



**Community Pharmacy**  
**SSRIs**  
**2019-20**

*Every patient, every time*



*Adapted with permission*



## Contents

1.1	Background .....	3
1.2	Aim .....	4
1.3	Equity .....	4
1.4	Measures & rationale.....	5
2.1	Monthly data collection and submission .....	8
2.1.1	Identify patients.....	8
2.1.2	Randomise .....	8
2.1.3	Audit.....	9
2.1.4	Complete the spreadsheet.....	9
2.1.5	Submit .....	10
2.2	Getting your team ready for Safety in Practice .....	11
2.3	Creating Change – Using the Model for Improvement.....	12
2.3.1	Steps in the PDSA cycle .....	13
2.3.2	Change ideas .....	13
2.4	Previous teams’ experiences .....	14
3.1	Contacts .....	15
3.2	Resources.....	15
3.3	References .....	15
	Appendix 1: SSRI checklist.....	16
	Appendix 2: How to search for patients dispensed SSRIs in Toniq:.....	17
	Appendix 3: Search for patients dispensed SSRIs in RxOne.....	21
	Appendix 4: Key discussion points.....	25
	Appendix 5: Side effects.....	26

# Section 1: Introduction

## 1.1 Background

A key aim of the Safety in Practice programme is to reduce preventable harm to patients. Non-adherence of antidepressants is associated with harm relating to increased risk of relapse and recurrence.<sup>1</sup> Effective interactions with patients have been shown to be important in their acceptance of antidepressants and continuation of therapy. Quality patient relationships and communications have a positive effect upon adherence behaviours, and the partnership is central in exploring adherence concerns.<sup>2</sup> Community pharmacists have a role in supporting adherence to antidepressant medication throughout treatment, particularly around exploring patient concerns relating to adherence and efficacy.<sup>1</sup>

Addressing adherence will also impact other chronic conditions the patient may have. Patients with comorbid depression and chronic disease have a 3 times higher likelihood of non-adherence to prescribed medications for their chronic conditions.<sup>3</sup>

Clinical guidelines recommend antidepressants are continued for at least 6 months after symptom remission, but one third of patients discontinue within the first month, and 44% by the third month of treatment. Contributing factors to discontinuation may include the stigma associated with depression, comorbidities, adverse effects which precede the delayed antidepressant effect, and patient belief about antidepressant medication.<sup>1</sup>

Patients starting antidepressant treatment often report having difficulties recalling information received at time of diagnosis, so pharmacists are well placed to reiterate key educational messages at every follow-up opportunity as treatment progresses. When asked, patients specifically want to know what to expect (in terms of time to onset and functionality), side effects and ways to manage them, and when to notify their doctor. Community pharmacists are in a unique position to reinforce this patient education, to support them and communicate concerns or recommendations to the prescriber if needed.

The Safety in Practice Programme works with community pharmacy to provide them with tools to encourage effective patient interactions, enhance their knowledge about their medicines and what to do if they experience side effects. Mental Health is coming into the spotlight here in New Zealand following the Mental Health Enquiry from the Ministry of Health. Further afield, there has been a recent call to action from the NHS (National Health Service) to involve community pharmacy more in the management of patients with mental health issues. Findings from interventions and quality improvement initiatives provide a window to what is possible and might be worth exploring.<sup>2</sup>

This change package focuses on the use of SSRI (Selective Serotonin Reuptake Inhibitor) antidepressants. These medicines are the most commonly prescribed class of antidepressant medication in New Zealand. SSRIs available in New Zealand include citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine and sertraline.

## Measuring reliability of your care

### Pharmacist Scope of Practice

According to The Pharmacy Council of New Zealand, “The practice of pharmacy is necessarily broad and is wider than pharmacists working directly with patients, given that such roles influence clinical practice and public safety. In a clinical role, the pharmacist acts as a medicines manager, providing patient-centred medication therapy management, health improvement and disease prevention services, usually in a collaborative environment. Pharmacists ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy”.<sup>3</sup>

Optimal medicines management and patient education are core responsibilities of pharmacy practice. In conjunction with improvement advisors, mental health specialist pharmacists, consumers and a health psychologist, process and patient outcome measures were developed that we believe represent best practice for SSRI management and education. These have been further refined following feedback from a pilot community pharmacy who tested this for us in 2018/19.

It is best practice to document all interventions and recommendations made to evidence work that has been carried out. This is one way pharmacists can demonstrate all the work that they do, in line with Pharmacy Council of New Zealand Competence Standard O1.4.7. The process measures are evidence that best practice activities have been performed.

#### **“Competence Standard O1.4.7**

*Supports and provides continuity of care with accurate and timely documentation of clinical and professional interventions and recommendations, using agreed handover protocols.”*

## 1.2 Aim

By June 2020, all patients receiving SSRIs will have structured education and written information offered at the time of dispensing.

## 1.3 Equity

We all have a role to play in reducing inequity in health in New Zealand. Particular groups are consistently disadvantaged in regard to health, and these inequities affect us all.<sup>4</sup>

Health inequities are avoidable, unnecessary and unjust differences in the health of groups of people.<sup>4</sup> This may be between socioeconomic groups, ethnic groups, different geographical regions, levels of ability or disability, and between males and females. Research indicates the poorer you are, the worse your health will be.<sup>5</sup> Inequalities experienced in early life influence people in later life, and inequalities take a cumulative toll on an individual’s health over their lifetime.<sup>4</sup>

To promote equity in health, we need to understand the inequity, design interventions to reduce them, review and refine the intervention and evaluate their impact. It is important to minimise the impact of disability and illness on socioeconomic position and access to the determinants of health.<sup>5</sup>

In particular as health providers, we need to emphasise the power of joint decision making and trust with patients, it is important to prioritise time to listen to their health issues in their words, ideally with protected time in consultation room, involving their whānau if preferred by them. It is important they have an understanding of the treatment options, the risks involved and where to go for help.

The most effective conversations are based on a mutual trust and understanding, giving patient's confidence they are in control and empowered to make informed decisions. There are significantly increased risks of avoidable medicine related harm in Māori and Pasifika, it is important we understand this and take special care to ensure optimal health outcomes for all.

## 1.4 Measures & rationale

This module comprises process and outcome measures. The **process measures** are evidence the activity has taken place. This information needs to be recorded in the patient file (Toniq or RxOne).

The **patient outcome measures** assess whether the patient has understood and can recall correctly the information provided.

To assess your processes, we require data from a random sample of 10 patients each month. We do not require NHI or patient identifiable data so please ensure it is anonymous.

- *Please see Table 1 for further guidance regarding these measures*
- *The questions relate to the patient or carer as appropriate*
- *The target population for data collection is patients aged 18 years and over*
- *For prescriptions with repeats, data collection will focus on initial dispensing encounter*
- *Medicine refers to the SSRI.*

