Expert Consensus of Antidepressant Continuation in Critical Care Patients

Jovan K. Gill, B.Sc, B.Sc. (Pharm); Jessica E. Beach, B.Sc. (Pharm), ACPR, PharmD; Sean K. Gorman, B.Sc. (Pharm), ACPR, PharmD; Nunzio Barone, B.Sc.(Pharm), ACPR

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	 Antidepressant Discontinuation Criteria Consensus Consensus definition: ≥75% of panelists score candid Likert Scale (determined after round-3) Consensus Building Process Panelists required to review document of study overvexpectations and evidence summary table prior to rous Overall panel and individual panelist ratings for each discontinuation parameter provided to all panelists be Overall Consensus Criteria If a critical care patient has this specific criteria/is expective, antidepressant therapy should be temporarily This research foci should be a priority research focus practice related to chronic antidepressant managements 		
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	 >15 Highest Level of Education B.Sc.(Pharm) ACPR PharmD (post-grad) Masters in Clinical Pharmacy PhD in Clinical Pharmacy Other Experiential Rotations Offered B.Sc. Or E2P PharmD PharmD/Working Profess. ACPR 	$\begin{array}{c} 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 1 \ (6.7) \\ 12 \ (80) \end{array}$	

date parameter 7-9 on

view, procedures, ound-1

- antidepressant
- etween each round

periencing this specific v discontinued s to guide future ent in critically ill

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

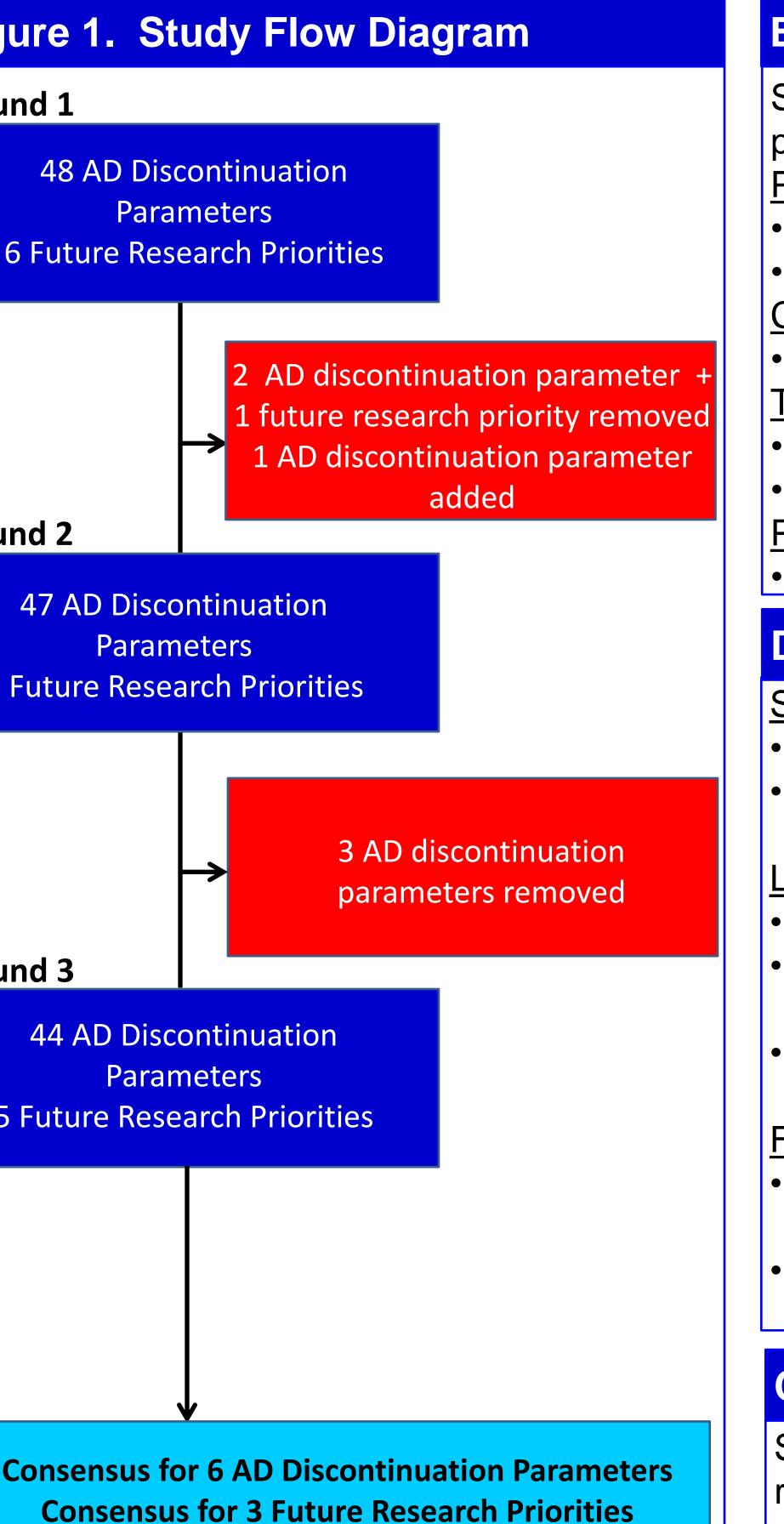
Who have a functional or structural gastrointestinal obstruction.

