

Home Antidepressant Prescribing Patterns in the Intensive Care Unit: A Retrospective Study

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Background

- Antidepressants are commonly prescribed medications with up to 17% of patients admitted to the ICU taking an SSRI or SNRI prior to admission
- Current literature does not provide clear guidance for the management of antidepressants following ICU admission
- There are risks associated with both continuation and discontinuation of antidepressants in the ICU

Objectives

Primary

- To describe the prescribing patterns of home SSRIs and SNRIs at ICU admission, ICU to ward transfer, and prior to hospital discharge

Secondary

- To determine the proportion of discontinued antidepressants that align with previously established consensus criteria

Methods

Design

- Retrospective electronic chart review of patients admitted to the Kelowna General Hospital ICU between Jan 1, 2019 and Jan 1, 2021

Inclusion Criteria

- Patients admitted to ICU for minimum 72hrs
- Patients taking SSRI or SNRI prior to admission

Exclusion Criteria

- Patients under age 17
- Patients without completed BPMH on Pharmaflow

Previously Established Criteria for Discontinuation

- No enteral access
- Antidepressant overdose
- GI obstruction
- SSRI/SNRI overdose
- Cannot administer via feeding tube
- Serotonin syndrome

Results

Table 1 – Baseline Characteristics

Characteristic	Result (n=50)
Age – mean (SD)	66.9 (13.1)
Female – n (%)	29 (58)
Reason for ICU admission – n (%)	
Respiratory failure	11 (22)
Post-Operative	9 (18)
Bleed	6 (12)
Sepsis/septic shock	5 (10)
Decreased LOC	4 (8)
Other	15 (30)
SSRI – n (%)	41 (82)
SNRI – n (%)	9 (18)
Name of SSRI/SNRI – n (%)	
Escitalopram	12 (24)
Citalopram	12 (24)
Sertraline	6 (12)
Fluoxetine	5 (10)
Venlafaxine	5 (10)
Paroxetine	4 (8)
Duloxetine	4 (8)
Fluvoxamine	2 (4)
# Medications PTA – n (%)	
1 – 4	15 (30)
5 – 9	23 (46)
10 – 14	8 (16)
15 – 20	4 (8)
# Psych Medications PTA – n (%)	
1	23 (46)
2	16 (32)
3	9 (18)
4	2 (4)

Table 2 – Primary Outcomes

Outcome	Result
Home SSRI/SNRI discontinued at ICU adm. (n=50)	23 (43.4%)
Remained discontinued at ICU transfer (n=23)	12 (52.1%)
Remained discontinued at hospital discharge (n=23)	10 (43.5%)
Hospital days without home SSRI/SNRI – mean (range)	18 (1 – 112)

Patients with SSRI or SNRI discontinued at ICU admission (n=23)