**Table 1: Measures and rationale**

	Process measure	Rationale
1.	<p><b>If there are identified interactions with the SSRI and other prescribed medicines, there is evidence you have contacted the prescriber</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>N/A (no interactions) <input type="checkbox"/></p>	<p>Interactions include:</p> <ul style="list-style-type: none"> <li>serotonin toxicity with other serotonergic medicines such as tramadol, ondansetron</li> <li>medicines that increase the risk of bleeding, such as anticoagulants and NSAIDs.</li> <li>medicines metabolized via cytochrome p450 (this varies between SSRIs.)</li> <li>medicines that prolong the QT interval such as amiodarone</li> <li>medicines that cause hyponatraemia such as diuretics</li> <li>medicines that lower the seizure threshold such as tricyclic antidepressants and tramadol.</li> </ul> <p>Check individual monographs on <a href="http://www.nzf.org.nz">www.nzf.org.nz</a> interactions checker. If there are interactions identified, contact prescriber to discuss.</p> <p>Contact GPs in advance to let them know you are working on this module and provide them with links to interactions checkers.</p>
2.	<p><b>There is evidence you discussed interactions with OTC medicines/supplements with the patient</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Inform the patient to let their doctor/pharmacist know about OTC/supplements they are taking.</p> <p>SSRIs interact with St Johns wort, 5HTP and other OTC medicines.</p>
3.	<p><b>There is evidence you had a discussion about what the SSRI is for</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Could ask: <i>'Did your doctor explain why you have been prescribed this medicine?'</i></p> <p>Or <i>'Do you have any questions about why you have been prescribed this medicine?'</i></p> <p>Or <i>'Do you understand why you have been prescribed this medicine?'</i></p> <p>Generally SSRIs are used for depression and anxiety. They can also be prescribed for obsessive compulsive disorder, bulimia nervosa, premenstrual dysphoric disorder, social phobia, post-traumatic stress disorder, and pruritus or cholestasis in palliative care (unapproved).</p> <p>Make sure the patient understands when to expect a change.</p>
4.	<p><b>There is evidence the patient has been informed when and how to take the SSRI</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Generally once daily in the morning because they can cause insomnia. Some people prefer evening dosing because they can also cause drowsiness. SSRIs are not affected by food. It is important to take SSRIs daily and not to stop taking abruptly because this can cause withdrawal symptoms. Let them know when they can expect to notice any changes in their health.</p>

<p><b>5.</b></p>	<p><b>There is evidence you had a discussion about what to do if a dose is missed</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>General advice is to take the medicine as soon as they remember, but if it is nearly time for the next dose, take that at the right time.</p> <p>Try not to miss doses, help them to find ways to remember to take their medicines regularly.</p> <p>Do not take double doses to make up for missed doses.</p>
<p><b>6.</b></p>	<p><b>There is evidence you had a discussion about side effects</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Side effects include sweating, diarrhoea, nausea, sleep changes, suicidal behaviour, aggression, hyponatraemia, bleeding, sexual dysfunction, serotonin syndrome.</p> <p>See individual data sheets for a comprehensive list <a href="http://www.nzf.org.nz">www.nzf.org.nz</a></p> <p>Suggested management strategies are available on <a href="http://www.healthnavigator.org.nz">www.healthnavigator.org.nz</a> and listed in section 8 (Additional Resources)</p> <p><b>Patients, family and friends should watch for and report any worsening depression, suicidal ideation or other unusual changes in behaviour to the doctor. There is an increased risk of suicidality in adolescents and young adults (&lt;25y, particularly &lt;18y)</b></p> <p>Rather than saying ‘suicidal behaviour’ you may find it easier to say ‘self-harm’ or ‘hurting yourself’. <b>Note:</b> Talking about self-harm will not increase the risk of it occurring.</p>

<p style="text-align: center;"><b>Outcome Measures</b></p>		
<p>From the 10 random patients selected, ask the following questions either during a follow up phone call or when they return for a repeat. Use open questions and listen carefully to their answers. If you are unable to locate them after 2 attempts, document as NA in the spreadsheet and note this in the comments column.</p>		
<p><b>7.</b></p>	<p>The patient could tell you <b>when</b> and <b>how</b> to take the SSRI</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b><i>‘Tell me, how do you usually take your medicine?’</i></b></p> <ul style="list-style-type: none"> <li>• Yes - if they could tell you how to correctly take their medicine</li> <li>• No - if they didn’t know how correctly to take their medicine</li> </ul>
<p><b>8.</b></p>	<p>The patient could identify a side effect that they may experience</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b><i>‘Do you know any side effects that might happen?’</i></b></p> <p>This question is to assess whether the education provided was effective. Relying on spoken, and non-verbal cues such as the person saying ‘yes’ or nodding is not accurate.<sup>6</sup> Make sure they understand this is a possible side effect, not necessarily one that they have already experienced.</p>
<p><b>9.</b></p>	<p>The patient could identify whom to ask for help about their medicines or side effects</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>The most appropriate person would be their doctor or nurse, pharmacist. At this point make it clear that they can call healthline at any time for advice about their medicine or condition: 0800 611 116 or text to 1737</p>

# Section 2: Instructions

When you receive a script for an SSRI, go through the Process Measures for “Every patient, every time”.

Document the information in the patient file e.g. in Toniq as an intervention or in RxOne as an event audit, so it can be found easily. To upload a checklist onto Toniq, there is a guide in the resources section of your clinical module on the website [here](#). If you are using RxOne, the checklists have been incorporated for you.

## 2.1 Monthly data collection and submission

In order to assess your processes for SSRI management and education, you will need to collect data from 10 *random* patients dispensed these medicines every month. As a team, you will then reflect on your results monthly, look for opportunities for improvement and undertake PDSA cycles (Plan, Do, Study, Act)

Note: We DO NOT require NHI or patient identifiable data, so please ensure it is anonymous.



### 2.1.1 Identify patients

On the day of the data collection each month, run a report on Toniq or RxOne for all SSRIs dispensed during the month. (Refer to Appendix for detailed instructions on how to generate a report)

### 2.1.2 Randomise

From the report generated in step 2.1.1 it is important to select a **random sample of 10 patients**. If you have more than 10 patients in your report, you can randomise patients using an online random number generator.

**Note** the SiP programme does not endorse any advertising that comes with these online tools.

### 2.1.3 Audit

#### a) Evidence for Process Measures

For the 10 **selected** patients, review their patient file for documented evidence that the Process Measures occurred. **Record responses into the audit spreadsheet.**

Documented evidence is required for compliance to Process Measures - please tick 'No' on the spreadsheet if the information has not been documented in the patient file.

#### b) Evidence for Outcome Measures

Contact the selected 10 patients and go through the Outcome Measures with them. Record responses into audit spreadsheet.

Outcome measures require patient follow-up either via phone call or if they return to the pharmacy. If you are unable to locate a patient after 2 attempts, please select NA and note this in the data collection spreadsheet comment column.

**Tip:** Advise patients that you are doing random follow-ups as part of your new service and they may be contacted via a phone call and asked three short questions. Let them know this is about checking how you and the team are working; it is not testing the patient in any way.

Having this information scripted may help e.g. *"We are now providing a follow-up service for people who are prescribed SSRIs. We select 10 patients in the month and give them a quick phone call about using their medicine. This is to check how we as a pharmacy team are working, its is not to test you"*

### 2.1.4 Complete the spreadsheet

Tip: Your first set of data (baseline data) is relating to the month of August so this is due on September 10<sup>th</sup>.

**Please note: we expect low scores for the baseline August 2019 data, prior to the Safety in Practice programme beginning**

The screenshot shows the 'Data Collection Instructions' module. On the left, there's a sidebar with 'Data Collection Instructions' highlighted. The main area contains a form with columns for 'Dispensing date', 'Is there evidence the patient was informed how to use their medicine?', and 'Is there evidence the patient was informed how to use their medicine?'. A yellow alert box states: 'Alert Only dates between 01/08/2019 and 31/08/2019 are to be entered'. Below the form is a table with columns for 'Dispensing date', 'Is there evidence the patient was informed how to use their medicine?', 'Is there evidence the patient was informed how to use their medicine?', 'Is the patient able to identify how to ask for help with their medicines?', 'Overall Compliance', and 'Comments'. The 'Overall Compliance' column is circled in red with the text 'This column will auto-populate'. The table shows data for 01/08/2019 with 'Y' and 'N' entries.

Download the spreadsheet for your module in the Resources section of [www.safetyinpractice.co.nz](http://www.safetyinpractice.co.nz)

Record the date of dispensing in a DD/MM/YY format in the left column. (Alert boxes in yellow will guide you). For your first data set collected in September this is 1/8/18

Mark Y, N or N/A by clicking on the dropdown menu, against for each measure and each patient according to your findings in the previous section.

The final measure "Overall compliance" will auto-populate.

The screenshot shows a spreadsheet with a bar chart. The chart has a green bar and a red bar. The text next to it says: 'Graphs will be automatically generated in the next tab in the spreadsheet.'

