



## Featured Web Resources | Resources supporting switches between psychotropics

It is very common in clinical practice for a patient to need to switch between 2 antipsychotics, 2 antidepressants, 2 benzodiazepines, and so on. There are two useful websites that provide guidance for these often challenging clinical situations. Both sites are listed in the 'Links We Like' tab at <http://medicationinfoshare.com>.

[www.switchwiki.eu](http://www.switchwiki.eu)

This switching resource covers switches between two antidepressants and between 2 antipsychotics. Also provided is a tool to calculate diazepam equivalencies in patients taking 1 or more other benzodiazepines. A unique tool is the "combine mood stabilizers" resource which warns of concerns when combining selected mood stabilizers.

<http://switchrx.ca>

This website specifically supports switches involving second generation antipsychotics. It provides guidance for how to switch from a first generation agent or a second generation to a different second generation agent. The advice and graphics are very helpful. Unfortunately, it does not provide specific guidance for switches involving two first generation agents or when switching to a first generation agent.

While these switching tools oversimplify the issues, they do provide technical guidance and raise some of the issues important to consider when making these pharmacological changes. Anytime patients are being switched from one psychotropic to another there is a period of time in which the outcome is uncertain. Patients should ask for and should expect frequent contact with their health providers during these switches to ensure problems are identified and resolved rapidly.

## In The Know: Exercise for Depression

Major depression is a functionally disabling disorder with a lifetime prevalence of 15 to 20%. The [DSM-5](#) characterizes major depressive disorder by the experience of "depressed mood or loss of interest or pleasure" along with a number of other physiological, emotional, and

cognitive changes such as weight loss or weight gain, decreased ability to concentrate, helplessness, insomnia, and fatigue. Diagnostic criteria requires symptoms to occur continuously throughout the day nearly every day for a minimum of two weeks.

For managing depression, people usually think about antidepressants, psychological therapies, alternative and complementary interventions, and healthy changes in lifestyle. Regarding the latter, almost everyone has heard of or has recommended exercise for managing stress and helping with a low mood. This is easy advice to give, considering its low cost, low risk for harm, and multiple health benefits. But the real questions are, does exercise work in the treatment of depression and, if so, how well does it work, who is most likely to benefit, and what is needed to make exercise effective (type, duration, intensity)? Fortunately, several recent investigations have helped to answer these questions.

[Cooney and colleagues](#) just published their 2013 systematic review on exercise for depression. It is important to note up front that they identified multiple sources of bias across included studies. Most studies involved aerobic exercise with only a few examining resistance exercise or a mix of the two. The review included 35 studies (n=1356) that randomly allocated participants to an exercise program or no treatment (no program or placebo). The effect size for exercise over no active treatment was 0.62, which indicates that the average person in the exercise group did better than 73% in the no treatment group in terms of depressive symptom improvement. When poorer quality studies were excluded, leaving only 6 higher quality studies to be analyzed, the impact of exercise was not as impressive. Among these studies the (non-statistically significant) effect size was 0.18 (95% CI -0.11 to 0.47), indicating that 57% of those in the exercise group were doing better than the average person in the no treatment group.

Not surprisingly there were few head-to-head studies comparing exercise and antidepressants (4 studies, n=300) and comparing exercise and psychotherapy (7 studies, n=189). This systematic review did not find an effectiveness advantage for any one of these treatment options. Also, there was no clear difference in the form of exercise (aerobic or resistance), due mostly to the small number of resistance studies. Likewise, the research conducted to date, which can be characterized as numerous small studies of mixed quality, is unable to determine what level of exercise intensity is best. There was no notable association between depression scores and intensity of exercise. There was a suggestion that more exercise sessions (e.g., >12) were better than fewer sessions.

The findings of this systematic review suggest that the average person who uses exercise as a management strategy for treating depression should expect a rather limited improvement in their core depressive symptoms. However, there may be a large variance in symptom response among individuals including exercise as part of their depression treatment regimen. The systematic review findings do not imply that exercise should not be considered or recommended for people with depression. Rather, exercise should not be used alone as a sole intervention for people with moderate to severe depression. This interpretation concurs with the NICE UK 2009 [depression guidelines](#) that recommend exercise alone may be

suitable for individuals with mild-to-moderate depression.