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

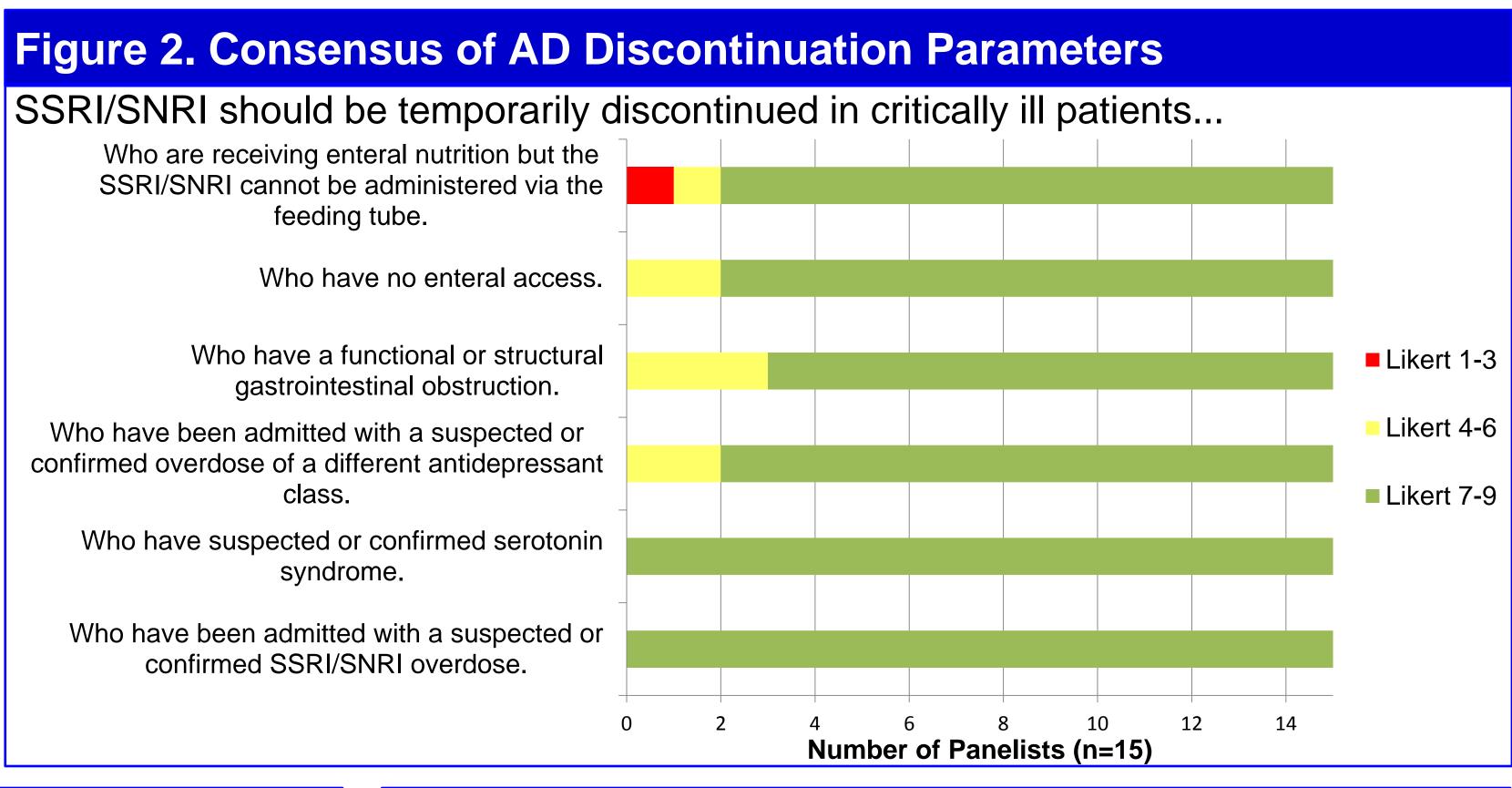
Discussion

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.