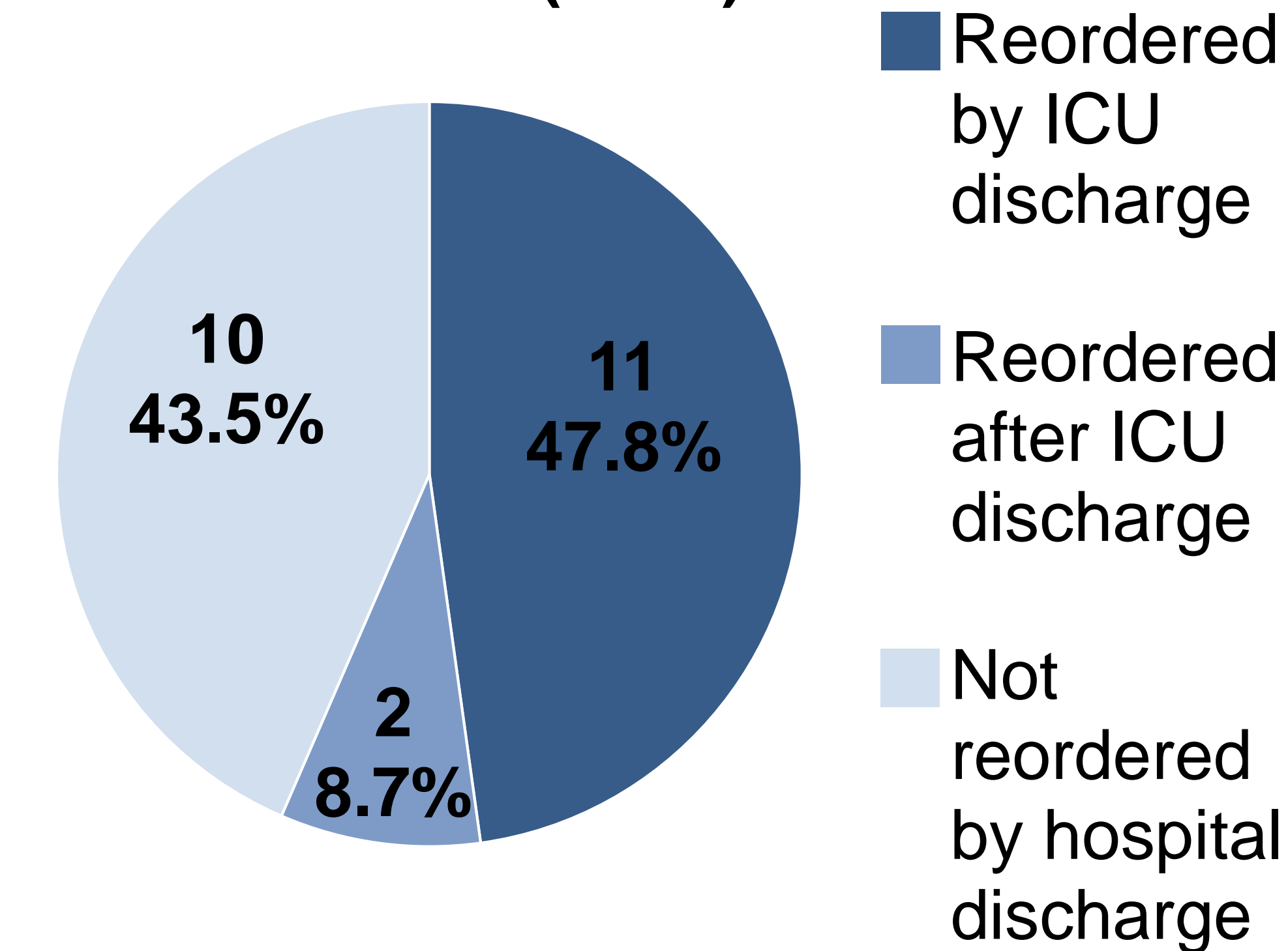


Figure 1

SSRI or SNRI discontinuation alignment with previously established criteria (n=33)

