Patient Perspectives on Once-Weekly Fluoxetine

Rajinder Judge, M.D.

Background: Continuation therapy is recommended for 4 to 9 months following remission of symptoms of major depressive disorder. Long-term maintenance therapy is recommended for patients with severe, recurrent symptoms. However, most patients do not complete an adequate course of therapy. We investigated patient perceptions of antidepressant dosing to determine whether weekly dosing could provide an additional tool to help more patients remain compliant with antidepressant treatment. ***Method:*** Physicians were asked to complete an anonymous patient profile for 7 patients currently receiving antidepressant treatment and to give those patients a questionnaire that the patients could submit anonymously. In addition, clinically depressed patients in the United States and in France were surveyed by telephone. ***Results:*** Patients surveyed by questionnaire agreed most strongly with statements indicating that they would like their doctor to involve them in the choice of antidepressant medication, that they did not want others to know they were taking antidepressant medication, and that they disliked the idea of taking daily medication. Patients in the telephone survey agreed most strongly with statements indicating that they considered once-weekly dosing more convenient than daily dosing, that they believed taking 1 pill a week would make them feel less dependent on pills, and that they perceived more advantages than disadvantages in taking 1 pill a week. ***Conclusion:*** Weekly antidepressant treatment may provide an effective tool in helping patients with depression. Positive patient perceptions of weekly dosing suggest that some patients may remain on continuation or maintenance therapy longer when they have the option of weekly dosing.

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Continuation therapy and maintenance therapy in the treatment of patients suffering from major depressive disorder (MDD) are important for the prevention of relapse and recurrence.[1–3] Following remission of depressive symptoms, all guidelines recommend a period of continuation treatment to prevent relapse. Recommended length of continuation therapy ranges from 4 to 9 months.[1–3] In addition, most guidelines indicate that long-term maintenance treatment to prevent or delay recurrence of depressive illness may be appropriate for patients with a high risk of recurrence and/or historical severity of depressive symptoms.[1–3] The Agency for Health Care Policy and Research (AHCPR) guidelines very strongly recommend maintenance therapy for patients who have had 3 or more episodes of MDD.[1] Maintenance therapy is also strongly recommended for patients who have had 2 episodes of MDD if the second episode occurred within 1 year of discontinuation of medication; if the first episode occurred before the age of 20 years; if both episodes were severe, sudden, or life-threatening and occurred in the past 3 years; or if the patient has a clear, first-degree family history of recurrent major depression or bipolar disorder.[1]

Studies have shown that the majority of patients do not receive a sufficient course of continuation treatment with antidepressant medication, often because patients prematurely discontinue their antidepressant medication.[4–7] Premature discontinuation is associated with increased relapse and increased recurrence.[8]

A new once-weekly antidepressant (enteric-coated fluoxetine, 90 mg) has been developed to provide physicians and their patients with another choice for continuation and maintenance treatment following depression. Studies have shown that, for patients who achieve remission of symptoms on fluoxetine, 20 mg given once daily, continuation treatment with enteric-coated fluoxetine, 90 mg given once weekly, is effective in preventing relapse.[9] In one clinical study, once-weekly fluoxetine was associated with greater patient compliance (86%) than was daily fluoxetine (79%).[10]

In clinical practice, the effectiveness of enteric-coated fluoxetine, 90 mg, in increasing patient compliance and satisfaction with continuation and maintenance treatment of depressive illness will depend to some extent on patient perception of once-weekly dosing. This article presents

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Correspondence and reprint requests to: Jill Gonzales, Lilly Research Laboratories, Eli Lilly and Company, Lilly Corporate Center, Drop Code 2434, Indianapolis, IN 46285.

the results from studies designed to assess patients' reactions to the idea of once-weekly antidepressant treatment.

METHOD

This article presents the results of 2 surveys, 1 using patient questionnaires and the other conducted by telephone.

