

Antidepressant prescribing: a comparison between general practitioners and psychiatrists

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SUMMARY

Background. The 'defeat depression' campaign emphasizes the importance of adequate prescribing of antidepressants in general practice.

Aim. A study was undertaken to investigate the prescribing habits of a group of general practitioners and psychiatrists.

Method. A postal questionnaire was sent to 123 general practitioners and 97 psychiatrists in south Wales.

Results. The response rate among general practitioners was 60% and among psychiatrists it was 67%. As a group, the psychiatrists reported using significantly higher daily dosages of antidepressant medication for adult and for elderly patients over a longer period compared with general practitioners. Fifty two per cent of 68 general practitioners and 17% of 60 psychiatrists reported using lower than recommended daily treatment dosages for adult patients and 40% of 68 general practitioners and 7% of 62 psychiatrists used a shorter than recommended period of continuation therapy (less than four months). Both groups showed a wide variation in the use of maintenance therapy.

Conclusion. Educational efforts should be made to improve the prescribing habits of general practitioners and psychiatrists.

Keywords: depression; antidepressants; prescribing patterns; general practitioners; psychiatrists.

Introduction

THE importance of adequate prescribing of antidepressants in general practice is stressed in a consensus statement from the Royal College of Psychiatrists and Royal College of General Practitioners in the 'defeat depression' campaign.¹ The suggested guidelines include a treatment dose of 125–150 mg daily of amitriptyline or equivalent and continuation therapy for 4–6 months. The duration of maintenance therapy remains a matter of clinical judgement.

Prescription of correct dosages² and deciding upon appropriate maintenance therapy³ are difficult areas in antidepressant prescribing for both general practitioners and psychiatrists. There is a need to improve individuals' prescribing behaviour through education.⁴

A study was therefore undertaken to determine whether there was a difference between general practitioners and psychiatrists in their prescribing of antidepressants in terms of treatment dose, continuation therapy and maintenance therapy; whether there were apparent deficiencies in prescribing behaviour in either group which could be targeted for educational input; and whether available guidelines on prescribing were useful to general practitioners and psychiatrists, and how they would like to receive further educational input.

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Method

In 1992 a questionnaire comprising mainly closed questions was piloted and then sent to a group of psychiatrists and general practitioners; non-respondents received a second questionnaire. The questionnaire asked about the practitioners' treatment of depression in adults and in elderly people, and asked for information on usual and maximum treatment dose, continuation therapy, maintenance therapy and treatment guidelines. Dosages of antidepressants were converted into equivalent dosages of amitriptyline.

The general practitioner sample comprised all 123 general practitioners in Cardiff east of the River Taff. The sample of 97 psychiatrists came from the 11 hospital psychiatric units closest to the general practitioner sample area. Data on both respondents and non-respondents were collected from the *Medical register* for sex and year of qualification.

Statistical analysis was performed using the Mann Whitney *U* test and chi square test as appropriate. Analysis was carried out using SPSS/PC+.

Results

Usable questionnaires were returned by 65 psychiatrists (67%) and 74 general practitioners (60%). No significant differences were found between respondents and non-respondents in either group regarding sex or year of qualification. General practitioner respondents were more likely to have been qualified longer than the psychiatrist respondents (Mann Whitney *U* test = 4174, $P < 0.01$).

The dosages of antidepressants reported to be given by both psychiatrists and general practitioners in the treatment of patients with depression are shown in Table 1. The differences seen were all significant.

Of 62 psychiatrists responding to the question, 7% reported that it was usual practice for continuation therapy to last less than four months, 52% reported that it lasted between four and six months, and 42% that it lasted for greater than six months, compared with 40%, 56% and 4% of 68 general practitioners, respectively (Mann Whitney *U* = 725, $P < 0.001$).

Sixty psychiatrists (92%) and 54 general practitioners (73%) stated that they would consider using maintenance therapy ($\chi^2 = 7.3$, 1 df, $P < 0.01$). Of psychiatrists and general practitioners, 51% and 47% respectively, described using 'indefinite' or 'variable' courses. Fifteen psychiatrists (23%) and 32 general practitioners (43%) would prescribe maintenance therapy for less than two years.

