



From the Clinical Director

Depression is one of the most common mental illnesses in Australia. It has been estimated co-morbid depression and anxiety disorders occur in up to a quarter of all patients seen in the general practice setting. Although many people with depression will describe sadness, it is important to note that there is much more to depression than this. In addition to depressed mood symptoms, depression can include loss of ability to experience pleasure from normally pleasurable circumstances (anhedonia), as well as sleep disturbances, changes in appetite, difficulty in concentration, inappropriate feelings of guilt, diminished energy, agitation, and thoughts about death or suicide. Depression is associated with enormous disability, and is also frequently linked to serious medical illnesses including heart disease and diabetes.

Entry into aged care presents a range of life challenges: changes to routine, loss of independence and physical relocation to a new environment. Recently published data from the Australian Institute of Health and Welfare suggested just over half of all permanent residents in Aged Care have symptoms consistent with a diagnosis of depression. Residents with symptoms of depression had higher care needs, with 73% classified as high care, compared with 53% of those without symptoms. Overall, it is clear that depression has a significant impact upon those who are affected by it, as well as the aged care facilities that are tasked with the care of these people.

Depression should not be left untreated and there are a range of therapy options which can be effective for the management of this serious illness.

Some people respond well to cognitive style therapies (so-called 'talking style' treatments). This approach can be effective and is usually deliverable without serious side effects. However this is not suitable for everybody: for example, people with cognitive disorders such as dementia, and those who have suffered from a stroke may not be able to benefit. For the vast majority of people affected by depression, the most convenient and simple form of treatment involves the administration of medication. These drugs are collectively referred to as antidepressants, and are very commonly encountered in the aged care setting.

For most people with depression, the most convenient and simple form of treatment is medication.

Antidepressant treatment is generally regarded as safe and effective for most people, there are many issues to consider when these medications are prescribed for older people. Some will not respond to the antidepressant drugs, even when treated with an adequate dose for an appropriate period of time - these people are said to have treatment-resistant depression. It is also important to recognise that many elderly people will have side effects with the medications, in some cases minor and transient, but sometimes so severe that treatment must be discontinued immediately. This newsletter highlights information about commonly used antidepressants - your Ward MM pharmacist can provide more detail or a targeted education session to address the subject.

With Christmas approaching it is important to remember that this time of the year can be challenging for some people - please take care, and look out for your work colleagues, friends and family. From all of us here at Ward MM, we wish you a happy, safe and relaxing festive season, spent in the company of those who mean the most to you.

Dr Chris Alderman, Director of Clinical Excellence, Ward MM.



Feature Article:

Commonly prescribed antidepressants

There are many different effective antidepressant drugs available on the Australian market today. Added to this is the fact that most of these drugs will have several generic brand options, and it is clear that there are literally dozens of different medicinal products that may be administered to people being treated for depression.

Furthermore, it is known depression medications are also effective treatment options for some forms of anxiety disorder, for example panic disorder, PTSD, obsessive compulsive disorder and others.

In addition, some antidepressant agents such as amitriptyline and duloxetine can be used for the treatment of some forms of pain - for example, neuropathic pain such as post-herpetic neuralgia phantom limb pain.

When using any medication for an elderly person, in particular those with multiple medical illnesses and who are taking a range of medications for a variety of purposes, it is important to be conservative with the approach to treatment.

The general adage that is often advocated is to "start low and go slow," and nowhere is it more important to adopt this approach than in the management of depression for elderly people. In the initial period of treatment, side effects such as gastrointestinal upsets, drowsiness, tremor and difficulty sleeping are relatively common.

These effects are usually transient, and will diminish as treatment progresses. However, sometimes side effects persist and should not be ignored.



It is important to be on the lookout various adverse effects that can compromise a resident's quality of life, and which can be avoided by changing to a different medication.

In addition to the direct side effects of the antidepressant medications, it is also important to recognise that many of these medications also have the potential to interact with other drugs that are used for purposes unrelated to depression.

For example SSRI medications such as paroxetine (Aropax), sertraline (Zoloft) and fluoxetine (Prozac) can accentuate the effects of other medications including metoprolol, oxycodone, tramadol, risperidone, and many others.