The screenshot shows a spreadsheet with a table of data. The table has columns for 'Date', 'Discontinuation occurred within 7 calendar days of the EDS being received?', and 'Has the patient been informed how to use their medicine?'. The text next to it says: 'Next month, add your data to the same spreadsheet.'

The screenshot shows a line graph titled 'Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?'. The x-axis shows months from August to October. The y-axis shows percentages from 0% to 100%. The graph shows a line starting at approximately 40% in August, rising to 100% in September, and staying at 100% in October. The text next to it says: 'This means you can track your progress over time.'

## 2.1.5 Submit

Submit your data on the 10<sup>th</sup> of each month to [audit@safetyinpractice.co.nz](mailto:audit@safetyinpractice.co.nz)

Tip: Please ensure all data sent to Safety in Practice is anonymized

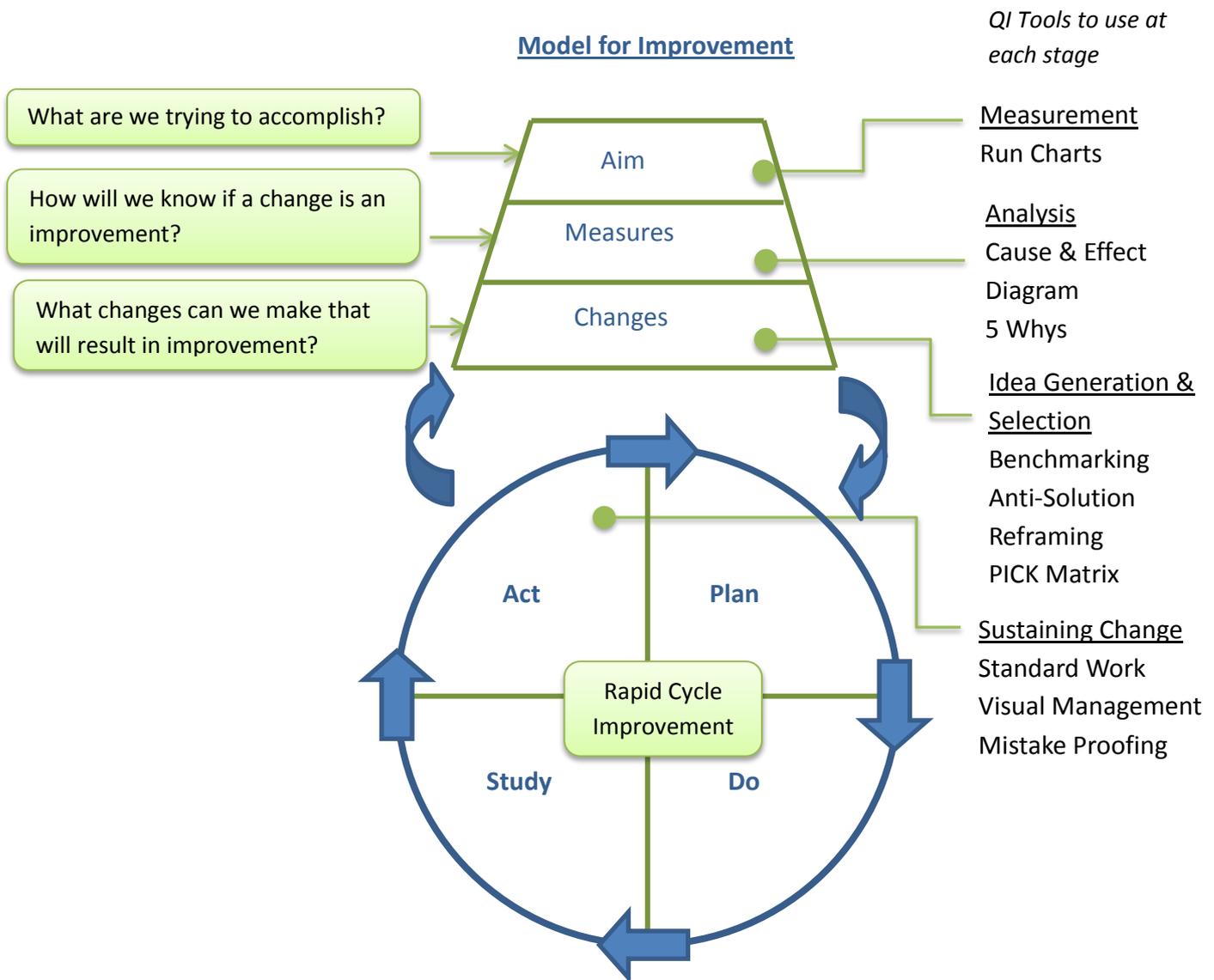
## 2.2 Getting your team ready for Safety in Practice

### Points to consider

- Read through this document so you are familiar with the content
- Identify responsible leads to drive the programme in your pharmacy
- Organise a staff meeting to talk about Safety in Practice and what is involved and answer their questions. Direct them to the website for more information. This is a critical step to ensure there is team engagement from the start for participating in the programme. Safety in Practice is all about all team members taking part and making processes safer for all of your patients.
- Develop a process or a Standard Operating Procedure (SOP) document for locums and new staff. Think about how you and your team can ensure the locums are up to speed on what you do and why you do it. That way, you should hopefully find your results continue to show improvement when covered by locums.
- Decide on which patient resources your team would prefer to use and make sure there is agreement on this, they are readily available and staff members understand their role in distributing them.
- Decide how you will document any interventions and discussions with prescribers and agree to this as a team
- Decide how to document patient education on the patient file and agree to this as a team
- Discuss how you will randomise the 10 patients per month for data collection
- Decide who will be responsible for completing the data collection sheet and submitting data  
Note: It is a good idea to share this task as this ensures the skills are developed across team members.
- Engage with your GPs regarding the CP SiP programme and discuss SSRI prescribing and the resources you will be using. Advise them you will be following up with patients about medication use and if your GP teams have any questions you can refer them to the Safety in Practice website.

Display posters in the pharmacy so patients are aware that you are a 'Safety in Practice' pharmacy. Posters will be available at the learning sessions, or you can request one from [info@safetyinpractice.co.nz](mailto:info@safetyinpractice.co.nz)

## 2.3 Creating Change – Using the Model for Improvement



Before you start:

- Bring together your team – this is the group that will work with you to plan and carry out the test of change
- Select the process you wish to change

