

# Antidepressants commonly and increasingly prescribed for nondepressive indications

May 24 2016

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In a study appearing in the May 24/31 issue of *JAMA*, Jenna Wong, M.Sc., of McGill University, Montreal, Canada, and colleagues analyzed treatment indications for antidepressants and assessed trends in antidepressant prescribing for depression.

Antidepressant use in the United States has increased over the last 2 decades. A suspected reason for this trend is that primary care [physicians](#) are increasingly prescribing antidepressants for nondepressive indications, including unapproved (off-label) indications that have not been evaluated by regulatory agencies. For this study, the researchers used data from an [electronic medical record](#) and prescribing system that has been used by [primary care physicians](#) in community-based, fee-for-service practices around 2 major urban centers in Quebec, Canada. The study included prescriptions written for adults between January 2006 and September 2015 for all antidepressants except monoamine oxidase inhibitors. Physicians participating in the study had to document at least 1 treatment indication per prescription using a drop-down menu containing a list of indications or by typing the indication(s).

During the study period, 101,759 antidepressant prescriptions (6 percent of all prescriptions) were written by 158 physicians for 19,734 patients. Only 55 percent of antidepressant prescriptions were indicated for depression. Physicians also prescribed antidepressants for anxiety disorders (18.5 percent), insomnia (10 percent), pain (6 percent) and panic disorders (4 percent). For 29 percent of all antidepressant prescriptions (66 percent of prescriptions not for depression), physicians

prescribed a drug for an off-label indication, especially insomnia and pain. Physicians also prescribed antidepressants for several indications that were off-label for all [antidepressants](#), including migraine, vasomotor symptoms of menopause, attention-deficit/hyperactivity disorder, and digestive system disorders.

"The findings indicate that the mere presence of an antidepressant prescription is a poor proxy for [depression](#) treatment, and they highlight the need to evaluate the evidence supporting off-label antidepressant use," the authors write.

**More information:** *JAMA*, [DOI: 10.1001/jama.2016.4447](https://doi.org/10.1001/jama.2016.4447)

Provided by The JAMA Network Journals

Citation: Antidepressants commonly and increasingly prescribed for nondepressive indications (2016, May 24) retrieved 25 April 2024 from <https://medicalxpress.com/news/2016-05-antidepressants-commonly-increasingly-nondepressive-indications.html>

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