Forty one psychiatrists and 50 general practitioners felt current prescribing guidelines were useful. Among 63 psychiatrists, their preferred form of further education was: postgraduate meetings (37%), *British national formulary* guidelines (37%), mailed literature (14%) and information from pharmaceutical companies (10%) (no further information wanted by 3%). Among 72 general practitioners their preferred choice was: postgraduate meetings (43%), *British national formulary* guidelines (36%), mailed literature (15%) and information from pharmaceutical companies (5%).

Discussion

Responses to questionnaire surveys may reflect ideal practice rather than actual practice. However, the data given by general

Table 1. Usual dosages of antidepressants given by psychiatrists and general practitioners treating patients with depression.

Dosage (mg) ^a	% of respondents prescribing dosage							
	To adults usually		To adults (maximum)		To elderly people usually		To elderly people (maximum)	
	GP (n = 68)	Psychiatrist (n = 60)	GP (n = 69)	Psychiatrist (n = 57)	GP (n = 63)	Psychiatrist (n = 57)	GP (n = 63)	Psychiatrist (n = 50)
0-74	3	0	0	0	30	7	3	0
75-124	49	17	7	0	52	49	40	0
125-174	43	58	45	11	18	40	52	10
175-249	6	18	32	53	0	2	2	54
250+	0	7***	16	37**	0	2***	3	36***

n = number of respondents in group. *mg equivalent of amitriptyline dosage. Difference in prescribing behaviour between GPs and psychiatrists: Mann Whitney U test **P<0.01, ***P<0.001.

practitioners correspond with previous observations of practice.^{5,6}

The samples were chosen to represent a total population of general practitioners and a population of psychiatrists practising nearby. It may be that the sample reflects idiosyncrasies particular to south Wales and replication of the study is needed elsewhere.

The choice of the 'defeat depression' campaign guidelines¹ enables comparison with a recognized professional standard. However, it must be acknowledged that dosage therapy lower than that mentioned in the guidelines may be of some use in some cases of milder depression.

This study is the first to compare directly general practitioners' and psychiatrists' prescribing habits in terms of dosage, continuation therapy and maintenance therapy. Significant differences were shown between the groups in terms of usual treatment dosages and maximum treatment dosages for elderly patients and adults, and in the length of use of continuation treatment. These different prescribing habits have important implications in terms of patient outcome. The reasons may be many but the knowledge and attitudes of psychiatrists will affect their prescribing; this knowledge may not always be reaching the general practitioner.

The variability in use of maintenance therapy may reflect real difficulties in providing adequate guidelines for this aspect of therapy or may reflect the practitioners' responses to different patients' needs. This may throw some light on previously identified patients receiving long-term antidepressant treatment in general practice.^{7,8}

The study provided a picture of the reported prescribing habits of the two groups of individuals. It is no longer possible to categorize the general practitioner as a low dose prescriber^{5,6} as many general practitioners reached current standards of prescribing in both dosage (49% usually prescribing 125 mg or greater to adults daily) and continuation therapy (60% providing therapy for more than four months). The reasons why 52% of general practitioners used low usual daily treatment doses is interesting. It may reflect a lack of confidence in regularly using higher, but therapeutic, dosages and thus may be an area for directed education. The large number using short term continuation therapy offers another opportunity for education. The apparently subtherapeutic doses used by many psychiatrists and general practitioners in treating elderly patients needs further investigation.

The fact that most general practitioners and psychiatrists were happy with current guidelines and that there was no significant difference between the groups was unexpected. The disparity between finding guidelines useful yet prescribing below standard therapy reflects an educational challenge.

In conclusion, analysis of prescribing habits gives a window into the educational needs and attitudes of general practitioners and psychiatrists. As such, the analysis should not be looked

upon as a measure of bad practice but rather as a important marker in the efforts to 'defeat depression'.

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