Are doctors missing depression medication side effects?

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A study from Rhode Island Hospital shows that patients report side effects from medication for the treatment of depression 20 times more than psychiatrists have recorded in the charts. The researchers recommend the use of a self-administered patient questionnaire in clinical practice to improve the recognition of side effects for patients in treatment. The study is published in the *Journal of Clinical Psychiatry*, Volume 71, No. 4, now available online ahead of print.

One of the most frequent reasons for the discontinuation of medication to treat depression is the side effects that patients may experience. The premature discontinuation of medication is also associated with poorer treatment outcomes. In his recent study, lead researcher Mark Zimmerman, MD, director of outpatient psychiatry at Rhode Island Hospital, notes that despite the clinical importance of detecting side effects, few studies have examined the adequacy of the detection and documentation methods currently in use among clinicians.

Zimmerman and his colleagues asked 300 patients in ongoing treatment for depression to complete a self-administered version of the Toronto Side Effects Scale (TSES). The patients rated the frequency of the 31 side effects and the degree of trouble they experienced. Those patients' charts were then examined to extract side effects information recorded by the treating psychiatrist.

The findings indicate that the mean number of side effects reported by the patients on the TSES was 20 times higher than the number recorded

by the psychiatrist. When the self-reported side effects were limited to "frequently occurring" or "very bothersome" the rate was still found to be two to three times higher than recorded in their charts.

Zimmerman, who is also an associate professor of psychiatry and human behavior at The Warren Alpert Medical School of Brown University, says, "Despite the importance that side effects have on premature medication discontinuation, there is some evidence that clinicians may not do a thorough job of eliciting information regarding their presence. This study finds that clinicians do not record in their progress notes most side effects reported on a side effects questionnaire.."

While there may be several explanations for this, Zimmerman says, "Our research found that the only specific side effect that was regularly inquired about by clinicians was on sexual dysfunction, presumably because of concerns that some patients may be too embarrassed to spontaneously report that without prompting." The researchers also suggest that patients stop reporting to psychiatrists the side effects that they have grown accustomed to, but patients reported these side effects in the self-report scale because there were specific questions about them.
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The researchers also question whether side effect frequencies reported in industry-sponsored studies may underestimate the prevalence of side effects from medication. As a result, clinicians may not be accurately informing patients of the potential likelihood of such side effects, and that lack of adequate preparation may result in patients prematurely discontinuing their medication.

Zimmerman says, "As a result of this study, we believe that ongoing dialogue about side effects during treatment will help to reduce premature medication discontinuation and would help reduce depression relapse rates. Incorporating a self-report questionnaire like the TSES

may be helpful to adopt into clinical practice for the treatment of depression."

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