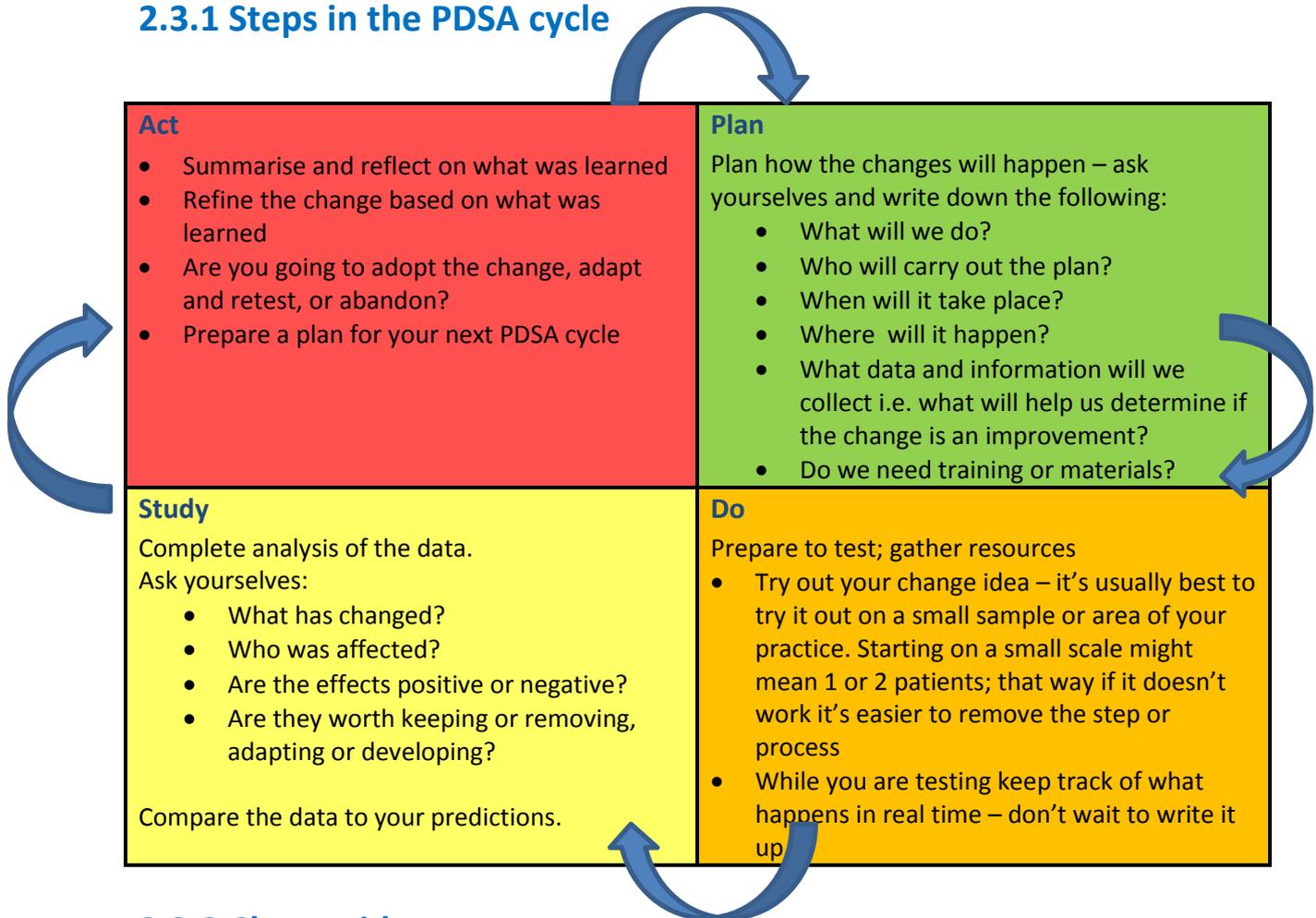
As a team answer the 3 questions above:

1. Aim: *What are we trying to accomplish? (write an objective for this PDSA cycle)*
2. Measure: *How will we know if a change is an improvement?*
3. Changes: *What changes can we make that will result in improvement?*

The following QI techniques will help you engage your team at every step:

- Meeting Facilitation Tips
- Silent Brainstorming
- Post-it Note Brainstorming
- Dot Voting

### 2.3.1 Steps in the PDSA cycle



### 2.3.2 Change ideas

The following ideas have been tested and implemented by previous teams:

<b>General</b>	<ul style="list-style-type: none"> <li>Discuss results of baseline data collection together and include SiP as a regular agenda item at team meetings</li> <li>Arrange education session for pharmacy team to include SSRI counselling and how to identify patients more at risk of harm</li> <li>Discuss how could your counselling of SSRIs be made safer</li> <li>Think about whether you will use a checklist, or alerts for interactions</li> <li>Get to know your GP teams and let them know you are part of the Safety in Practice programme, focusing on SSRIs.</li> </ul>
<b>Clinical processes</b>	<ul style="list-style-type: none"> <li>As a team, identify barriers that will prevent you from providing education to patients and look for ways of addressing them</li> <li>Embed systems to include routine counselling of SSRIs</li> <li>The aim is to reduce the risk of harm from SSRIs and improve adherence and discussion with patients.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>Use Toniq and RxOne templates</li> </ul>
<b>Discussion with patient</b>	<ul style="list-style-type: none"> <li>Create prompt card for education points</li> <li>Optimise use of Self Care Cards</li> <li>Provide information to patients about SSRIs and what to do if they experience side effects eg See <a href="http://www.healthnavigator.org.nz">www.healthnavigator.org.nz</a> for resources</li> </ul>

## 2.4 Previous teams' experiences

Below are some ideas you may find useful. It's your decision as to which ideas you try and when. You're very welcome to develop your own ideas.

### Benefits

- Sharing the measures with prescribers helped to inform them about SiP
- Discussion of audits at team meeting encouraged the whole team to participate in problem solving
- Education session for staff about SSRIs improved everyone's knowledge
- Reminders on computer helped to prompt SSRI clinical checks
- Reminders in the dispensary helped to improve SSRI counselling

### Challenges

- Took time to effect change and engage the whole team in the process
- Contacting patients afterwards and thinking about how to best approach the conversation.
- Deciding on and organising patient information leaflets so they were ready to hand out

Tip: Some pharmacies found a scripted conversation useful for when they had to call patients e.g. "We are trying to improve the service we provide to our patients. You received a prescription from us for an SSRI this month, is it ok if we asked you 3 questions about this? It should only take 2 minutes".

# Section 3: Resources

## 3.1 Contacts

- Questions, feedback or general enquiries: [info@safetyinpractice.co.nz](mailto:info@safetyinpractice.co.nz)
- Submitting data: [audit@safetyinpractice.co.nz](mailto:audit@safetyinpractice.co.nz)
- Website: [www.safetyinpractice.co.nz](http://www.safetyinpractice.co.nz)

## 3.2 Resources

### Patient leaflets

- Choice and Medication for Waitematā DHB region [www.choiceandmedication.org/waitemata](http://www.choiceandmedication.org/waitemata)
- Health Navigator [www.healthnavigator.org.nz](http://www.healthnavigator.org.nz) patient information
- Medsafe [www.medsafe.govt.nz](http://www.medsafe.govt.nz) consumer medicines information leaflets

### Patient support

- [www.depression.org.nz](http://www.depression.org.nz) Support for people with depression and anxiety
- [www.clearhead.org.nz](http://www.clearhead.org.nz) An online tool to guide people to support services
- [www.heartsandminds.org.nz](http://www.heartsandminds.org.nz) Promoting wellbeing for people, families and communities
- [www.framework.org.nz/awhi-ora-service](http://www.framework.org.nz/awhi-ora-service) Awhi Ora service, supporting wellbeing by connecting with community services.
- [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz) Mental Health Foundation.
- Healthline call: 0800 611 116
- Text or call: 1737 To connect with trained counsellors if stressed, anxious or depressed

## 3.3 References

1. Wen Chong W, Aslani P, Chen TF. Adherence to antidepressant medications: an evaluation of community pharmacists' counselling practices. *Patient Preference and Adherence* 2013;7:813-25
2. Van Servellen G, Heise BA, Ellis R. Factors associated with antidepressant medication adherence and adherence-enhancement programmes: a systematic literature review. *Mental Health in Family Medicine*. 2011; 8(4):255-71 [www.ncbi.nlm.nih.gov/pmc/articles/PMC3487599/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3487599/) (Accessed 08-04-19)
3. Katon W, Cantrell CR, Sokol MC, Chiao E, Gdovin JM. Impact of Antidepressant Drug Adherence on Comorbid Medication Use and Resource Utilization. *Arch Intern Med*. 2005;165(21):2497-2503. doi:10.1001/archinte.165.21.2497.
4. Pharmacy Council of New Zealand. Scope of Practice. <http://www.pharmacycouncil.org.nz/Pharmacists-wanting-to-register-in-New-Zealand/Qualifications-and-training/Scopes-of-Practice> (Accessed 06-05-19)
5. Ministry of Health, Reducing Inequalities in Health. 2002, Ministry of Health: Wellington. [www.health.govt.nz/publication/reducing-inequalities-health](http://www.health.govt.nz/publication/reducing-inequalities-health) (Accessed 06-05-19)
6. Signal L, Martin J, Cram F, Robson B. The Health Equity Assessment Tool (HEAT): A user's guide. 2008. Wellington, Ministry of Health. ISBN 978-0-478-31747-3 [www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf](http://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf) (Accessed 06-05-19)

