The role of relatives and friends in antidepressant treatment

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Every year millions of people in the UK are prescribed antidepressants, some of whom will become suicidal. Sudden onset of suicidal thoughts or actions may be triggered at the onset of treatment, as a result of a missed dose, interactions, or when withdrawing from antidepressants. A change in mood, detected by people close to a patient, is a significant warning sign which, if heeded, could save lives.

Manufacturers now advise informing patients' relatives/caregivers when antidepressants are prescribed because of the known risk of suicide. Since 2008, the Summaries of Product Characteristics (SmPCs) for most antidepressants have added the following under "special warnings and precautions": "Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present."

Manufacturers also advise patients themselves to inform other people of their therapy, as shown by this statement in patient information leaflets: "You may find it helpful to tell a relative or close friend that you are depressed or have an anxiety disorder, and ask them to read this leaflet. You might ask them to tell you if they think your depression or anxiety is getting worse, or if they are worried about changes in your behaviour."

Consensus statement

Recently, six Royal Colleges, the GMC and other organisations have signed up to a DH-led suicide prevention consensus statement,[1] which advocates sharing information within and between agencies. This states: "There are clearly times in dealing with a person at risk of suicide when practitioners will need to consider informing the family and friends about aspects of risk and may need to create a channel of communication for both giving and receiving information that will help keep the person safe."

This poses a challenge for prescribers, as one GP stated: "I think we have it drilled into us so hard about respecting patient autonomy and not breaking confidentiality, that it is often difficult to see beyond this when dealing with a patient with depression who appears to have capacity. I'm sure that the best way of dealing with this is to seek (and hopefully obtain) consent from the patient to inform family and/or friends."

Although the prevalence of depression is static, the condition is being overdiagnosed and overtreated, resulting in people without evidence of major depressive disorder being prescribed drugs.[2] The July 2015 NHS Information Centre report on primary care prescribing showed the number of antidepressant items prescribed increased by 97 per cent in 10 years since 2004 (to 57.1 million items per year in 2014).[3]

Young people are at risk

One large group of people for whom life can be stressful is students. The Royal College of Psychiatrists in 2011 found that the number of university students seeking help for mental health problems and suicide rates at universities have been increasing.[4] In this context, it is important to be aware that young people (under 30 years of age) have an increased prevalence of suicidal thoughts in the early stages of antidepressant treatment.

University student Emily Barrington died of an overdose two months after starting fluoxetine, having never been suicidal before. Her family and housemates were all unaware she was taking fluoxetine or of the increased risk of suicidality. Had they been, they could have taken steps to check on Emily. Emily's mother believes prescribers must balance/reconcile the right to confidentiality with the duty to minimise the risks associated with treatment. Another student, Chris Habgood, developed depression and took his life while at university, following a previous suicide attempt. His parents were not aware of the diagnosis until after his first suicide attempt.[5]

Some discussion on the DH consensus statement is taking place, but it is time for wider debate among GPs and psychiatrists. Such debate should consider the potential value of using consent forms that explain the risks of antidepressant treatment and include a directive for patients to inform someone close to them that they are taking a medicine with the potential for both increased suicidality and withdrawal effects.

The manufacturers, the DH, the GMC and Royal Colleges support information sharing, so to save lives, prescribers need to implement their considered advice. Suicide cannot easily be predicted, so surely it is better to anticipate the possibility and act accordingly.

References

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Declaration of interests

None to declare.

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