

## Anxiety and Depressive Disorder – The Medication Experience

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# What is polypharmacy?

- Multiple definitions not universally agreed upon
  - Literal: Poly = multiple, Pharmacy = medication
  - "excessive use of medication" or "unnecessary use of medication"
  - CMS Quality Indicator: Nine or more medications
  - Includes Rx, OTC, herbal/dietary supplements
  - Psychiatric Polypharmacy: Use of two or more psychiatric medications

# Polypharmacy



- Patients may take many medications that are all appropriate while others take few but are inappropriate
  - Consider term of "inappropriate medication use" instead
- Caused by a number of factors
  - Multiple providers
  - Transitions of care
  - Provider education
  - Patient expectations
  - Multiple disease states

# Polypharmacy



- 10% of the population and more than 30% of older adults take 5 or more drugs simultaneously<sup>2</sup>
- More than two-thirds of older adults concurrently use prescription and OTC/dietary supplements
  - 1 in 6 adults at risk for major drug-drug interaction
- Adverse drug events cause approximately 4 hospitalizations per 1,000 people each year<sup>2</sup>
- High cost (30-180 billion dollars each year)<sup>2</sup>
- 1/3 of patients visiting an outpatient psychiatry department have been found to be on three or more psychotropic drugs

# Why does it matter?

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- Increased risk for adverse effects
- Increased risk for drug interactions
- Reduced functional impairment
- Increased hospitalization and institutionalization
- Increased risk for falls in older adults
- Increased mortality
- Increased cost
- Lower medication adherence

## How do medications work?



# Drug interactions

- What is a Drug Interaction?
  - Pharmacodynamic Interaction:
    - Alters the responsiveness at the site of action
  - Pharmacokinetic Interactions
    - Alters absorption, distribution, binding, metabolism, or excretion of another drug
- Effects can by synergistic, antagonistic, or a completely new effect
- Estimated that 20% of drug adverse effects are related to drug-interactions<sup>2</sup>



## Drug interactions

- Serotonin Syndrome: Rare, life-threatening serotonin toxicity related to increased serotonergic activity in the CNS
  - Increased risk with multiple serotonergic medications
  - Sweating, muscle rigidity, tremor, increased body temperature

Common Medications that May Affect Serotonin					
SSRIs (Paxil, Prozac, Zoloft)	Tricyclic Antidepressants (Amitriptyline, Nortriptyline)	St. John's Wort			
Illicit Drugs (Cocaine, Ecstasy)	Anti-Parkinson's Drugs	Amphetamines			
Metoclopramide	Some Anti-Seizure Drugs	Dextromethorphan			
Tramadol	MAOIs	Antipsychotics			

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## Drug interactions

#### • St. John's Wort:

- Herbal thought to inhibit reuptake of serotonin, norepinephrine, and dopamine
- Induction of hepatic metabolism
- MANY interactions SSRIs, SNRIs, MAOIs, Benzodiazepines, Warfarin, oral contraceptives, heart medicines, anti-seizure drugs, etc.



## Drug interactions

#### Opioids and Benzodiazepines (and alcohol)

- Common benzodiazepines: Valium (diazepam), Xanax (alprazolam), Ativan (lorazepam), etc.
- Increased risk for respiratory depression
- More than 30% of overdoses involving opioids also involve benzodiazepines
- Monoamine Oxidase Inhibitors (MAOIs) Rasagiline, selegiline, etc.
  - Rarely used due to high number of interactions
  - Interact with tyramine-rich food and many other medications



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# Drug interactions

- Alcohol
  - Bupropion
  - Most anxiety/depression treatment options
  - Sedating medications



- **Grapefruit** blocks major drug metabolism enzyme and boosts drug effects
  - Valium, Midazolam, Buspirone, Sertraline (Zoloft), Carbamazepine (Tegretol)

## Adverse effects

- Multiple medications with similar adverse effect profile can potentiate adverse effects
- Anticholinergic Medications:
  - Inhibit binding of acetylcholine to receptors
  - Dizziness, dry mouth, dry eyes, constipation, urinary incontinence
- Falls
  - Dizziness and/or sedation may precipitate falls. Common side effect for most anxiety/depression treatment options
  - Higher risk with anticholinergic medications





## Drug interactions & adverse effects

- Interaction Checkers
- What do I do if I suspect a problem?