## Appendix 1: SSRI checklist

Patient NHI/Name		Date
Process measures	1. If there are identified interactions with the SSRI and other prescribed medicines you have contacted the prescriber Yes <input type="checkbox"/> No <input type="checkbox"/> NA (no interactions) <input type="checkbox"/>	
	2. There is evidence you discussed the impact of interactions with other OTC medicines/supplements with the patient Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3. There is evidence you had a discussion about what the SSRI is for Yes <input type="checkbox"/> No <input type="checkbox"/>	
	4. There is evidence the patient been informed about <b>when</b> and <b>how</b> to take the SSRI Yes <input type="checkbox"/> No <input type="checkbox"/>	
	5. There is evidence you had a discussion about what to do if they miss a dose Yes <input type="checkbox"/> No <input type="checkbox"/>	
	6. There is evidence you had a discussion about side effects Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outcome measures	<i>Questions 7-9 are patient questions to assess patient outcomes. Please refer to the measures and rationale table in the change package document regarding a follow-up phone call with the patient.</i>	
	7. The patient could tell you <b>when</b> and <b>how</b> to take the SSRI Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	8. The patient could identify a side effect that they may experience Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	9. The patient could identify who to ask for help about their medicines or side effects Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

## Appendix 2: How to search for patients dispensed SSRIs in Tonic:

Go to 'Prescription Reports'

ESC	F1 Help	(RH) Menu			Fri 05/07/2019 04:31pm			TONIQ	WIN
Staff	Tonic Library	Green Papers	Help Desk	LTC Manager	Diary Tasks	About			
F2	F3	F4	F5	F7	F9	F10			

<b>Prescription reports</b>	<b>LTC Manager</b>																								
1. Repeats due	1 Review <b>OVERDUE</b>																								
2. Prescription details	3 Patients with last dispensing <b>OVER 120 days ago</b>																								
3. Owings	6 Reviews due in next 14 days																								
4. IMMP	1 Patient with last dispensing over 100 days ago																								
5. Special authority expiry	<b>Staff Tasks</b>																								
6. Prescriptions held on file	<table border="1"> <thead> <tr> <th>Name</th> <th>Late</th> <th>Today</th> <th>&lt;5 days</th> </tr> </thead> <tbody> <tr> <td> Mandy Nathan</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td> Negin Kafi Mallak</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td> Rosie Gibbons</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td> Raewyn Cox</td> <td>0</td> <td>2</td> <td>0</td> </tr> <tr> <td> DISP3</td> <td>0</td> <td>0</td> <td>1</td> </tr> </tbody> </table>	Name	Late	Today	<5 days	Mandy Nathan	1	0	1	Negin Kafi Mallak	1	0	0	Rosie Gibbons	1	0	0	Raewyn Cox	0	2	0	DISP3	0	0	1
Name	Late	Today	<5 days																						
Mandy Nathan	1	0	1																						
Negin Kafi Mallak	1	0	0																						
Rosie Gibbons	1	0	0																						
Raewyn Cox	0	2	0																						
DISP3	0	0	1																						
7. A4 prescription summary																									

Choose search criteria e.g. 'SSRI'

ESC	F1 Help	(RH) Select Prescription det..			05/07/2019 04:30pm			TONIQ	WIN
	Add			Show Hidden					
	F3			F7					

Enter search criteria and/or press ENTER for a list of prescription details

Type in therapeutic group to search for

ESC	F1 Help	(RH) Select Prescription				Fri 05/07/2019 04:32pm			TONIQ	WIN
	Add				Show Hidden					
	F3				F7					

Criteria Name

SS

SSRI

ESC	F1 Help	(RH) Edit Prescription de				Fri 05/07/2019 04:34pm			TONIQ	WIN
	Date Range				No Pat. Details	Other	Next Page	Accept Details		
	F3				F8	F10	F11	F12		

**Prescription details report options**

Report name: SSRI      Start date: 01/05/19 00:00      End date: 31/05/19

Select medicine:       Medicine notes:

Select mixture:       Patient age: From  To  At Rx date

Select prescriber:       Professional group:

Select patient:       Patient notes:

Institution:       Patient address:

Institution group:  Exclude       Dispensing staff:

Rx codes:  Excl. Rx codes:       Rx notes:

Medicine class:  Excl. class:       Hospital Category:  Any Rx note

Stock points:

Therapeutic group: Nervous System/Antidepressants/Selective Serotonin Reuptake Inhibitors

Patient condition:       Entry Date: / /

Show patient name       Reverse Order       Include Prices       Include dispensing staff

Include New Rxs       Show patient address       Include Rx Notes/comment       Show Rx

Include Repeats       Show NHI number       Include dose/freq/contract       Outstanding Tel. Rxs Only

Patient Name order       Show patient phone no.       Include prescriber details       Outstanding Fax Rxs Only

Medicine order       Show patient birth date       Show spec rec details       Outstanding Ref. Rxs Only

Rx number order       Include Directions       Show E script source details       Disp Freq Trial only

Enter F12 to accept details

ESC	F1 Help	(RH) Print	Fri 05/07/2019 04:36pm				TONIQ	WIN
		Pdf File F4	Csv File F5	File F7	View Scrns F9	View	Print	

Click on CSV file, F5

**Report**

Prescription details

Title: Prescription details report

**Printer**

Type:

Name: KyocerA4

Font:

Left:

Top:

Width:

Height:

**File**

Name: C:\Toniq Users\Reports\Report.txt

Append:

**Csv**

Name: C:\Toniq Users\Exports\Export.csv

**Pdf**

Name: C:\Toniq Users\Pdfs\Report.pdf

**Status**

You can export to excel:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Ex number	Repeat	Date time	Repeat to	Repeats to	Repeat expiry date	Inactive d Tx/Fx	Code	Prescriber	Patient ID	Patient ID								
2	492996	3	1/08/2017 13:00	2		22/08/2017 0:00		A4											
3	494341	2	15/08/2017 15:53	2		24/08/2017 0:00		A4											
4	494475	3	5/08/2017 11:23	2		27/08/2017 0:00		A4											
5	495745	3	21/08/2017 11:06	2		4/09/2017 0:00		X4											
6	495844	2	11/08/2017 11:27	2		5/09/2017 0:00		A4											
7	495928	3	5/08/2017 9:55	2		5/09/2017 0:00	T	X4											
8	496017	3	3/08/2017 17:03	2		6/09/2017 0:00		A4											
9	496018	3	3/08/2017 17:03	2		6/09/2017 0:00		A4											
10	496285	2	4/08/2017 13:34	2		7/09/2017 0:00		A4											
11	496286	2	4/08/2017 13:34	2		7/09/2017 0:00		A4											
12	496301	2	31/08/2017 16:46	2		7/09/2017 0:00		A4											
13	496346	3	21/08/2017 8:46	2		7/09/2017 0:00		X4											
14	496347	3	21/08/2017 8:46	2		7/09/2017 0:00		X4											
15	496613	3	7/08/2017 12:25	2		10/09/2017 0:00		X1											
16	496729	3	9/08/2017 11:42	2		11/09/2017 0:00		X4											
17	496987	3	10/08/2017 9:11	2		12/09/2017 0:00		X4											
18	498231	3	16/08/2017 13:56	2		20/09/2017 0:00		A4											
19	498261	3	22/08/2017 12:00	2		20/09/2017 0:00		A4											
20	498297	2	1/08/2017 14:13	2		20/09/2017 0:00		A4											
21	498297	3	28/08/2017 13:02	2		20/09/2017 0:00		A4											
22	498298	2	1/08/2017 14:13	2		20/09/2017 0:00		A4											
23	498298	3	28/08/2017 13:02	2		20/09/2017 0:00		A4											
24	498316	2	3/08/2017 12:00	2		20/09/2017 0:00		X4											
25	498441	2	4/08/2017 12:14	2		21/09/2017 0:00		A4											

Then randomly select 10 patients who have been prescribed an SSRI during that month.

