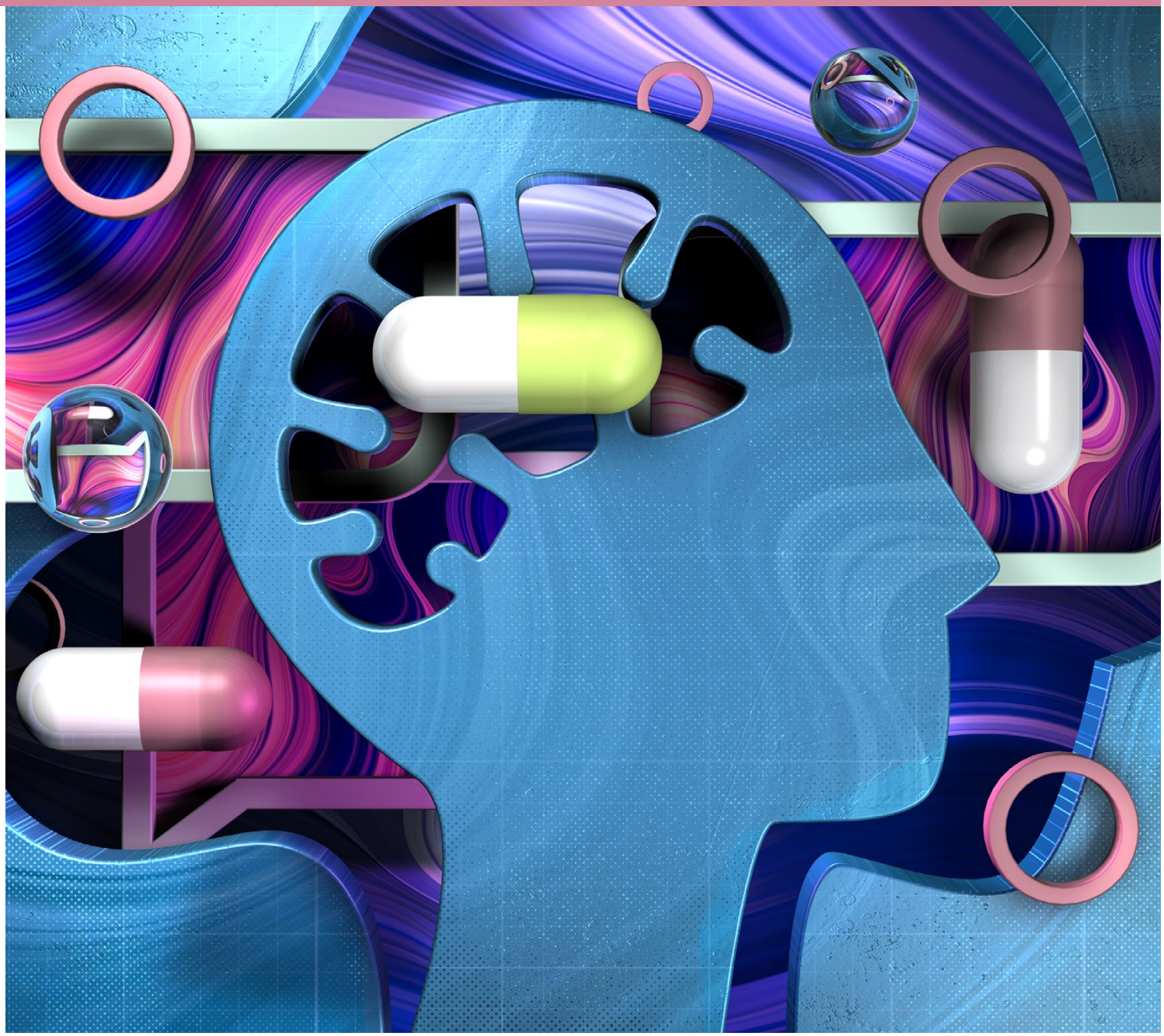
CLINICAL AUDIT

Reviewing **SSRI use** in **older patients**



Valid to October 2024

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This audit helps health professionals in primary care identify older patients who are taking a selective serotonin reuptake inhibitor (SSRI) to determine whether pharmacological treatment is indicated and if non-pharmacological treatment strategies have been discussed.