		X Avoid combination	C Monitor therapy	A No known interaction
Add items to your list by searching below.		D Consider therapy modification	B No action needed	More about Risk Ratings
Enter item name				
ITEM LIST	8 Results			
Clear List Analyze	D AmLODIPine (CYP3A4 Substrates St John's Wort	s (High risk with Inducers))		
St John's Wort	D Ortho-Cyclen (28) (CYP3A4 Subs St John's Wort	trates (High risk with Inducers))		
- FLUoxetine	D Ortho-Cyclen (28) (Estrogen Deriv St John's Wort	vatives (Contraceptive))		
Simvastatin	D Ortho-Cyclen (28) (Progestins (Co St John's Wort	ontraceptive))		
AmLODIPine	D Simvastatin AmLODIPine			
Ortho-Cyclen (28)	D Simvastatin (CYP3A4 Substrates St John's Wort	(High risk with Inducers))		
Display complete list of interactions for an individual item by clicking item name.	D Simvastatin (HMG-CoA Reductas St John's Wort	e Inhibitors (Statins))		
	C FLUoxetine (Serotonin Modulators St John's Wort (Serotonin Modulat	s) tors)		

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### Polypharmacy– What can we do about it?

- For Prescribers: If multiple medications are needed, select drugs with different mechanisms of action and side effect profiles
- Reach out to a physician or pharmacist
  - De-prescribing or changes in therapy
  - Comprehensive Medication Management (CMM)
  - Pharmacogenomic testing
- Education
- Encourage member to use just one pharmacy

# Comprehensive Medication Management (CMM)

- AKA Medication Therapy Management (MTM)
- Complete Medication Review (CMR) with a pharmacist to go over medications to ensure that they are indicated, safe, effective, and convenient to use
- Some MTM pharmacists work under collaborative practice agreements and can change therapies directly, otherwise, they reach out and collaborate with prescribing provider(s)
- Available in multiple settings: Clinics, Hospitals, Retail Pharmacies, Telephonic medicine, Long-term Care settings, etc.

# UCare CMM coverage

#### Medicare (CMS)

- ≥3 chronic health conditions AND/OR
- ≥8 medications AND/OR
- Cost of medications ≥\$4,044 per year

#### Medicaid (DHS)

- Not eligible for Medicare Part D
- Taking 1 or more prescription medication
- 1 or more chronic condition(s)
- Telephonic, Email, or SNF visits are not covered

### Pharmacogenomic testing



#### Benefits

- May be able to determine up-front if a medication will be more effective or more likely to have side effects
- May help guide dosing
- •Genes do not change over time



#### Limitations

- •Not necessarily inclusive of all medications
- Does not preclude possibility of adverse effects or treatment improvements unrelated to genetic influences
- Studies remain somewhat limited
- •Can be costly

## Pharmacogenomic testing

Drug-Gene testing – how your body responds to medications •

	Antidepressants	
USE AS DIRECTED	USE WITH CAUTION	USE WITH CAUTION AND WITH MORE FREQUENT MONITORING
desvenlafaxıne (Pristiq®) seleğiline (Emsam®)	citalopram (Celexa®) [4] escitalopram (Lexapro®) [4] sertraline (Zoloft®) [4] trazodone (Desyrel®) [1]	amitriptyline (Elavil <sup>e</sup> ) [6] bupropion (Wellbutrin <sup>e</sup> ) [6] clomipramine (Anafranil <sup>e</sup> ) [6] desipramine (Norpramin <sup>e</sup> ) [6] duloxetine (Cymbalta <sup>e</sup> ) [7] fluoxetine (Prozac <sup>e</sup> ) [6] fluvoxamine (Luvox <sup>e</sup> ) [7] imipramine (Tofranil <sup>e</sup> ) [6] mirtazapine (Remeron <sup>e</sup> ) [3] nortriptyline (Pamelor <sup>e</sup> ) [6] paroxetine (Paxil <sup>e</sup> ) [6] venlafaxine (Effexor <sup>e</sup> ) [6]
	Antipsychotics	-
USE AS DIRECTED	USE WITH CAUTION	USE WITH CAUTION AND WITH MORE FREQUENT MONITORING
quetiapine (Seroquel®) ziprasidone (Geodon®)	clozapine (Clozaril®) [3] olanzapine (Zyprexa®) [3] perphenazine (Trilafon®) [3]	aripiprazole (Abilify®) [6] haloperidol (Haldol®) [6]

risperidone (Risperdal®) [1]

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[1]: Serum level may be too high, lower doses may be required.

[2]: Serum level may be too low, higher doses may be required.

[3]: Difficult to predict response because of multiple gene variations.

[4]: Genotype suggests less than optimal response.

[5]: Blood levels may be outside of optimal range.

[6]: Use of this drug is associated with an increased risk of side effects.

[7]: Serum level may be too low in the presence of CYP1A2 inducers. See page three for additional information.