After you have randomly selected the 10, go into each of their files, and check the 'Intervention' section to see if an intervention was documented. During the course of this programme, if any interventions are made, include them here so everyone can see what has happened. If you have another method of recording interventions, you can use this, so long as everyone in the pharmacy knows where to document and look for interventions.

Tue 12/09/2017 01:02pm Tony WIN

ESC	F1 Help	(RH) Add Intervent		Reason Code	Action Code	Outcome Code	Print	Change Rx	Attach/Audit	WIN
Edit Note	Change Date	Goto Time		F6	F7	F8	F9	F10	F11	Accept Details
F2	F3	F4								F12

**Intervention**

Description: Intervention

Importance: Improve drug therapy

Status: In progress

Time taken:  minutes

Date/Time: 12/09/17 13:01

**Link to**

Rx

Patient:

Prescriber:

Medicine:

**Script med:**

Reasons: Patient concern/question      Actions: Patient history reviewed      Outcomes: Patient educated/counselled

Enter the total time take so far in minutes.

Tue 12/09/2017 01:43pm Tony WIN

ESC	F1 Help	(RH) New Rx		Use History	Dose Pack	Supply Option	Use Log	Bag Option	Other	End Visit	WIN
Edit Patient	LTC/ Services	Ph/Fax Refer		F5	F6	F7	F8	F9	F10	F11	
F2	F3	F4									

Patient/ Rx code:

Prescribe:

Medicine:

Quantity:

Repeat:

Directions:

Rx Notes:

**Select option**

- S Patient Services
- L LTC Details
- C Conditions
- P CCMS Portal
- O Open Patient Diary
- T Task
- U Use Diary Template
- 1 QuickNote - Face To Face Meeting
- 2 QuickNote - Phone Call - Spoke to Patient
- 3 QuickNote - Phone Call - Unavailable
- 4 QuickNote - Hospital Visit
- 5 QuickNote - Reconciled medicines
- 6 QuickNote - Synchronised medicines
- 7 QuickNote - Returned medicines
- 8 QuickNote - Delivered medicines
- 9 QuickNote - Contact prescriber
- 0 QuickNote - Other

**contract**

LTC score 21 - A10, L6, 05 taking medicines but picking up more than 80% active impairment, LTC PF: unstable health status and/or Depression or Chronic Obstructive Pulmonary disease more

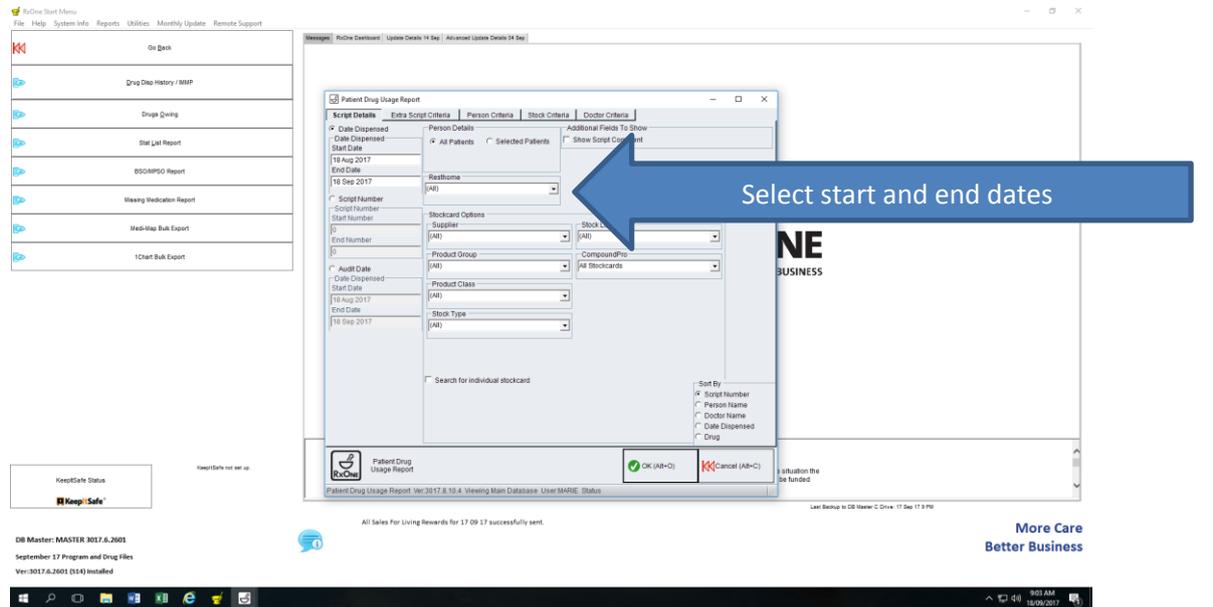
1/3 Not paid in claim so ran repeat 27/02/15

Diary items (active) linked to patient  
4 historical notes  
4 historical quick notes

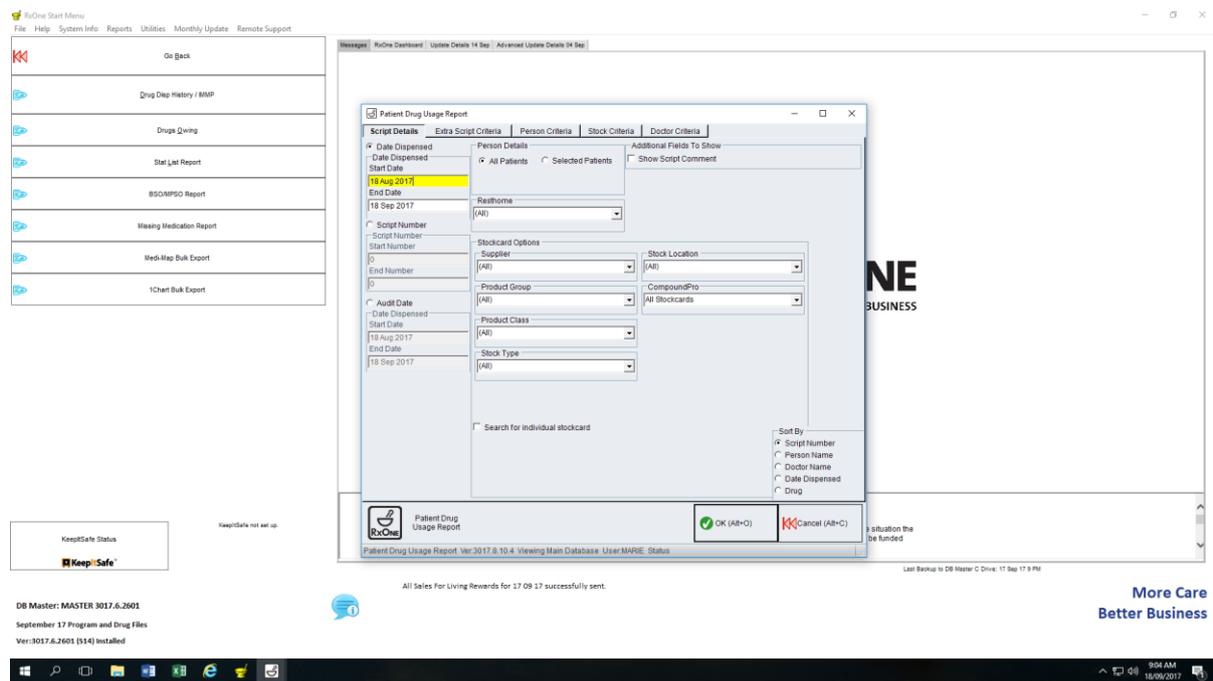
This section could also be used to record discussions with the patient and prescriber.

