8. NICE clinical guideline. CG 90. (2009). *Depression in adults: The treatment and management of depression in adults*. (2009).
9. Barbara, G. *Pharmacotherapy Handbook*. 7th ed.: McGraw-Hill; 2009.

**Note to contributors:**

The Sudanese Journal of Psychiatry (SPJ) is published every four months by the Sudanese Association of Psychiatrists under the auspices of the Sudan Medical Association.

The Journal publishes original peer reviewed papers, review articles, case reports and material related to psychiatric services delivery.

Authors are expected to have had clearance from the ethical committees and other regulatory bodies in their respective places for publishing their material.

Manuscripts should be prepared in a doubled space typed-written size A4 paper. The format of the article should include the following sections: Abstract, Introduction, Method, Result, Discussion, Conclusion and References. Three copies should be submitted with the original.

The journal is published in English but Arabic articles are occasionally accepted.

Each paper or article should have an abstract or summary in both English and Arabic. Authors should follow international agreed rule for nomenclature and abbreviations. Referencing should follow the Vancouver style (giving a number to the reference in the text and at the end list references in sequence of their appearance in the text) Publication of the article does not imply the journal's or editor's agreement with statements or opinions expressed there in; authors take responsibility for these and for accuracy of references.





Similar efficacy & superior tolerability  
compared to Olanzapine & Risperidone

 **Qutipin**  
(Quetiapine fumarate - Sun)

  
**SUN**  
PHARMACEUTICAL  
INDUSTRIES LTD