# **Expert Consensus of Antidepressant Continuation in Critical Care** Patients

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#### Background

- Antidepressants are commonly prescribed medications in community with 6% of Canadians on an antidepressant (A
- When abruptly stopped, patients are at high risk of withdra symptoms and potentially increased risk of ICU delirium
- Currently, there is minimal literature available to guide the of antidepressants in critical care patients

#### **Objectives**

#### Primary

To develop expert consensus on key factors around temporary discontinuation of antidepressants in critical ca patients

#### **Secondary**

- To seek consensus on research foci addressing
- antidepressant management issues in critically ill patients

#### Methods

#### Design

3-round, web-based, modified Delphi consensus survey Setting, Sampling, Timeframe

- Representation of critical care pharmacists across Canac
- Purposive sampling targeting 10-15 expert panelists
- Modified Delphi occurred February-April 2019

#### **Expert Panel Inclusion Criteria**

Canadian critical care pharmacists who have met one of:

- Completed a pharmacy practice residency or other advan degree in pharmacy and been practicing at least 50% of time over last 2 years in critical care units (medical, surgic trauma, burns and plastics)
- At least 5 years of direct patient care in a medical, surgica trauma or burns and plastics critical care setting

**Antidepressant Discontinuation Parameters Generation** 

- Patient-Related Parameters
- Condition-Related Parameters
- Treatment-Related Parameters
- Practical Parameters

#### Survey Instrument

- Scope of project was limited to SSRI/SNRIs
- All parameters rated by each panelist on 9-point Likert sc
- Panelists could suggest additional AD discontinuation parameters or research foci in round-1





Interior Health

	Methods		
n the (AD) Irawal e use	<ul> <li>Antidepressant Discontinuation Criteria Consensus</li> <li>Consensus definition: ≥75% of panelists score candid Likert Scale (determined after round-3)</li> <li>Consensus Building Process</li> <li>Panelists required to review document of study overvexpectations and evidence summary table prior to rous</li> <li>Overall panel and individual panelist ratings for each discontinuation parameter provided to all panelists be</li> <li>Overall Consensus Criteria</li> <li>If a critical care patient has this specific criteria/is expective, antidepressant therapy should be temporarily</li> <li>This research foci should be a priority research focus practice related to chronic antidepressant managements</li> </ul>		
ts	Table 1. Delphi Panelist Ch	aracteristics	Figu
ada nced their ical, al,	CharacteristicHospital Bed Size 101-300 301-500 >500Location of Institution NB QC ON SK AB BCAdult Patient's Characteristics Medical Critically III Surgical Critically III Surgical ICU Trauma Neurocritically III Burns & PlasticsYears of Experience in ICU 0-5 6-10 11-15	n (%) n = 15 1 (6.7) 6 (40) 8 (53.3) 2 (13.3) 2 (13.3) 4 (26.7) 1 (6.7) 1 (6.7) 1 (6.7) 5 (33.3) 6 (40) 8 (53.3) 4 (26.7) 5 (33.3) 2 (13.3) 2 (13.3)	Roun 6 Roun 5 F
scale	<ul> <li>&gt;15</li> <li>Highest Level of Education <ul> <li>B.Sc.(Pharm)</li> <li>ACPR</li> <li>PharmD (post-grad)</li> <li>Masters in Clinical Pharmacy</li> <li>PhD in Clinical Pharmacy</li> <li>Other</li> </ul> </li> <li>Experiential Rotations Offered <ul> <li>B.Sc. Or E2P PharmD</li> <li>PharmD/Working Profess.</li> <li>ACPR</li> </ul> </li> </ul>	$\begin{array}{c} 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 12 \ (80) \end{array}$	

## date parameter 7-9 on

view, procedures, ound-1

- antidepressant
- etween each round

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#### Figure 2. Consensus of AD Discontinuation Parameters

Who are receiving enteral nutrition but the SSRI/SNRI cannot be administered via the feeding tube.

