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MEDICATION REVIEW: TREATMENT-REFRACTORY DEPRESSION

DETAILS

Name:			
DOB:		Age:	
Address:			
Consultant/ RMO:			
Diagnosis (ICD-10):			

Completed by:	
Role/ Title:	
Date:	
Information Sources	


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INSTRUCTIONS FOR COMPLETION

- Please complete as fully as possible.
- Where doubt exists regarding start/ stop dates of drugs, use milestones such as admission or discharge dates.
- If (highest) dose is unknown, it is better to record the best documented dose even if it is the lower.
- Sheets should be photocopied if required – record more information than it may be felt necessary. You don't want to have to do the drug review again in a year's time!
- Document if a response is obtained from a drug, even if it is partial/ short-lived.
- In columns for dose/ maximum dose, it is preferable to record sequential changes in dose so that a complete record of use of that particular drug can be built up. See below for example.
- Once a drug's history has been completed, highlight the maximum dose, and the duration that this dose was given for in the relevant columns. Please note that in some cases (e.g. a short duration of maximum dose), it is preferable to record a longer duration of a lower dose. The aim is to identify the highest-scoring trial on the ATHF.

12. <u>Imipramine</u>	50mg	16/3/09	20/3/09	19/6/09	27/6/09
	75mg	20/3/09	23/3/09		
	100mg	23/3/09	27/3/09		
	150mg	27/3/09	19/6/09		
	200mg	19/6/09	27/6/09		
	250mg	27/6/09	???		

Here, a trial of 150mg from 27/3/09 to 27/6/09 is a better reflection of this trial than < 2weeks at 200mg.



You can use the format paintbrush to copy the text formatting.

These dates represent the duration of the maximum dose (in this case, less than 2 weeks)

ILLNESS SUMMARY

Date of onset of first episode:		
Date of onset of current Major Depressive Episode (MDE):		
Number of episodes of self-harm (please provide dates if available):	<i>Date</i>	<i>Details (e.g. hospitalization required)</i>
Number of failed adequate treatments (current MDE):	<i>Please complete treatment history below if available</i>	
Number of failed adequate treatments (lifetime):	<i>Please complete treatment history below if available</i>	
Number of treatments with ECT (current MDE):	<i>Complete table below</i>	
Number of treatments with ECT (lifetime):	<i>Complete table below</i>	

NOTES

1. If exact dates are not available, please use the date of first assessment/ diagnosis. If an approximate time period is reported (e.g. Spring 1997) please list this.
2. For treatment histories, please indicate trials of **all** antidepressant/ augmentation drugs, regardless of dose or duration. If the same drug is used in a later combination/ augmentation strategy, list it again and indicate this is the appropriate column.

Please photocopy if more sheets required. Remember to include all antidepressant drugs, regardless of dose and/ or duration.

ANTIDEPRESSANT TREATMENT HISTORY – MONOTHERAPY

Please **highlight** the dose and start/ stop dates that have been used to score the ATHF ARR.

Drug	Dose used (mg)	Start date of dose	Stop date of dose	Start date of <u>max dose</u>	Stop date of <u>max dose</u>	Part of combination strategy? (Y/N)	Part of augmentation strategy? (Y/N)	Response ? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)	ARR (1-5)
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											

Please photocopy if more sheets required. Remember to include all antidepressant drugs, regardless of dose and/ or duration.

Drug	Dose used (mg)	Start date of dose	Stop date of dose	Start date of <u>max dose</u>	Stop date of <u>max dose</u>	Part of combination strategy? (Y/N)	Part of augmentation strategy? (Y/N)	Response ? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)	ARR (1-5)
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											

Please photocopy if more sheets required. Remember to include all antidepressant drugs, regardless of dose and/ or duration.

ANTIDEPRESSANT TREATMENT HISTORY – COMBINATION TREATMENTS

Each drug should also be scored separately under monotherapy. Refer to the ATHF for combinations that score differently (e.g. SSRI + TCA).

Drug 1	Drug 2	Max. dose of drug 1 (mg)	Max. dose of drug 2 (mg)	Start date of this combination and doses	Stop date of this combination and doses	Response ? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)

Please photocopy if more sheets required. Remember to include all antidepressant drugs, regardless of dose and/ or duration.

ANTIDEPRESSANT TREATMENT HISTORY – AUGMENTATION STRATEGIES

Antidepressant	Augmenting Agent	Max. dose of antidepressant (mg)	Max. dose of augmenting agent (mg)	Start date of this combination and doses *	Stop date of this combination and doses *	Response ? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)	ARR (1-5)

* Please note that the start and stop date should refer to the time spent on the recorded dose of augmenting agent with no change to the antidepressant dose.

NOTES ON COMPLETION OF THE TREATMENT HISTORY FORMS

1. The ATHF is the Antidepressant Treatment History Form. The reference is:

Sackeim, H. A. (2001) The definition and meaning of treatment-resistant depression. *Journal of Clinical Psychiatry*, **62 (Suppl 16)**, 10-17.

2. The ATHF (form only but including scoring for each antidepressant) can be obtained from:

<http://www.advancedinterventions.org.uk/pdf/RatingScales/ATHF.pdf>

3. If completing this form for the Dundee AIS, it is not necessary to score every drug trial according to the ATHF – this will be done by the service. However, it is important that the confidence ratings are completed in case Dundee AIS does not gain access to the original notes. The ATHF confidence rating is as follows:

1: No Confidence Rating	Discrepant or clearly unreliable information regarding dose, duration, compliance, and outcome of a medication trial or number and outcome of ECT trial.
2: Low Confidence Rating	Information is marginal: Evidence of contradictions in information or significant doubt exists regarding dose, duration, compliance, and outcome of a medication trial or the number of treatments and outcome of ECT trial.
3: Moderate Confidence Rating	Adequate information is available but based largely on one source that appears reliable. Areas of doubt not critical in medication or ECT resistance rating.
4: Strong Confidence Rating	Adequate information is available from more than one reliable source without significant discrepancy regarding dose, duration, compliance, and outcome of a medication trial or number and outcome of ECT trial.
5: High Confidence Rating	Trial dose, duration, compliance, and outcome or the number of treatments and outcome of ECT trial confirmed by multiple sources, with excellent documentation (blood levels, medication orders), strong evidence of compliance, and outcome certain.

