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Concurrent antipsychotic use in older adults treated with antidepressants in Asia

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Statement of the Problem: Depressive disorders are common in old age. The prevalence of major depressive disorder, minor depression and clinically relevant depressive symptoms in old people living in the community were 1.8%, 9.8% and 13.5%, respectively. Compared to younger adults, older adults suffering from depression have an increased risk of physical and psychological comorbidities, more disability and social isolation, greater economic cost, and higher mortality. Psychotropic medications are prescribed for old people up to 7-18 times more frequently than for middle-aged adults. Antipsychotics (APs) are often used as an adjunctive treatment with antidepressants (ADs) in this population but its patterns of use in Asia are not known. This study explored the rate of combination of APs and ADs in older adult psychiatric patients in Asia.

Methodology: This is a secondary analysis of the database of a multicenter study which recorded participants' basic demographical and clinical data in standardized format in ten Asian countries and territories. The data were analyzed using univariate and multivariate logistic regression analyses.

Findings: A total of 955 older adult psychiatric in and outpatients were included in this study. The proportion of concurrent AP and AD use was 32.0%, ranging from 23.3% in Korea to 44.0% in Taiwan. Multivariate logistic regression analysis found that younger age, inpatient status and diagnosis of schizophrenia were significantly related to a higher proportion of concurrent use of APs and ADs.

Conclusion: Around a third of older adult psychiatric patients had concurrent AP and AD use in the Asian countries/regions surveyed. Considering the uncertain effectiveness and questionable safety of the APs and ADs combination in this patient population, this type of polypharmacy should be used cautiously.

Recent Publications

1. Harper C (2009) The neuropathology of alcohol-related brain damage. *Alcohol* 44: 136-140.
2. Heilig M and Egli M (2006) Pharmacological treatment of alcohol dependence: target symptoms and target mechanisms. *Pharmacology and Therapeutics* 111: 855-876.
3. Li X, Schwacha M G, Chaudry I H and Choudhry M A (2008) Acute alcohol intoxication potentiates neutrophil-mediated intestinal tissue damage after burn injury. *Shock* 29(3): 377-383.
4. Room R, Babor T and Rehm J (2005) Alcohol and public health. *Lancet* 365: 519-530.
5. Sullivan E V and Zahr N M (2008) Neuroinflammation as a neurotoxic mechanism in alcoholism: Commentary on "Increased MCP-1 and microglia in various regions of human alcoholic brain". *Experimental neurology* 213(1):10-17.

Biography

Min Dong got her Bachelor's Degree in Southern Medical University in 2013, majoring in Clinical Medicine. Then, she studied in Central South University the second Xiangya Hospital for Master's Degree from 2013 to 2016, majoring in Psychiatry and Mental Health. During this period, she completed master's project: Diffusion Tensor Imaging Study in Schizophrenia with Persistent Auditory Hallucinations. In the third year of master period, she studied electro-encephalograph and event-related potential in Japan as an exchange student. Then, she studied for PhD in University of Macau since 2016, majoring in biological medicine. During PhD study, she learned meta-analysis on epidemiology studies, case-control studies and randomized controlled trials. Her PhD project is psychotropic prescription patterns in Asia regions.

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