The CINP Antidepressant Task Force report: comment concerning the Czech and Slovak republics

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The CINP report (CINP Task Force, 2007) represents a comprehensive source of information concerning all aspects of antidepressant use. However, while studying this report we must take into consideration that there are different patterns of treatment in different countries as well as different education and economic possibilities; therefore, conclusions and implementations cannot be generalized. Undoubtedly this report brings a great deal of stimuli. The Central Europe (CE) region, including the Czech and Slovak republics, has some specifics, which are discussed further.

In our region (post-communist countries) the association of families and patients in psychiatry is scattered and isolated (in contrast, for example, to oncology patients). EUFAMI (the European Federation of Association of Families of People with Mental Illness) is starting to function here, but concerning the mentally ill it is still at the very beginning. Patients’ movements are concentrated more on human rights and the publicity of some dubious cases, which unfortunately have attracted plenty of indiscriminate media attention. Psychiatrists realize that such organizations and movements should play a much more important and positive role than they have done up to now.

Depression is known to be one of the most frequent and debilitating of mental disorders. Epidemiological studies provide basic data which can help to plan the health resources and management strategies; however, in our region very few have been implemented. Recently in Slovakia the first epidemiological study in psychiatry was performed concerning the epidemiology of depression – EPID (Epidemiology of Depression). A quasi-random representative population sample (1212 participants) was interviewed by trained interviewers using the depression section of the Mini-International Neuropsychiatric Interview (MINI) and the shortened version of Beck Depression Inventory (BDI). The 6-month prevalence of any type of depression assessed by the MINI was 40.9%, with ‘major depression’ accounting for 12.8% of the participants identified with depression. Using the shortened version of the BDI, 23% of the participants achieved a score of ≥8, and could therefore be classified as having ‘actual depression’ (Heretik et al., 2003). Comparing our data with results from the DEPRES study (Lépine et al., 1997), which was performed in six European countries, the prevalence of ‘major depression’ and ‘minor depression’ established in the EPID study is almost twice as high (12.8% vs. 6.9% and 4.8% vs. 1.8% respectively) and the number of participants with ‘depressive symptoms’ is almost three times as high (23% vs. 8.3%). In none of the six European countries was a higher prevalence of any type of depression found in comparison with data from Slovakia. The need for further research is supported by the fact that the Slovak Republic is a country with a short history; it was previously part of Czechoslovakia and the ‘communist bloc’, is now in a period of transition trying to approach the economic standards of the European Union, but is confronted with different cultural standards. The high prevalence of actual depression in Slovakia could be partly explained by socio-economic and cultural factors and perhaps also by the so-called ‘bad mood’, which is – according to Czech ex-president Vaclav Havel – typical for this region.

Although no general consensus on who should establish the diagnosis of depression and initiate treatment exists, in our part of Europe an increasing number of patients suffering from depressive disorder are diagnosed and treated by general practitioners (GPs). In the Czech and Slovak republics patients have direct access to a psychiatrist without referral from a GP. A major educational campaign for GPs has been running for several years with the aim of teaching them how to diagnose and treat depression. GPs have their own guidelines for the diagnosis and treatment of depression (Laňková and Siblíkova, 2004), which were approved by the leading practitioners in psychiatry. From the variety of screening instruments available for diagnosis, the Prime-MD Health Questionnaire was chosen in the new updated guidelines for GPs in the Czech Republic.
In both the Czech and Slovak republics great effort is dedicated to lifelong education of psychiatrists. Remission achievement is stressed as the primary goal of acute treatment. However, definition of remission is still under development and in the future functional criteria should also be included. An important component of education is the aim of objectification of treatment response. Psychiatrists are generally unwilling to use scales to assess symptom dynamics of the disorder and its outcome. Compliance is another hot topic. A paternalistic approach is more widely accepted rather than stressing the patient’s responsibility and their active approach to improve the quality of care. Patients must be encouraged to take part in the treatment decisions and given the confidence to take control of their own treatment.

The availability of different antidepressants may vary from country to country. The former Czechoslovakia gave the world some original antidepressants (dosulepine). In our region all the latest antidepressants are available. In our countries therapeutic drug monitoring is not used. On the other hand in the Czech Republic phenotyping (dextrometorphane test) and genotyping of CYP450 2D6 is available. This method is used in some special cases according to suggested guidelines (De Leon et al., 2006; Zourková and Hadašová, 2003) and may enhance the possibility of individual choice of antidepressant based on genetic polymorphism.

For treatment-resistant depression a combination of antidepressants is a very common strategy. In a small retrospective study (Česková and Kašpárek, 2002) the charts of patients hospitalized during 2000 at the psychiatric department in Brno with a diagnosis of depressive disorder were analysed. On admission only 46% of the patients received monotherapy, the combination of two antidepressants were given in 15% (12/80) of those treated.

Augmentation with lithium and thyroidal hormones is used less frequently, especially in out-patients. In our countries the risk of suicidality associated with antidepressants is not considered to be limiting for the use of antidepressants. In child and adolescent psychiatry there is also a willingness to use antidepressants in indicated cases.

The opinion on antidepressant use and fitness to drive requires unification. The main tests introduced in this context vary across different countries. In our region the fitness to drive is left to a doctor’s judgement.

Gender differences concerning comorbidities, special types of depression, coping with depression and features of depression were neglected, although some psychiatrists have opened this topic several times. There is a necessity for cooperation especially with gynaecologists, which is hampered by a stigmatization. Further, knowing the consequences of depression in pregnancy for the newborn child and the influence of the teratogenic potential of antidepressants, neonatal and behavioural toxicity is of the utmost importance with the increasing use of antidepressants.

Concerning non-pharmacological treatment options for depression, ECT is commonly used in both countries in severe depression and depression with suicidal syndrome. Repetitive transcranial magnetic stimulation (rTMS) is routinely used in four psychiatric institutions for depression and this method is experimentally tested in other potential indications. Nervus vagus stimulation is available in three academic institutions. Sleep deprivation and light therapy are mostly given to in-patients to hasten the onset of antidepressant effect.

Impact of the report for the Czech and Slovak republics

For regions with available national guidelines, the report brings the possibility for comparison and draws attention to some important topics that have not been sufficiently covered and discussed in national psychiatric literature as well as problems which have not been solved. In both the Czech and Slovak republics the health economy, in particular, is a neglected area. Economic studies are not yet taken into consideration in the drug approval process and economic evidence for pharmacological treatment options is just beginning to be a point of interest. In spite of the fact that some findings concerning the health economy cannot be extrapolated from one country to another, the available findings are inspiring.

Contributions of the region

We wish to stress some of our region’s contributions. Epidemiological data show a high prevalence of depression which documents the importance of environmental factors and a historical context. A long tradition concerning psychopharmacotherapy, availability of modern diagnostic and treatment methods and educational effort indicate that psychiatry in this region is at a high level. Both countries have a unified education in psychiatry (European school with excellent tradition of psychopathology). Undoubtedly this region has a high potential for preclinical and clinical research and can make an important contribution to the further development of neuroscience.
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Statement of Interest

None.

References


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