Face-to-face interviews were conducted with 313 physicians, including 87 psychiatrists, who were currently treating patients with antidepressant medication. Interviews were conducted throughout the United States in May, June, and July of 2000. Physicians were also asked to complete an anonymous patient profile for 7 of their patients who were currently receiving antidepressant treatment. In addition, physicians were asked to give those patients a questionnaire that the patients could submit anonymously. Serial numbers on the surveys allowed patient questionnaires to be linked to patient profiles and physician questionnaires.

In addition, a telephone survey of patients in the United States and France was conducted during June and July of 1998. This survey included patients who had been diagnosed as clinically depressed, were currently taking their antidepressant medication as instructed, were taking only 1 antidepressant medication, and were between 18 and 70 years of age.

RESULTS

Patient Questionnaire

Of the 2191 patient questionnaires distributed to physicians, 1107 were returned. Patients were primarily female (74.4%) and white (83.7%) with a mean age of 47.7 years. Primary diagnoses included major depressive disorder (38.7%), mixed anxiety and depression (36.6%), dysthymia (12.9%), generalized anxiety disorder (4.3%), panic disorder (2.9%), and obsessive-compulsive disorder (1.5%). Thirty-four patients (3.1%) had a primary diagnosis that did not fall into any of these categories. Less than half of the patients (46%) were considered by their physicians to be symptomatic at the time they were given the survey.

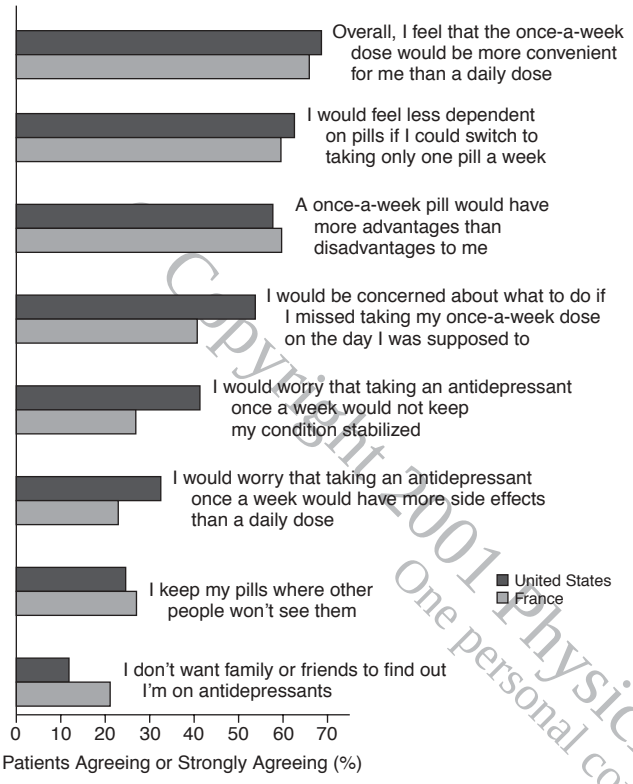
The most commonly prescribed antidepressant medications for patients surveyed were fluoxetine (32.7%), citalopram (25.5%), sertraline (24.8%), and paroxetine (23.0%). Other antidepressant medications were taken by 7.8% of patients. Some patients took a combination of antidepressant medications.

Patients were asked to rate a series of statements about fluoxetine once-weekly from 1 (strongly disagree) to 5 (strongly agree). Figure 1 shows the percentage of all patients who agreed or strongly agreed with each of these statements.