Who have no enteral access

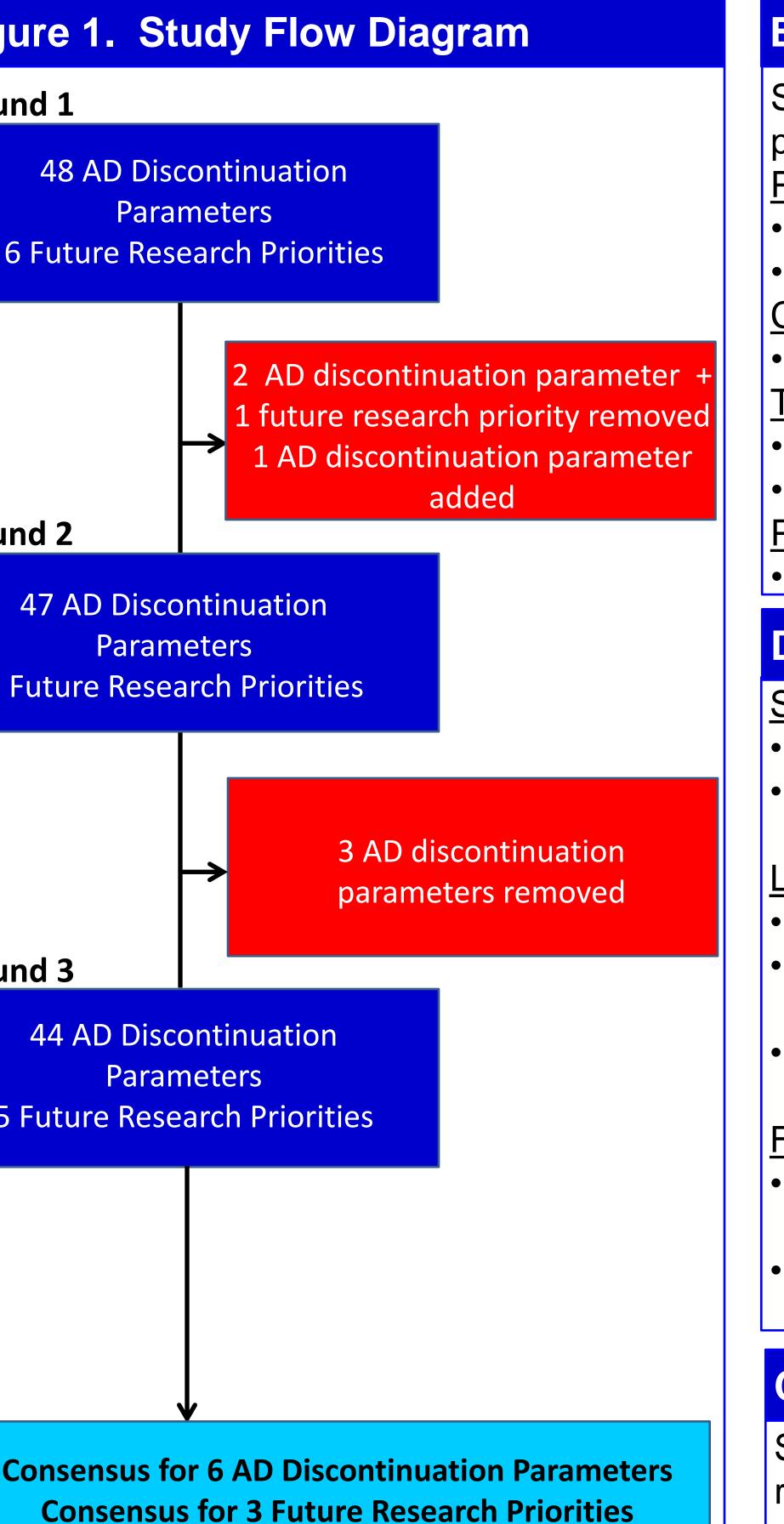
Who have a functional or structural gastrointestinal obstruction.

Who have been admitted with a suspected or confirmed overdose of a different antidepressant class

Who have suspected or confirmed serotonin syndrome.

Who have been admitted with a suspected or confirmed SSRI/SNRI overdose.





SSRI/SNRI should be temporarily discontinued in critically ill patients...