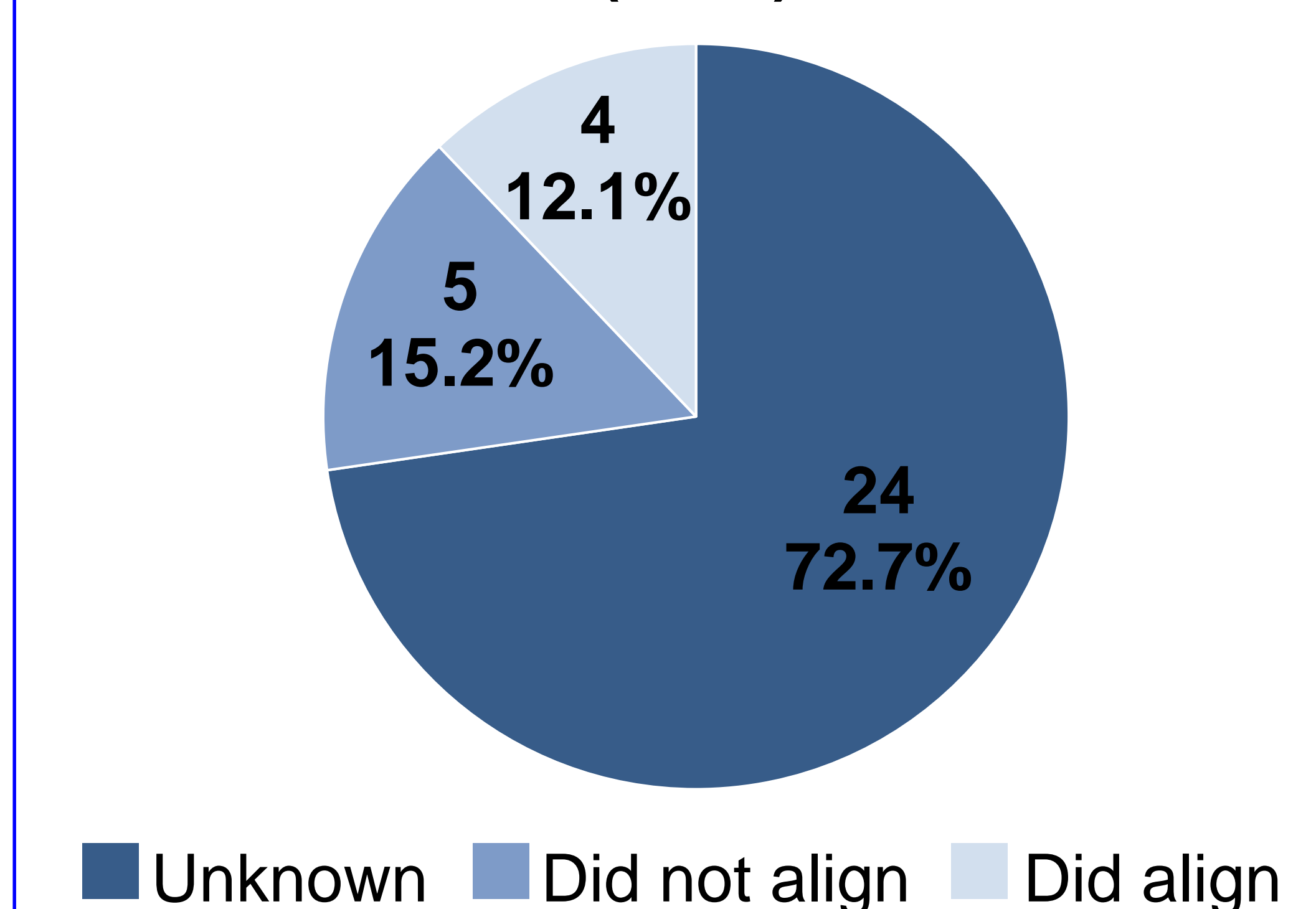


Figure 2

Table 3 – Reason for SSRI or SNRI Discontinuation

Reason for SSRI/SNRI Discontinuation	Result (n=33)
Unknown	24 (72.7%)
Not reordered on ICU admission PPO	11 (33.3%)
Palliative	4 (12.1%)
NPO	2 (6.1%)
Clogged NG Tube	1 (3%)
Medication cannot be crushed	1 (3%)
Drug interaction	1 (3%)

Discussion

Strengths:

- Duplicate data extraction completed for 10% of patient sample
- Builds on prior residency project & indicates room to improve alignment with discontinuation criteria

Limitations:

- SSRI/SNRI discontinuation reason often unknown
- Unable to obtain discharge prescriptions to determine if SSRI/SNRI restarted at discharge

Future Initiatives:

- Implementation of a formal medication reconciliation process at ICU discharge

Conclusions

- In patients who had their SSRI or SNRI discontinued at ICU admission, almost half of them were still not receiving this medication by ICU to ward transfer or by hospital discharge
- Although reason for discontinuation was often not clear, about 1/8th of SSRI or SNRI discontinuations aligned with previous criteria
- The clinical impact of missing home SSRI or SNRI on patients' underlying psychiatric disorders and optimal time to restart therapy is unknown

