THE HIGHLY ANTICHOLINERGIC ANTIDEPRESSANT PRESCRIPTION RATE IN GERIATRIC DEPRESSION; AN ANALYSIS OF NATIONAL INSURANCE DATA

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The highly anticholinergic antidepressants could make cognitive decline and another side effects (e.g., falls) in patients with Geriatric depression, therefore the anticholinergic antidepressant prescription rate could be the important indicator to monitor appropriate prescription in clinical practice. To investigate current prescription patterns, we examined Korea national insurance data.

This was a retrospective analysis of computerized medical claims data in 2007. The inclusion criteria was 60-85 year outpatient diagnosed by depressive disorder (F32,F33,F341,F412) and received antidepressant prescription at least two visits. The patients with schizophrenia and bipolar disorder were excluded. Amitriptyline, clomipramine, doxepin, imipramine, maprotiline were classified by highly anticholinergic antidepressants.

The inclusion The 29,456 patients were included. at the first visit, 26.8% (7,875 patients) received highly anticholinergic antidepressants prescription. During 6 months, 34.4% (10,132 patients) received. Internal medicine doctor (29.4%) and Neurologist (31.8%) prescribed highly anticholinergic antidepressants compared to psychiatrist (23.5%).

The health insurance system in Korea has covered whole population since 1989. Although the limitation of diagnostic accuracy, This data included nearly all service utilizations of geriatric depression patients of Korea in 2007. To decrease highly anticholinergic antidepressant prescription, Specialized guideline is recommended for The Geriatric depression patients who have the vulnerability to cognitive decline.