## Appendix 3: Search for patients dispensed SSRIs in RxOne

Go to 'Drug Usage' to create a Patient Drug Usage Report.



The screenshot shows the RxOne Patient Drug Usage Report dialog box. A blue arrow points to the 'Date Dispersed' section, specifically the 'Start Date' and 'End Date' fields, with the text 'Select start and end dates' next to it. The 'Start Date' is set to 18 Aug 2017 and the 'End Date' is set to 18 Sep 2017. Other fields include 'Script Number', 'Product Group', 'Product Class', and 'Stock Type', all set to '(All)'. The 'Person Details' section has 'Realhome' selected. The 'Sort By' dropdown is set to 'Script Number'. The dialog box has 'OK (Alt+O)' and 'Cancel (Alt+C)' buttons at the bottom.



This screenshot is similar to the one above, but the 'Start Date' field (18 Aug 2017) is highlighted in yellow. The 'End Date' remains 18 Sep 2017. The 'Sort By' dropdown is now set to 'Person Name'. The dialog box is titled 'Patient Drug Usage Report' and shows the same configuration for other fields as the previous screenshot.

The screenshot shows the 'Patient Drug Usage Report' window with the 'Stock Criteria' tab selected. A blue arrow points to the 'Stock Criteria' tab with the text 'Click 'Stock Criteria''. The window includes a 'MS Classification' dropdown set to '(All)', a 'Therapeutic Group' dropdown set to 'All Therapeutic Group's', and a 'Selected Therapeutic Group's' dropdown set to '(None)'. Below these are 'Add Selected Item' and 'Remove Highlighted Items' buttons. The background shows a sidebar menu with options like 'Go Back', 'Drug Disp History / MMP', 'Drugs Qwing', 'Stat Let Report', 'BSO/MPSO Report', 'Missing Medication Report', 'Medi-Map Bulk Export', and 'tChart Bulk Export'. At the bottom, there is a 'KeepSafe Status' box and a 'KeepSafe' logo. The system tray shows the time as 9:04 AM on 15/09/2017.

The screenshot shows the 'Patient Drug Usage Report' window with the 'Prescription' tab selected. A blue arrow points to the 'Prescription' tab with the text 'Select 'Prescription''. The window layout is identical to the previous screenshot, but the 'MS Classification' dropdown is now set to 'Prescription'. The background and system tray information are the same as in the first screenshot.

RuOne Start Menu  
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat Let Report
- BSOMPPO Report
- Missing Medication Report
- Medi-Map Bulk Export
- 1Chart Bulk Export

KeepSafe Status  
KeepSafe not set up

DB Master: MASTER 3017.6.2601  
September 17 Program and Drug Files  
Ver:3017.6.2601 (S14) Installed

Message RuOne Dashboard Update Details 14 Sep Advanced Update Details 04 Sep

Patient Drug Usage Report

Script Details Extra Script Criteria Person Criteria **Stock Criteria** Doctor Criteria

MS Classification  
Prescription

Therapeutic Group  
 All Therapeutic Group's  
 Selected Therapeutic Group's  
 Selected Therapeutic Group's  
 SSRIs  
 S-Alpha Reductase Inhibitors  
 ACE Inhibitors  
 ACE Inhibitors with Diuretics  
 Acute Migraine Treatment  
 Adult Products High Calorie  
 Agents for Control of Status Epilepticus  
 Agents for Essential Tremor, Chorea and Related Disorders

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patent Drug Usage Report Ver:3017.6.10.4 Viewing Main Database User:MARIE Status

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

9:05 AM 18/09/2017

RuOne Start Menu  
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat Let Report
- BSOMPPO Report
- Missing Medication Report
- Medi-Map Bulk Export
- 1Chart Bulk Export

KeepSafe Status  
KeepSafe not set up

DB Master: MASTER 3017.6.2601  
September 17 Program and Drug Files  
Ver:3017.6.2601 (S14) Installed

Message RuOne Dashboard Update Details 14 Sep Advanced Update Details 04 Sep

Patient Drug Usage Report

Script Details Extra Script Criteria Person Criteria **Stock Criteria** Doctor Criteria

MS Classification  
Prescription

Therapeutic Group  
 All Therapeutic Group's  
 Selected Therapeutic Group's  
 Selected Therapeutic Group's  
 Selected An Item From Above And Click On Add Selected Item to Add Item

Item Name  
Oral Anticoagulants

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patent Drug Usage Report Ver:3017.6.10.4 Viewing Main Database User:MARIE Status

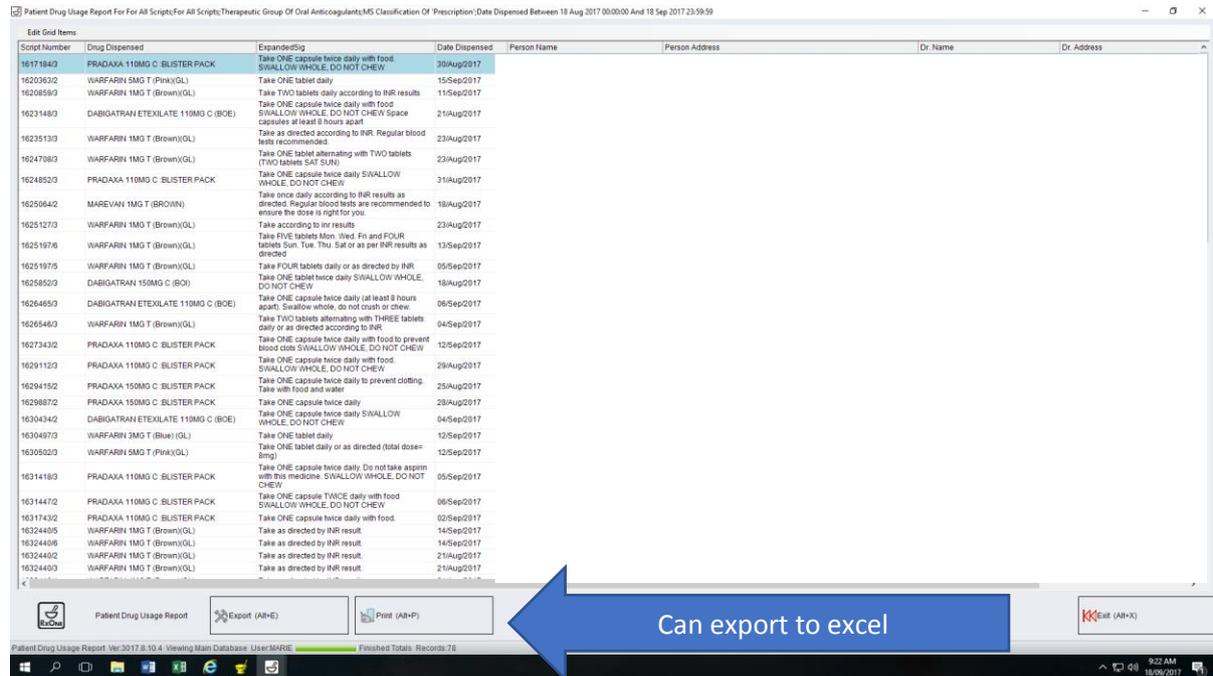
All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