A large majority of patients (71%) agreed or strongly agreed with the statement "I want my doctor to involve me in the choice of my antidepressant." Many patients expressed agreement with the statements "I don't want others to know that I am taking antidepressant medication" (44%) and "Being treated with an antidepressant makes me feel like a weak person" (27%), suggesting these patients perceive an internal or external social stigma about antidepressant use. More than a quarter of patients saw a psychological benefit to weekly antidepressant treatment ("I will feel more healthy if I only have to take my antidepressant once a week," 26%) and a corresponding psychological disadvantage in daily antidepressant treatment ("Every day when I take my antidepressant, it reminds me that I am not well," 27%). Approximately a quarter of patients also agreed with statements that may indicate a need for better patient education: "I am afraid I will become addicted to my antidepressant" (26%) and "I will probably stop taking my antidepressant as soon as I feel better" (23%). Patient agreement with statements about daily medication itself was quite variable. Only 16% of patients agreed it was hard for them to remember to take their daily medication. Almost a quarter (23%) of patients agreed that taking pills every day is inconvenient, and 39% of patients disliked the idea of taking daily medication.

Figure 1. Percentage of Patients Returning the Patient Questionnaire Who Indicated That They Agreed or Strongly Agreed With the Listed Statements

Figure 2. Percentage of Clinically Depressed U.S. and French Patients Who Indicated That They Agreed or Strongly Agreed With the Listed Statements During a Telephone Interview



Telephone Survey of Patients in the United States and France

A separate survey was conducted involving telephone interviews with 240 patients in the United States (N = 143) and France (N = 97). All patients had been diagnosed as clinically depressed. One hundred one of these patients (43 in the United States and 58 in France) were taking antidepressant medication for the first time. The remaining 139 patients had taken antidepressants in the past.

Nineteen percent of U.S. patients and 26% of French patients were currently taking paroxetine. Twenty-two percent of U.S. patients and 11% of French patients were currently taking sertraline. Twenty percent of U.S. patients and 32% of French patients were currently taking fluoxetine. Each patient was taking only 1 antidepressant medication.

Antidepressant medication was taken once daily by 73% of U.S. patients and 91% of French patients. Antidepressant medication was taken more than once daily by 27% of U.S. patients and 5% of French patients. Four percent of French patients took antidepressant medication less often than once a day; none of the U.S. patients did.

Forty-three percent of patients in France and 62% of patients in the United States answered "yes" when asked if they had ever forgotten to take their antidepressant medication. Of those French patients who had ever forgotten to take their medication, 52% reported that they forgot their medication less than 1 day a month, 41% said they forgot their medication 1 to 3 days a month, and 7% said they forgot 4 to 7 days a month. Of the patients in the United States who had ever forgotten their medication, 25% said they forgot it less than once a month, 57% reported forgetting their medication 1 to 3 days a month, 12% forgot it 4 to 7 days a month, and 2% forgot it more than 7 days a month.

Patients were asked to rate a series of statements from 1 (disagree completely) to 5 (agree completely). Figure 2 shows the percentage of patients who agreed somewhat or agreed completely with these statements. The majority of patients (58%–69%) in both countries expressed agreement with 3 statements about the positive aspects of once-weekly dosing: convenience, a perception of reduced dependency on medication, and a perception that once-weekly dosing has more advantages than disadvantages. French patients were less likely than U.S. patients to express agreement with statements indicating concern about once-weekly dosing. Fifty-four percent of U.S. patients and 41% of French patients agreed that they were concerned about what to do if they missed a once-weekly dose. A third or more of U.S. patients agreed with worries about whether a once-weekly dose would keep their condition stabilized (42%) and whether a once-weekly dose would have more side effects (33%). Only about a quarter of French patients agreed with these same concerns (27% and 23%, respectively.)

The fewest patients agreed with statements indicating a perception of social stigma surrounding depression. About a quarter of French (27%) and U.S. (25%) patients agreed that they keep their pills where other people will not see them. Twenty-one percent of French patients and 12% of U.S. patients did not want their family or friends to find out that they take antidepressant medication.

Patients were also asked whether a once-weekly dosing regimen would be more convenient, just as convenient, or less convenient than their current dosage. Approximately two thirds of patients (69% in the United States, 66% in France) indicated that a once-weekly dosing regimen would be more convenient than their current dosage. A majority of patients (83% in the United States, 67% in France) felt that they would be very satisfied or somewhat satisfied with a once-weekly dosing regimen. Fewer patients (51% in the United States, 62% in France) indicated they definitely or probably would ask their doctor to change the brand of prescribed antidepressant medication in order to receive a once-weekly dosage form. Approximately two thirds (63% in the United States, 68% in France) indicated they definitely or probably would ask their doctors to prescribe a once-weekly dosage form of their current antidepressant medication, if one was available.

