PENTAGON CITY, Va. — Educating depressed patients about side effects of selective serotonin reuptake inhibitors (SSRIs) might help them continue taking their medications, according to a study published in the Journal of Clinical Psychiatry.

The study, conducted in the province of Alberta, Canada, involved 262 patients who were new to using SSRIs. Participants were randomized to either an educational intervention or a control group. The intervention included three educational sessions on the side effects of SSRIs, the antidepressants within 6 months of receiving a prescription.

In one large observational cohort study, patients treated by psychiatrists fared somewhat better in regard to adherence than those treated by primary care physicians or other specialists. Nevertheless, 13% of psychiatrists' patients were immediately noncompliant (never refilling an antidepressant prescription), and 49% failed to complete 6 months of therapy even after refilling a prescription at least once (J. Clin. Psychiatry 2007;68:867-73).

Many studies have examined risk factors for discontinuing antidepressants early in the course of therapy, quite consistently pointing to higher nonadherence rates in the very young and very old, patients with comorbid psychiatric or physical conditions, substance users, lower income and less educated patients, adolescents who medicate their perinatal depression, and those who are not concurrently undergoing psychotherapy.

Side effects, especially sexual side effects, emerge as significant barriers to continued therapy. But so, increasingly, is cost. The patient might cut back on usage to extend the prescription,” Dr. Greiner said. “A more dire concern [for the patient] is whether to take the medication or buy basics such as food.”

Even in Canada, where medication costs are not an important factor, noncompliance rates are considerable. A telephone survey of 5,323 adults conducted in the province of Alberta found noncompliance rates of between 42% and 47% in patients prescribed between one and three antidepressants (Can. J. Psychiatry 2006;51:719-22).

The chief reason given for failing to comply, offered by nearly 65% of patients prescribed one medication in the study, was forgetfulness, a possible symptom of major depression.

Other factors directly related to depressive symptoms also might interfere with compliance. Deep in the clutches of a depressive episode, “Some individuals feel, ‘Why bother? It won’t help, anyway,”’ said Dr. Ellen Haller, professor of clinical psychiatry and director of the general adult residency training program at the University of California San Francisco’s Department of Psychiatry.

“That sense of helplessness and hopelessness, which is a symptom of the condition, can also get in the way of people accepting help,” she said.

Social stigma commonly prompts patients to quit taking their medication, when family or friends suggest that continued use will lead to being “addicted” to antidepressants, she added.

“When someone stops taking their antidepressive and then their hypertension returns, no one says, ‘You must be addicted to that antidepressive,’ ” she said. “Yet, if the identical situation occurs with depression, individuals often do develop the belief that they must be addicted, or people close to them hold that belief.

“So, education, education, education,” Dr. Haller said.

Dr. Greiner said stigma also is at the root of vulnerability conferred by the use of psychiatric medications in some populations, since it might be interpreted as “proof” that someone is “crazy.”

“In prison populations, some avoid taking medication because it might indicate vulnerability to fellow inmates. In some families, taking medication would be an indicator that the patient does not need to be regarded in conversations,” he said.

Even patients suffering profound symptoms might convince themselves that if they are not taking medication, their symptoms do not represent psychiatric illness.

Obviously, such beliefs require complex counseling and psychoeducation, sometimes involving family members as well as patients. These approaches take up more time than doing a brief assessment and writing a prescription, but they might translate into a better outcome both in the short and long term, psychiatrists interviewed for this article noted.

“I really work hard to ensure that my patients are informed about depression and its natural history, and that they know the statistics regarding risks of relapse or recurrence,” Dr. Haller said. “I also, however, collaborate closely with them to minimize side effects as much as possible and to combat the stigma they may feel.”

Ironically, a patient might have to suffer a relapse or recurrence to understand the importance of carefully taking medication as directed and for the time period recommended.

When depression resurfaces, “at least in my practice … they are more open to ongoing medication management,” Dr. Haller said.

Neither Dr. Greiner nor Dr. Haller disclosed any relevant financial conflicts of interest.

By Betsy Bates. Share your thoughts and suggestions at cpnews@slveterin.com.