Medication review (RMMR) can be very helpful in identifying these potential problems. Your Ward MM pharmacist can provide more detailed information or can arrange an educational session that covers antidepressant medications.

Why not speak to your Ward MM pharmacist for more information or a targeted educational session?

Call the Ward MM freecall number 1800 WARDMM (1800 927 366) at any time for advice or assistance in relation to this or other matters related to safe and judicious use of medications.

Quick Tip

Diarrhoea after antibiotics...

Transient gastrointestinal side effects are quite common during a course of antibiotics, in particular some degree of nausea and diarrhoea. However if a resident experiences a prolonged bout of diarrhoea after antibiotics, this should be brought to medical attention.

Under these circumstances, a test may be required to exclude clostridium difficile diarrhoea, a super-infection syndrome which will not resolve without treatment.

Management will require administration of specific antibiotics such as oral vancomycin or metronidazole.

Quick Tip

Drugs and urinary retention.

Risk factors for acute urinary retention include increasing age, male gender, prostate disease, diabetes, constipation, and the use of certain medications.

Up to 10% cases of acute urinary retention may relate to medications.

Drugs most commonly associated with urinary retention include anticholinergic agents which include some antihistamines, antidepressants, antipsychotics and benzotropine.

Opioids can cause urinary retention by a number of mechanisms. Diltiazem and verapamil reduce bladder contractions by inhibiting calcium influx in the smooth muscle.

Your Questions Answered

Notes from facilities serviced by Ward MM

It is quite common for us to receive similar enquiries from more than one facility in our network. In this section we summarise questions with a common basis – as a part of our “connect – network – share” ethos, we share the information with all of our facilities.

Q. We often hear about anaphylaxis, but can you explain what it actually is and what causes it?

A. Anaphylaxis is the most severe form of allergic reaction, requiring urgent medical treatment.

Anaphylaxis has been defined as “An acute onset illness with typical skin features - urticarial rash or erythema/flushing, and/or angioedema” PLUS “Involvement of respiratory and/or cardiovascular and/or persistent severe gastrointestinal symptoms” OR “Acute onset of hypotension or bronchospasm or upper airway obstruction where anaphylaxis is

considered possible, even if typical skin features are not present.”

The immune system produces antibodies against foreign substances, but some people overreact to substances that shouldn't cause an allergic reaction. There are many things that cause anaphylaxis, but the most common anaphylaxis triggers include:

- Medications, with the most common examples including penicillin, aspirin, NSAIDs such as naproxen, ibuprofen, diclofenax and celecoxib, ACE inhibitors (such as perindopril, ramipril and enalapril), vaccines, anaesthetics and contrast agents used in imaging procedures;
- Foods, especially peanuts, tree nuts (walnuts, pecans, almonds, cashews), shellfish, and eggs;
- Bites and stings from bees, wasps, hornets and some ants – interestingly there is evidence that treatment with an ACE inhibitor or NSAID may increase the likelihood of anaphylaxis after a bite or sting;
- Uncommonly, some people can have an anaphylactic reaction to latex, a rubber derivative found in gloves, some condoms and other medical devices.

The risk of fatal anaphylaxis is increased by factors such as history of asthma, initial misdiagnosis of the condition, and delayed or absent administration of adrenaline. Common causes of anaphylaxis include exposure to foods, insect stings and medications.

Anaphylaxis requires immediate recognition, early use of adrenaline and other life support measures. Adrenaline is the most important first-line drug in the treatment of anaphylaxis and is safe when administered correctly.

Further anaphylaxis information for health professionals is available from ASCIA.
<http://www.allergy.org.au/healthprofessionals/anaphylaxis-resources>



Meet your Ward MM Team Member

Kudzi Sibanda is Ward MM's youngest recruit but arguably also one of the most enthusiastic. Kudzi is being supported through accreditation by Ward MM and is a regular visitor at facilities across Victoria.

Most meaningful moment: Seeing my mum cry with pride at my university graduation. My parents sacrificed a lot to see us succeed and I am eternally thankful.

My biggest challenge: Reverse parallel parking

I'd be lost without: My partner. He always knows what to say and do when my frantic mind gets too ahead of itself.