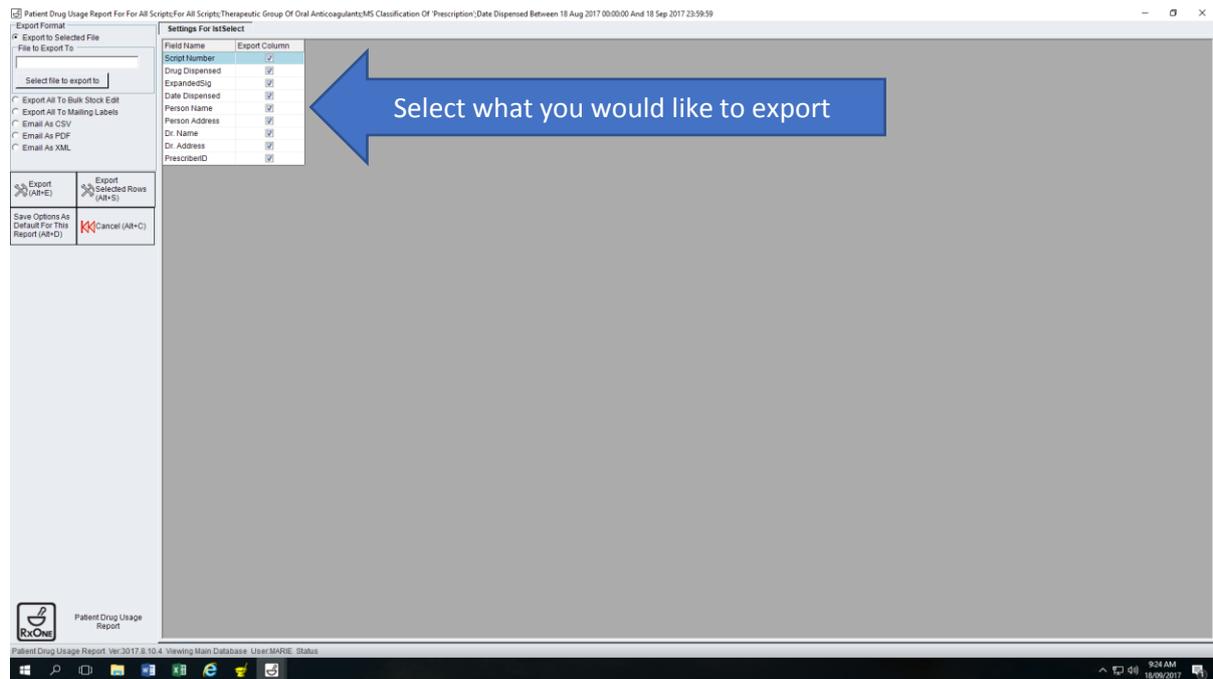
9:21 AM 18/09/2017

A report will be generated like this:



Export (AR-E)    Print (AR-P)    Exit (AR-X)

Can export to excel



Field Name	Export Column
Script Number	<input checked="" type="checkbox"/>
Drug Dispersed	<input checked="" type="checkbox"/>
ExpandedSig	<input checked="" type="checkbox"/>
Date Dispersed	<input checked="" type="checkbox"/>
Person Name	<input checked="" type="checkbox"/>
Person Address	<input checked="" type="checkbox"/>
Dr. Name	<input checked="" type="checkbox"/>
Dr. Address	<input checked="" type="checkbox"/>
PrescriberID	<input checked="" type="checkbox"/>

Select what you would like to export

Then check the prescriptions only include SSRIs so you can find 10 relevant patients to randomise for audit.

Interventions can be recorded in the 'Events Audit' section where you can record face-to-face or phoned conversations, or insert comments.

## Appendix 4: Key discussion points

Take time to explain that many people are taking SSRIs, and the benefits of taking them. Discuss goals of treatment, which are ultimately full remission of symptoms and a return of psychosocial functioning.

Ask them what they already know from the GP, so you have a starting point and don't duplicate what they already know. It is important they know what to expect, when they will start to feel better, expected side effects and how to manage them, the length of treatment, and who they can contact for advice. This is a gradual process.

**NOTE:** SSRIs are also used for other conditions, both on and off label. These conditions include obsessive compulsive disorder, bulimia nervosa, premenstrual dysphoric disorder, social phobia, post-traumatic stress disorder, pruritus or cholestasis in palliative care (unapproved).

- It will take some time until they notice an improvement. They will start to see an improvement in 1-2 weeks, with the maximum effect in 6 to 8 weeks.
  - Within one week, decreased agitation and anxiety, improved sleep and appetite.
  - Within 1-3 weeks, increased activity, sex drive, self-care, concentration and memory. Thinking and movement normalise, but there is a potential increased risk for suicide during this time.
  - 2-4 weeks or more, relief of depressed mood, less hopelessness and subsiding of suicidal ideation.
- Some people may have side effects. These will most likely experience side effects in the first few weeks, often before any improvement is noticed, but these will gradually improve. If they don't improve, or if they are worried, it is best that they see their doctor.
- It is important to keep taking the medicine every day, even after they feel better. Stopping suddenly can bring on symptoms of withdrawal. If they do want to stop taking it, this should be discussed with their doctor, so they can gradually reduce the dose before they stop. Even after their mood has improved, it is crucial that they continue their antidepressant for the required time (at least 6 to 9 months) to prevent recurrence.
- Some patients may require indefinite treatment, but in general, these medicines will need to be taken for 1-3 years to prevent relapse.
- It is important they see their doctor if they have thoughts of hopelessness, suicide or self-harm. Explain that this does happen sometimes, it is a known side effect of the medicine, and if it does happen, they should see their doctor straight away so it can be managed.

## Appendix 5: Side effects

Information from Health Navigator [www.healthnavigator.org.nz](http://www.healthnavigator.org.nz)

Like all medicines, SSRIs can cause side effects, although not everyone gets them. Often side effects improve as your body gets used to the new medicine.

### Suicidal behaviour

The use of antidepressants has been linked with an increase in suicidal thoughts and behaviour. Children, teenagers, young adults and people with a history of suicidal behaviour are particularly at risk. This is most likely during the first few weeks of starting an antidepressant or if the dose is changed. It is important to look for signs of suicidal behaviour such as agitation or aggression and ask about suicidal thoughts, self-harm, worsening of low mood. If you notice any of these signs, contact your doctor immediately.

It is ok and important to ask about suicidal thoughts and this will not increase risk. Note: citalopram is not recommended for people under 18 years of age.

### Risk of bleeding

SSRIs can increase your risk of bleeding especially if taken with NSAIDs (non-steroidal anti-inflammatory drugs) such as diclofenac and ibuprofen. Check with your doctor or pharmacist before you take pain relief. Any abnormal bleeding should be reported to the prescribing doctor.

### Sexual side effects

SSRIs in both men and women can cause reduced sexual drive, lack of libido and problems keeping an erection, and reduce the intensity of orgasm. It's important to talk to your healthcare provider if you get these effects, as they can be difficult to deal with and may not go away. Your healthcare provider may be able to suggest treatment or may reduce the dose of the SSRI or change to a different one.

**Table 2: Other side effects**

Side effects	What should I do?
Nausea (feeling sick)	This is quite common when you first start an SSRI. Try taking your dose with food.
Headache	Stay well hydrated Try paracetamol to ease headache
Difficulty falling asleep	Try taking the SSRI in the morning Avoid caffeine, alcohol, nicotine
Feeling sleepy, drowsy, dizzy or tired	Try taking the SSRI at night time Be careful when driving or using tools until you know how this medicine affects you Tell your doctor if troublesome
Dry mouth	These are quite common when you first start taking an SSRI and may go away with time
Increased sweating	Tell your doctor if troublesome, a lower starting dose might help
Tremor	
Changes in appetite	Tell your doctor
Changes in weight	It may be helpful to make changes to your diet and usual exercise.
Loss of sex drive or libido	Tell your doctor
Suicidal thoughts, thoughts of harming yourself, or worsening depression	Tell your doctor immediately or ring HealthLine 0800 611 116 or text 1737
Changes in heart beat such as fast heart rate or irregular heart beat	Tell your doctor immediately or ring HealthLine 0800 611 116
Signs of <u>serotonin syndrome</u> such as feeling agitated and restless, heavy sweating, shivering, fast heart rate or irregular heartbeat, headache, diarrhoea and rigid or twitching muscles	You are at increased risk of serotonin syndrome if you just started taking an SSRI or increased the dose or started other medicines that can cause serotonin syndrome Tell your doctor immediately or ring HealthLine 0800 611 116