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## UTILIZATION OF ANTIDEPRESSANTS IN CROATIA: IS DEPRESSION UNDERDIAGNOSE IN PRIMARY CARE?

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**Background:** The aim was to determine the effect of antidepressant outpatient consumption on the rate of hospitalization for depression and to explore the role of family physician in the early recognition and treatment of depression.

**Methods:** Using the WHO anatomical-therapeutic-chemical classification/defined daily doses (ATC/DDD) methodology, the number of DDD was calculated from data collected from all Zagreb pharmacies on the number and size of drug packages from 2001 to 2010. The rationality of prescribing was evaluated by use of the Eurostat ratio indicators and the DU 90% method. Hospitalization data were collected for every patient hospitalized for depression.

**Results:** Outpatient utilization of antidepressants increased by 90% (11,4 DDD/TID vs. 20,59 DDD/TID). The highest rise was recorded in the consumption of selective serotonin reuptake inhibitors (SSRI) by 148%, with an increased proportion of sertraline and fluvoxamine. Consumption of nonselective inhibitors of monoamine reuptake was decreased by 68%. A rise was recorded in the consumption of mirtazapine and venlafaxine

in particular. In Zagreb in 2010, even 6 of 8 antidepressants within drug utilization 90% (DU90%) segment were from the SSRI group. The anxiolytic/antidepressant ratio decreased from 6.45 in 2001 to 2.55 in 2010. The rate of hospitalization for depression has significantly increased for 50%.

**Conclusions:** Although the overall outpatient utilization of antidepressants increased during the study period, the rate of hospitalization for depression increased as well. The decrease in the utilization of anxiolytics with symptomatic action and the increased utilization of antidepressants with etiologic action points to improved psychopharmaceutical prescribing quality. Continuous education of primary care physicians in early detection and treatment of mild to moderate depressive disorders is required. Introduction of a questionnaire for early recognition of depression symptoms at the primary healthcare level would be highly useful. Depression is underdiagnose in primary care; despite improvement observed in the prescribing quality, continuous education of GP's in early detection and treatment of depression is required.

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