## Medication adherence

- "The degree to which the person's behavior corresponds with the agreed recommendations from a health provider"
- Poor adherence is associated with increased health care utilization, cost, and decreased quality of life
- Increased risk of mortality and increased risk of hospitalization
- Medication adherence rates in chronic disease range from 20-80%<sup>12</sup>
- Depressed patients are 1.8 times more likely to be non-adherent than nondepressed patients<sup>12</sup>

*"Drugs don't work in patients who don't take them."* —C. Everett Koop, MD

## Adherence and Star Measures



- **STAR Measures:** CMS' way to evaluate health plans
- Part D Measures
- Adherence rates for diabetes medications, Statin Medication, Antihypertensives
- Statin use in persons with diabetes
- 2021:
  - Polypharmacy of Multiple Anticholinergic Medications in Older Adults
  - Polypharmacy Use of Multiple CNS-Active Medications in Older adults

## Factors that relate to adherence

Poor Health Literacy

Perceived Risk of Disease

Understanding Medications

Language Barriers

Cultural Beliefs

Physical Barriers (vision, hearing)

Housing/Environmental Factors

Cost of Medications

**Provider-Patient Relationship** 

Mental Health

Complexity of treatment

Side Effects

Time to Achieve Therapeutic Effect

## Medication adherence

- Figure out what the barrier is and tailor adherence attempts to that specific barrier
- Reduce polypharmacy prescribing cascade
- 90-day refills or mail order
- Med sync programs
- Bubble Packs
- Pill boxes
- Alarms
- Smart Phone Apps
- Involve Family Members
- Motivational Interviewing



## Medication disposal

- Hennepin County Disposal Sites: <u>https://www.hennepin.us/-</u> /media/hennepinus/residents/recycling/documents /meds-disp-flyer.pdf
- Ramsey County Disposal Sites: <u>https://www.ramseycounty.us/residents/recycling-</u> <u>waste/collection-sites/medicine-collection</u>
- Deterra Bags



## References:

- 1. Peron, E., Zimmerman, K. (2018). Polypharmacy. In: Dong BJ, Elliott DP, eds. Ambulatory Care Self-Assessment Program, 2018 Book 3. Nephrologic/Geriatric Care. Lenexa, KS: American College of Clinical Pharmacy, 2018:85-99
- 2. Quinn KJ, Shah NH. A dataset quantifying polypharmacy in the United States. Sci Data. 2017;4:170167. Published 2017 Oct 31. doi:10.1038/sdata.2017.167
- 3. Qato DM, Wilder J, Schumm LP, Gillet V, Alexander GC. Changes in Prescription and Over-the-Counter Medication and Dietary Supplement Use Among Older Adults in the United States, 2005 vs 2011. *JAMA Intern Med.* 2016;176(4):473–482. doi:10.1001/jamainternmed.2015.8581
- 4. <u>J Am Geriatr Soc.</u> 2015 Nov;63(11):2227-46. doi: 10.1111/jgs.13702. Epub 2015 Oct 8.
- 5. Kukreja S, Kalra G, Shah N, Shrivastava A. Polypharmacy in psychiatry: a review. *Mens Sana Monogr*. 2013;11(1):82-99.
- 6. Lynch, S. Drug Interactions. *Merck Manual Professional Version.* 2019. Available at: <u>https://www.merckmanuals.com/professional/clinical-pharmacology/factors-affecting-response-to-drugs/drug-interactions</u>
- 7. Henderson L, Yue QY, Bergquist C, Gerden B, Arlett P. St John's wort (Hypericum perforatum): drug interactions and clinical outcomes. *Br J Clin Pharmacol*. 2002;54(4):349-56.
- 8. National Institute on Drug Abuse. Benzodiazepines and Opioids. NIH. March 2018. Available at: <u>https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids</u>
- 9. Boyer, EW. Serotonin Syndrome (serotonin toxicity). In: Post T, ed. UpToDate. Waltham, Mass.: UpToDate; 2014. <u>www.uptodate.com</u>
- 10. Center for Individualized Medicine. Drug-Gene Testing. Mayo Clinic. Available at: <u>http://mayoresearch.mayo.edu/center-for-individualized-medicine/drug-gene-testing.asp</u>
- 11. Centers for Medicare & Medicaid Services. Medicare 2019 Part C & D Star Ratings Technical Notes. Available at: <u>https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2019-Technical-Notes-preview-2.pdf</u>
- 12. Grenard JL, Munjas BA, Adams JL, et al. Depression and medication adherence in the treatment of chronic diseases in the United States: a meta-analysis. *J Gen Intern Med*. 2011;26(10):1175-82.