How exercise treats depression was the focus of a study published in October 2013. The researchers examined the relationship between depression, exercise, medications, symptom improvement, and inflammatory markers. This [preliminary work](#) suggested that there are differences in inflammatory markers in people who have symptomatic improvement of their depression in association with aerobic exercise and that this pattern differs from those who respond to antidepressants. The researchers hypothesized that antidepressants and exercise work differently to help reduce the symptomatic burden of depression. This implies that different people may benefit more from one type of treatment than the other, and that they may be complementary to one another as combination therapy.

How can pharmacists get involved? Much of the literature regarding health care providers' involvement in lifestyle recommendations, including exercise, falls within the context of prevention or managing chronic health challenges such as diabetes, obesity, osteoporosis, and cardiovascular diseases (e.g., hypertension). Given that best available evidence suggests some role for exercise as part of a treatment plan for depression, pharmacists can support people in exercising. It is important to tailor advice regarding physical activity to the specific interests and abilities of the individual. In some cases, collaborating with physicians and other health care providers may be necessary to help determine the level of exertion and what kinds of exercises are appropriate. There are some guidelines available regarding physical activity from the [Canadian Society of Exercise Physiology](#) and [ParticipACTION](#). Pharmacists can also access guidelines for other physical health conditions (e.g., heart failure, myocardial infarction) for exercise guidance for those with depression and other co-occurring conditions.

It is also important for pharmacists to remember that the nature of depression itself can make it more difficult for some people to be more active. Discussing activities, hobbies, and other leisure pursuits with people can give pharmacists a good understanding of their current and past interests. With this knowledge, pharmacists can gain an understanding of patients' goals for maintaining or getting back to these activities. [One study](#) found the simple act of leaving the house everyday was an important self-management strategy for people with depression. Engaging in sporting activities was also found to be one of fifteen activities viewed as very important to prioritize in self-management.

Local mental health groups and networks in communities may have support groups that engage in activities (e.g., bowling, curling, walking) that may be helpful, providing exercise and social opportunities. Certainly there is nothing to stop a pharmacist from taking a lead role in starting or supporting one of these groups.

**Recommended resources:**

Cooney, G.M., Dwan, K., Greig, C.A., Lawlor, D.A., Mead, G.E., McMurdo, M., Rimer, J. & Waugh, F.R. (2013). Exercise for Depression. The Cochrane Collaboration, (9), 1-157.

Adli, M., Bauer, M., Dimeo, F., Knubben, K. & Reischies, F.M. (2007). A randomized, controlled study on the effects of a short-term endurance training programme in patients with major depression. British Journal of Sports Medicine, (41), 29-33.

Landers, D.M., Rethorst, C.D. & Wipfi, B.M. (2009). The Antidepressive Effects of Exercise – A Meta-analysis of randomized trials. *Sports Medicine*, 39(6), 491-511.

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National Institute for Health and Clinical Excellence. Depression: the treatment and management of depression in adults (update; 2009, October). Retrieved from: <http://www.nice.org.uk/guidance/CG90>.<http://www.nice.org.uk/nicemedia/live/12329/45896/45896.pdf>

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## **In The News: “APA Releases List of Common Uses of Psychiatric Medications to Question”**

A list released by the American Psychiatric Association identifies five targeted, evidence-based recommendations that can prompt conversations between patients and physicians about what care is really necessary.

“As clinicians, we know we can improve the care we deliver by engaging our patients in conversations about their care. The recommendations from APA released today provide valuable information to help patients and physicians start important conversations about treatment options and make informed choices about their healthcare,” said Jeffrey Lieberman, MD, APA President. “This is not to preclude the use of antipsychotic medications for these indications and populations, but to suggest that other treatment options should be considered first and patients should be engaged in discussion of the rationale for use and the potential benefits and risks.”

Source: <http://www.choosingwisely.org/apa-releases-list-of-common-uses-of-psychiatric-medications-to-question/>

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