Background

There are many factors that increase the likelihood of psychological distress or depression in older people, including loss of independence, limited mobility, chronic illness, bereavement and social isolation. It may be difficult to distinguish short-term distress from depression, particularly at the first consultation, which may lead to unnecessary treatment with antidepressants when non-pharmacological treatments would be more appropriate. Overlap in the symptoms of depression, dementia and delirium (often referred to as the 3Ds) can also complicate the diagnosis of depression in older people and may lead to it being under-recognised in this patient group.

Non-pharmacological interventions are the mainstay of distress and depression treatment in all age groups, including older people, and should be first-line for patients with mild to moderate depression and continued alongside any pharmacological treatment. The recommendations may need to be tailored to suit an older person's capabilities and circumstances. All patients should be given advice about sleep hygiene, exercise, re-engaging with or starting hobbies, connecting with family/friends, getting a pet. Older people who are socially isolated can be referred to local organisations that provide activities, transport and visiting services. Self-guided psychological interventions, e.g. online resources, can be recommended to those who use the internet. Referral to a clinician-led psychological service may also be appropriate. Discussions about treatment options and recommendations should be recorded in the patient's clinical notes.

Pharmacological treatment is generally only recommended for people with moderate to severe depression, depression that is resistant to non-pharmacological treatments or recurrent depression. Antidepressants will not treat sadness, loneliness or grief. SSRIs (i.e. sertraline, citalopram, escitalopram, fluoxetine or paroxetine) are the preferred pharmacological treatment option for people of all ages due to the more favourable adverse effect profile compared to other antidepressants. SSRIs are also less harmful than other antidepressants in an overdose. Ensuring that SSRIs are only prescribed to those where the benefits of treatment are likely to outweigh the potential harms is important to reduce exposure of older people to unnecessary adverse effects of SSRI treatment, e.g. falls, gastro-intestinal bleeding, medicine interactions and hyponatraemia.

For further information about SSRI prescribing, including personalised prescribing data, see: **www.bpac.org.nz/2019/ssri.aspx**

or further information on depression, dementia and delirium in older people, see: **www.bpac.org.nz/BPJ/2011/July/causes.aspx**

A clinical audit of long-term SSRI prescribing is available from: **www.bpac.org.nz/Audits/ssri.aspx**

Audit plan

Summary

This audit identifies older patients, e.g. ≥ 80 years,* who are taking a SSRI to determine if pharmacological treatment is appropriate.

* Clinicians may choose a younger age range depending upon their patient population

N.B. This audit focuses on the use of SSRIs, however, it can be easily applied to a range of other antidepressants, including mirtazapine, venlafaxine or tricyclic antidepressants (TCAs).

Recommended audit standards

Ideally, all patients with depression who are prescribed a SSRI should have evidence of an indication for treatment in their clinical notes, i.e. moderate to severe depression or recurrence of depression, and a record of a discussion with the patient about non-pharmacological treatment strategies for managing depression. If there is no documented evidence of an indication or discussion about non-pharmacological treatments, the patient should be flagged for review.

Data

Identifying eligible patients

You will need to have a system in place that allows you to identify patients who are taking a SSRI in your selected age range. Many practices will be able to do this by running a "query" through their PMS.

N.B. This audit is focusses on patients taking SSRIs for the treatment of depression. People who are taking a SSRI for another indication should be excluded.

Sample size

The number of eligible patients will vary according to your practice demographic. A sample size of 30 patients is sufficient for this audit.