DISCUSSION

These data suggest that patients generally favor the idea of weekly antidepressant treatment, seeing it as convenient and as an indication of improved health. Weekly fluoxetine is recommended only for continuation treatment following remission from depression. However, physicians can introduce daily therapy with the promise of the option to advance to weekly fluoxetine following remission. The perception of having choices in their treatment may improve patient attitude. Once the patient is stabilized on daily antidepressant treatment, a patient may agree not to make changes in a treatment regimen that is working. But some patients will want to change their treatment regimen due to perceptions of added convenience and other benefits of weekly dosing.

Patients had some concerns about side effects and efficacy of a once-weekly dose of antidepressant treatment and about what to do if they missed a weekly dose. Since the majority of patients agreed that they wanted their doctor to involve them in the choice of antidepressant, these concerns can be addressed by the physician during a discussion about treatment options. In controlled clinical trials, fluoxetine, 90 mg weekly, was comparable to fluoxetine, 20 mg daily, for prevention of relapse, and diarrhea was the only adverse event spontaneously reported more frequently by patients treated with enteric-coated fluoxetine, 90 mg, than by patients treated with placebo.[9] When adverse events were solicited, however, the frequency of diarrhea reported by patients treated with 90-mg weekly fluoxetine was not significantly different from patients receiving placebo or fluoxetine, 20 mg daily.[9] Similarly, there was no difference in the rates of solicited reports of gastric discomfort between the treatment groups.[9]

Four in 10 patients disliked the idea of taking daily medication, and many patients appeared to feel that daily medication was inconvenient and a daily reminder that they were ill. Some patients also reported that it was hard for them to remember to take daily medication.

Once-weekly dosing is not common. However, in studies of malaria prophylaxis[11,12] and iron supplementation,[13] patients receiving once-weekly treatment had significantly better compliance than patients receiving once-daily treatment. In a study comparing weekly and daily dosing of alendronate for treatment of osteoporosis, compliance was quite high (97%) for both daily and weekly dosing arms.[14] Claxton and colleagues[10] have reported that compliance to once-weekly fluoxetine treatment is higher than compliance to once-daily fluoxetine treatment. Thus, patients who have difficulty with daily antidepressant regimens may find a weekly dose easier to remember or more convenient to take.

Despite public health education efforts, many patients still harbored misconceptions about antidepressants and treatment recommendation, such as thinking that antidepressants were addicting and that treatment with antidepressants could be stopped as soon as they "feel better." This suggests that continual patient education is necessary to ensure that patients understand the nature of antidepressants and the recommended treatment guidelines. Physicians may find that being able to add a "step" to treatment (advancing to weekly dosing once the patient is feeling better) will improve long-term compliance, as it will allow patients to remain on antidepressant medication and still feel they are making progress.

It is clear that some patients feel there is still a social stigma attached to depression. These patients did not want other people to see their pills or to know that they are taking antidepressant medication. Although patients were not asked directly, it is possible that some patients' perception of the benefits of weekly dosing include a belief that taking a pill once a week will be easier to hide than taking a pill once or more a day.

In summary, the weekly treatment option available with enteric-coated fluoxetine, 90 mg, may provide an effective tool in helping patients with depression. Many patients perceive weekly dosing to be a more convenient treatment option than daily dosing. Many patients also feel a change to weekly dosing would have psychological benefits in allowing them to feel that they are healthier. It is possible that these advantages of weekly dosing may help some patients remain on continuation or maintenance therapy for a longer period than they would with daily dosing alone.

Drug names: alendronate (Fosamax), citalopram (Celexa), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft).

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