- Patient-Related Parameters Who are 65 years of age or older
- Condition-Related Parameters
- Who are experiencing a clinically important bleed
- Treatment-Related Parameters
- Who are receiving QTc prolonging medications
- Who are receiving linezolid **Practical Parameters**
- If it is not on your hospital formulary

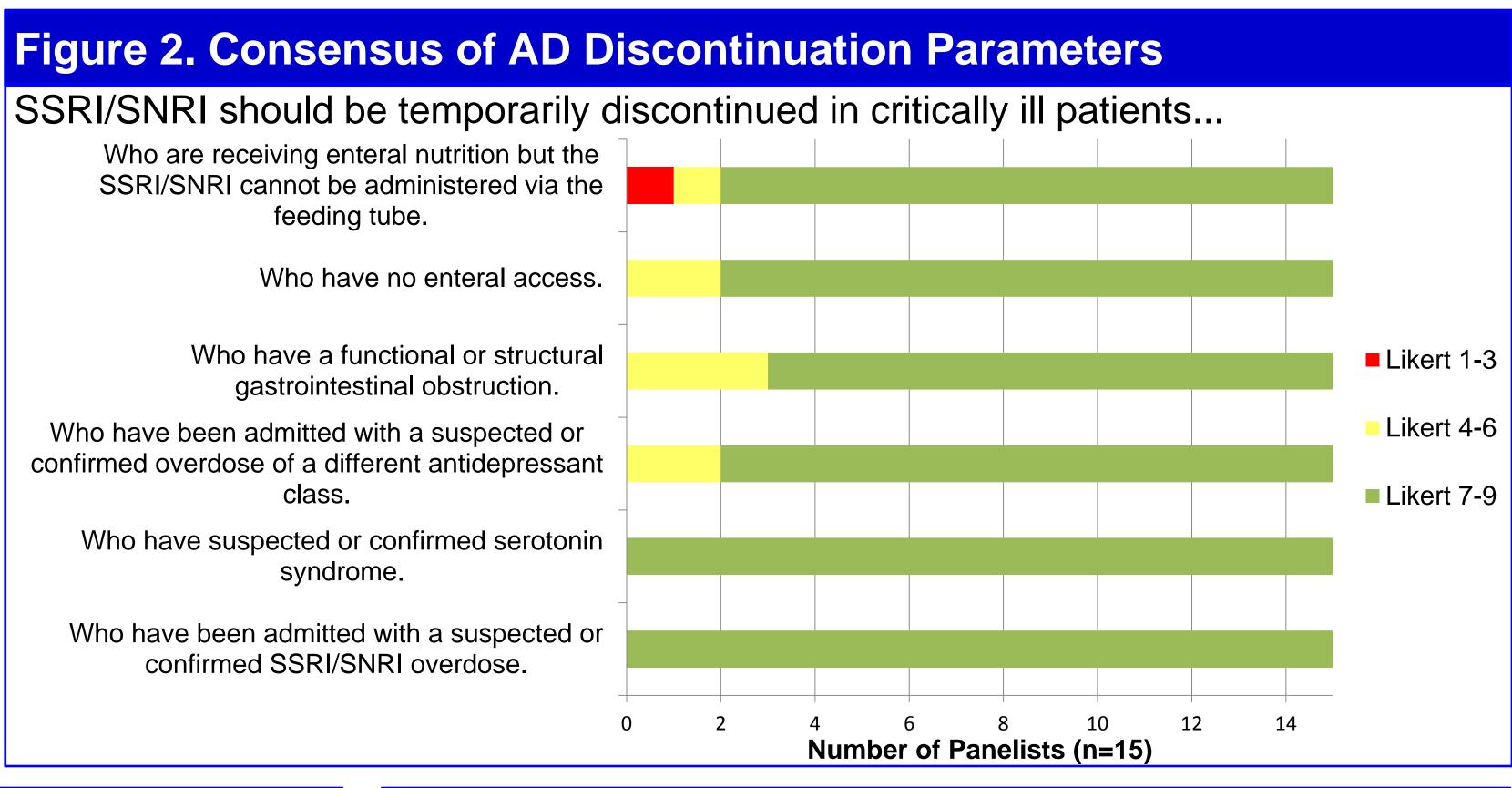
#### Discussion

Strengths

- across Canada Limitations
- patient opinions
- to all AD classes
- Future Initiatives/Research

### Conclusion

Six AD discontinuation, and three future research priorities reached consensus. This may indicate a large variability in practice across Canada and highlights the lack of consensus around AD continuation in critically ill patients.



#### **Examples of Parameters Not Reaching Consensus**

Who are expected to die in the ICU

Complete survey response for all 3 rounds

Representative panel of expert critical care pharmacists from

Few parameters met consensus

No representation of ICU physicians, psychiatrists, nurses or

Questionnaire was limited to SSRI/SNRI, cannot apply results

Implementing and evaluating discontinuation parameters on patient outcomes while in the ICU and post-ICU stay ICU physician agreement with consensus criteria for discontinuation determined in this study.