Criteria for a positive outcome

For a positive result for the audit, the patient's clinical notes should contain both of the following:

- IA record of an indication for SSRI treatment, e.g. moderate to severe depression, persistent mild depression, or recurrent depression
- IA record of a discussion with the patient about non-pharmacological treatment strategies for managing depression

Data analysis

Use the sheet provided to record your data. A positive result is any patient taking a SSRI who has evidence in their notes of an indication for pharmacological treatment of depression and a discussion about non-pharmacological treatment strategies. The percentage achievement can be calculated by dividing the number of patients with a positive result by the total number of patients audited.

Identifying opportunities for Audit of Medical Practice

The first step to improving medical practice is to identify the criteria where gaps exist between expected and actual performance and then to decide how to change practice.

Once a set of priorities for change have been decided on, an action plan should be developed to implement any changes.

Taking action

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

Overcoming barriers to promote change

- Identifying barriers can provide a basis for change
- What is achievable – find out what the external pressures on the practice are and discuss ways of wdealing with them in the practice setting
- Identify the barriers
- Develop a priority list
- Choose one or two achievable goals

Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour

Review

Monitoring change and progress

It is important to review the action plan developed previously at regular intervals. It may be helpful to review the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that the doctor completes the first part of the Audit of Medical Practice summary sheet (Appendix 1).

Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that practices complete the remainder of the Audit of Medical Practice summary sheet.

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Claiming credits for Continuing Professional Development (CPD)

This audit has been endorsed by the RNZCGP as an Audit of Medical Practice activity (previously known as Continuous Quality Improvement – CQI) for allocation of CPD credits; **10 credits** for a first cycle and **10 credits** for a second cycle. General practitioners taking part in this audit can claim credits in accordance with the current CPD programme.

To claim points go to the RNZCGP website: **www.rnzcgp.org.nz**

Record your completion of the audit on the **CPD Online Dashboard**, under the **Audit of Medical Practice section**. From the drop down menu select "**Approved practice/PHO audit**" and record the audit name.

General practitioners are encouraged to discuss the outcomes of the audit with their peer group or practice.

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. An Audit of Medical Practice (CQI activity) summary sheet (included as Appendix 1).

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa
Endorsed CPD Activity

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www.bpac.org.nz/audits

Data sheet – cycle 1 Reviewing SSRI use in older patients

Patient taking a SSRI	**A.** Evidence in patient's notes of an indication for the pharmacological treatment of depression?	**B.** Evidence in patient's notes of a discussion about non-pharmacological strategies for managing depression?	If no tick in either **column A** or **column B**: flagged for review?
Patient	✔ / ✘	✔ / ✘	**Yes / No**
1			
2			
3			
4			
5			
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Total:			

AUDIT RESULT: Tick in either column A or column B, divided by number of patients audited:

Please retain this sheet for your records to provide evidence of participation in this audit.

Data sheet – cycle 2 Reviewing SSRI use in older patients

Patient taking a SSRI	**A.** Evidence in patient's notes of an indication for the pharmacological treatment of depression?	**B.** Evidence in patient's notes of a discussion about non-pharmacological strategies for managing depression?	If no tick in either **column A** or **column B**: flagged for review?
Patient	✔ / ✘	✔ / ✘	**Yes / No**
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Total:			

AUDIT RESULT: Tick in either column A or column B, divided by number of patients audited:

Please retain this sheet for your records to provide evidence of participation in this audit.

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APPENDIX 1

SUMMARY SHEET
Audit of medical practice (CQI activity)

Topic:
Reviewing SSRI use in older patients

Date:

Activity designed by (name of organisation, if relevant):
Bpac^{nz}

Doctor's name:

Results discussed with peer group or colleagues?
☐ Yes ☐ No

Date:

FIRST CYCLE

DATA: Date of data collection:

CHECK: Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working. When will you undertake a second cycle?

AUGUST 2016

SECOND CYCLE

DATA: Date of data collection:

CHECK: Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working.

COMMENTS:

AUGUST 2016